



The Regulation and  
Quality Improvement  
Authority

Northlands Addiction Treatment Centre  
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Inspector: John McAuley  
Inspection ID: IN023091

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**Unannounced Care Inspection  
of  
Northlands Addiction Treatment Centre  
23 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 23 February 2016 from 10:30am to 12:50pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. One area of improvement was identified. This was in relation to monitoring visit reports and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting From this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Nuala Tracy, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Declan Eugene Doherty	<b>Registered Manager:</b> Nuala Tracy (Acting)
<b>Person in charge of the home at the time of inspection:</b> Nuala Tracy	<b>Date manager registered:</b> Acting capacity from 31 October 2014
<b>Categories of care:</b> RC-A, RC-D	<b>Number of registered places:</b> 8
<b>Number of residents accommodated on day of inspection:</b> 7	<b>Weekly tariff at time of inspection:</b> £552 - £782

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 20: Management and control of operations - Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.**

### 4. Methods/ Processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with one resident, two visiting relatives, four members of staff and acting manager.

We inspected the following records: the annual quality assurance report and fire safety records.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 11 June 2015.

#### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 11 June 2015

No requirements or recommendations resulted from the last inspection.

#### 5.3 Standard 20: Management and control of operations – Managements systems and arrangements are in place that support and promote the delivery of safe, quality care services.

#### Is Care Safe? (Quality of Life)

The home has a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities.

The management structure includes a recently appointed head of treatment, who oversees care in the home supported with counselling staff.

From our discussions with the acting manager it was confirmed that services are delivered in a safe manner. There were no accidents/ incidents in the home since the previous inspection. All accidents/ incidents were reported as applicable to the relevant persons. As the residents in the home are self-caring the frequency of such is very low.

All care staff are registered with the Northern Ireland Social Care Council (NISCC).

Services are delivered in accordance with the home's Statement of Purpose. This document is maintained on an up to date basis.

The registered person is in day to day management of the service. However the registered person has been off since November 2015 and these responsibilities have been assigned to the home's Board of Directors. As such it was recommended that a monitoring visit report is completed for any such visit done on the behalf of the registered person.

The certificate of registration with RQIA was displayed in a conspicuous place in the home.

A written policy on "whistle blowing" is in place. This details procedures for whom staff can report concerns about poor practice.

### **Is Care Effective? (Quality of Management)**

Through discussion with the registered manager and staff it was confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. No expressions of dissatisfaction were reported as being received about the service.

When a resident has completed the six week programme of stay in the home an exit interview is completed. This interview helps provide feedback of the service and care provided as well as a platform for suggestions and comments. Discussions with staff found that they were knowledgeable about these interviews and the action that was taken with any issues raised. This is to be commended.

An annual quality assurance document is maintained. This report was in place for the home's Annual General Meeting with the Board of Directors, which was happening later that afternoon.

The home maintains a register of residents accommodated. For reasons of confidentiality this document was not inspected.

Staff supervision is maintained on a weekly group basis for counselling staff. All other staff have monthly supervision.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff. Staff also voiced a commitment and passion with their roles and the function of the service.

Discussions with one resident and two relatives during this inspection were very complimentary and full of praise and gratitude for the service provided.

### **Areas for Improvement**

There was one issue of improvement identified with this standard. This was in relation to monitoring visit reports and is detailed in the attached Quality Improvement Plan. Otherwise this standard was found to be met and considered to be safe, effective and compassionate.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **5.4 Additional Areas Examined**

### **5.4.1 Resident's Views**

We met with one resident. This resident spoke in complimentary terms about the provision of care and the kindness and support received from staff. The resident talked about the atmosphere in the home being that of a supportive, caring one which overall helped his/ her well-being.

### **5.4.2 Relative's Views**

We met with two visiting relatives. These relatives spoke with praise and gratitude for the care provided and the kindness and support afforded by care staff.

### **5.4.3 Staff Views**

We spoke with four staff members, in addition to the acting manager. The staff members advised us that they felt supported in their respective roles and that they felt a good standard of care was provided. The staff members related that they had been provided with the relevant resources to undertake their duties. The staff members demonstrated to us that they were knowledgeable of the needs of individual residents.

### **5.4.4 General Environment**

We found that the home presented as clean and tidy. Décor and furnishings were found to be of a good standard. The temperature was comfortably warm throughout.

### **5.4.5 Fire Safety**

Fire safety training including fire safety drills were maintained and up to date. When residents are admitted to the home they receive an induction which included fire safety.

We observed no obvious fire safety risks in the environment such as wedging opening of fire safety doors, at the time of this inspection.

The home's last fire safety risk assessment was in February 2015. An inspection of this assessment found evidence to confirm that recommendations from it had been attended to.

### **5.4.6 Care Practices**

We found the atmosphere in the home was friendly and welcoming with a nice therapeutic milieu.

All the residents were in attendance with family counselling sessions at the time of this inspection. Only one resident was available to meet with us.

### **Areas for Improvement**

There were no areas of improvement identified with these additional areas examined.

## 6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Nuala Tracy the Acting Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

**Recommendation 1**
**Ref:** Standard 20.11


**Stated:** First time

**To be completed by:**  
24 March 2016

Any visit to the home on the behalf of the registered person should have a corresponding monthly monitoring report. This report needs to summarise any views of the residents about the quality of service provided and any actions taken by the registered person or registered manager to ensure that the home is being managed in accordance with minimum standards.

**Response by Registered Person(s) detailing the actions taken:**

*IN THE ABSENCE OF THE REGISTERED MANAGER, A DIRECTOR WILL FULL FILL THIS STANDARD.*

<b>Registered Manager completing QIP</b>		<b>Date completed</b>	21/03/16.
<b>Registered Person approving QIP</b>		<b>Date approved</b>	
<b>RQIA Inspector assessing response</b>		<b>Date approved</b>	

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**