



Unannounced Care Inspection Report 11 October 2019



Northlands Addiction Treatment Centre

Type of Service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Waterside
Londonderry, BT47 5GW
Tel No: 028 7131 3232
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home with eight beds that provides short break care and counselling support for residents living with care needs detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Northlands Addiction Treatment Centre Responsible Individual(s): Tommy Canning	Registered Manager and date registered: Nuala Tracey Acting
Person in charge at the time of inspection: Tommy Canning	Number of registered places: 8
Categories of care: Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

This unannounced inspection took place on 11 October 2019 from 10.00 to 13.00 hours.

The inspection assessed progress with one area of improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It should be noted that the home does not provide permanent “traditional” residential care and residents are accommodated on a short term basis to meet a specific assessed need for a specific time period. The service provided by the home includes aftercare support. This report reflects the specialist services provided by the home.

Evidence of good practice was found in relation to the friendly supportive ambience and atmosphere in the home, the team morale and good working relationships in the home.

No areas requiring improvement were identified during this inspection.

Feedback from three residents was very positive and there was a keenness to praise and voice gratitude for the home, the kindness and support received from staff and the overall impact it was having on their health and well-being.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tommy Canning, responsible individual, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 19 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff training schedule and training records
- residents' evaluation of care reports
- complaint records
- compliment records
- accident/incident records
- fire safety records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 19 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(9)(b) Stated: First time	The registered person shall act on as appropriate the concern on the identified exit interview form. This needs to be formal notified to RQIA of the subsequent action(s) taken. Ref: 6.3.3	Met
	Action taken as confirmed during the inspection: This has been actioned appropriately.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Residents advised that they felt safe in the home and very well cared for.

Staffing

The responsible individual advised that the staffing levels are very stable and there has been no new staff recruited to the home for some considerable period of time. Staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that adequate staffing levels were in place.

A competency and capability assessment is in place for any member of staff in charge of the home in the absence of the manager. This includes volunteer staff who are in charge on evenings, night duties and weekends, with the availability of on-call support from counselling staff and management.

All care staff are registered with the Northern Ireland Social Care Council (NISCC), as evident with an inspection of staff registration details. Discussions with staff also confirmed that they had knowledge and understanding of their obligations with registration and their accountability towards same.

Staff support

A programme of staff supervision and appraisal is in place. Staff supervision is carried out on a weekly basis. Staff also spoke positively on this provision and also added that they felt well supported on a day to day basis.

Staff advised that they felt comfortable about reporting concerns or difficulties to the management of the home and that management embrace such in a positive constructive manner.

Staff training

Inspection of staff records confirmed that a programme of staff training was in place. This programme included mandatory training and additional training areas to meet residents' assessed needs. The records of staff training were maintained appropriately to include the content of the training event, the name of the trainer and signatures of participation. Staff spoke positively about the provision of training.

Safeguarding

An inspection of staff training records confirmed that staff were in receipt of up-to-date training in adult safeguarding. Staff were aware of the points of contact for such circumstances and these details were readily displayed. Staff also advised that they were aware of the whistleblowing procedure and felt confident in reporting issues of concern if they were to arise.

Restrictive practices

There were no restrictive care practices observed or reported in the environment at the time of this inspection.

Residents enter into a verbal agreement to abstain from alcohol and / or drugs when receiving care in the home.

Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents reported that their bedrooms were well facilitated and clean. Bathrooms and toilet facilities were clean and hygiene.

The grounds of the home were well maintained.

There were no obvious health and safety risk observed in the environment at the time of this inspection.

Fire safety

An inspection of the home's most recent fire safety risk assessment was undertaken. There were no recommendations made as a result of this assessment.

Staff training records and fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety and fire safety drills. Fire safety drills include residents participation and on admission residents receive an induction with fire safety procedures.

Fire safety records also confirmed that there were a regular and up-to-date programme of fire safety checks maintained in the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, support and training and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents advised that they received good care in the home and that staff were responsive to their needs in a kind caring manner. Resident also advised that the support from staff, the sociable atmosphere, activities, comfort and meals all added to their overall sense of wellbeing.

Care records

Care records take the form of counselling reports and had high emphasis on confidentiality. In lieu of respecting residents' privacy these records were not inspected.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' advised out personal issues of support were provided for in a kind, caring manner, regardless of what role of staff member.

Discussions with staff confirmed the admission process whereby residents met with their counsellor and agreed on an admission pathway. Residents were actively encouraged and enabled to be involved in their assessment and care planning.

A review process takes place at the end of the six week programme when an exit interview is completed and after care treatment is prescribed as appropriate.

The exit interviews include seeking views on housekeeping arrangements, administration, treatment and other general comments/feedback.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staffing in the home is very stable which added to the consistency of staff on duty. General observations of care practices found that there was good team working amongst staff and their interactions with one another were friendly and supportive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to confidentiality and staffs' knowledge and understanding of individual residents' needs and prescribed care interventions, as well as teamwork amongst staff.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with residents throughout this inspection confirmed that they felt staff were kind, caring and treated them with dignity and respect. General observations of care practices also evidenced that this was the case.

Residents' views

Residents spoke with praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general ambience in the home. Some of the comments made by residents included statements such as;

- "It's a God send this place"
- "The staff go the extra mile in every way. Like there is no such thing as them leaving at 5 o'clock if you need support"
- "The rooms and accommodation is perfect. All very clean"
- "The volunteer staff take great pride themselves in the service and have great loyalty with the home and what even the smallest thing done right"

Care practices

Residents were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment.

Staff interactions were polite, friendly, warm and supportive. During large parts of this inspection residents were in counselling sessions.

Discussion with a resident confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activities also included programmes of physical exercise such as yoga and swimming.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the programme of care includes a family day in which the resident and their family undergo counselling on the impact of addiction.

Residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example there was a wide range of audio, DVD and written information available on addiction, support and care available.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. For example, discussions with residents confirmed that there was an open door ethos in place to discuss issues with management and staff.

Residents are consulted with at the end of their six week placement in the home by way of an exit interview. The interviews sought to gain their views about the quality of care, support and environment. As a result of the residents' feedback and evaluation an action plan would be developed and implemented to address any issues identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observation of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The responsible individual who is also the head of treatment was available to support and facilitate this inspection. Discussions confirmed that he manages the home with an "open door" to receive any queries, worries and concerns and prevent such from escalating.

The home's certificate of registration was displayed in a conspicuous place in the reception area.

Audits

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. These audits are reported back to the monthly Board of Directors' meeting. Satisfaction surveys are also reported back to the aligned referring Health and Social Care Trusts.

Complaints

Discussions with the responsible individual together with an inspection of the records of complaint found that expressions of dissatisfaction were taken seriously and managed appropriately. He had good knowledge and understanding on how to deal with complaints. Complaints were also welcomed as areas to improve on the quality of care and experience in the home.

The complaints procedure was readily displayed in the home for residents and their visitors.

Discussions with residents indicated that they felt comfortable about raising a concern or complaint and that they felt that such would be acted on positively.

Staff views

Discussions with four members of staff during this inspection confirmed that they felt positive about their roles and duties, the staffing levels, support, teamwork and morale. Staff advised that a good standard of care was provided for and they would have no difficulties recommending the home. Staff also advised that if there were any concerns they would have no difficulties raising these with management and that they felt confident these would be acted on appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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