

# Unannounced Care Inspection Report 17 February 2017



## Northlands Addiction Treatment Centre

Type of service: Residential Care Home

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW

Tel no: 028 7131 3232

Inspector: John McAuley

## 1.0 Summary

An unannounced inspection of Northlands Addiction Treatment Centre took place on 17 February 2017 from 10:30 to 12:45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to staff training, supervision and appraisals, and adult safeguarding.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to praise and gratitude received from residents in respect of the effectiveness of the care and support provided, and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff and the culture and ethos of the service.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, quality assurance and maintenance of good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Joan Callan, business services officer, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Northlands Addiction Treatment Centre/ Mr Declan Eugene Doherty	<b>Registered manager:</b> Ms Nuala Tracey (acting)
<b>Person in charge of the home at the time of inspection:</b> Tommy Canning – head of treatment	<b>Date manager registered:</b> Acting capacity from 31 October 2014
<b>Categories of care:</b> RC – A Past or present alcohol dependence RC – D Past or present drug dependence	<b>Number of registered places:</b> 8

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and incident and accident notifications.

During the inspection the inspector met with two residents and three members of staff of various grades on duty.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 29 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 29 July 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20(3) <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2016	The registered provider must ensure that any member of staff who has the responsibility of being in charge of the home in the absence of the registered manager has a competency and capability assessment in place.  <b>Action taken as confirmed during the inspection:</b> A competency and capability assessment has been put in place for any member of staff with this responsibility.	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 29 October 2016	The registered provider should revise the policy and procedure on safeguarding to include the new regional guidance (Adult Safeguarding: Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home.  <b>Action taken as confirmed during the inspection:</b> This policy and procedure has been revised accordingly.	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should update the fire risk assessment on an annual basis in line with good practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The fire safety risk assessment has been updated in line with good practice.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should revise the home's Statement of Purpose to include the updated managerial arrangements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Statement of Purpose has been updated accordingly.</p>	<b>Met</b>

#### 4.3 Is care safe?

The head of treatment confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The head of treatment confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessment was inspected and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the head of treatment reported that no staff have been recruited since the previous inspection and therefore staff personnel files were not inspected on this occasion.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral

arrangements, contact information and documentation to be completed. A safeguarding champion has been established

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with staff, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The head of treatment confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the head of treatment identified that the home did not accommodate any individuals whose assessed needs could not be met. Discussions also identified that individual care needs assessments and risk assessments were obtained prior to admission.

The head of treatment confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly such as COSHH and fire safety.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The head of treatment reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home's general appearance was akin to a mixture of office based accommodation with areas of residential living. Those areas viewed at the time of this inspection were found to be clean and tidy. Discussions with two residents in regard to their accommodation found that they were very satisfied with this.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated September 2016. The nine recommendations from this assessment were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems,

emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the head of treatment and staff established that staff in the home responded appropriately to and met the assessed needs of the residents.

Care records were records of counselling therapies during residents' placement in the home. In lieu of sensitive nature and confidentiality of these, none of the residents' care records were inspected.

Discussions with the head of treatment confirmed the admission process whereby residents met with their counsellor and agreed on an admission pathway. Residents were encouraged and enabled to be involved in the assessment and care planning. A review process took place at the end of the six week programme when an exit interview was completed and after care treatment was prescribed as appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This revolves around the one to one counselling of residents and assistance with social welfare aspects of leaving care. There are a wide range of programmes of care in place to meet residents' needs.

The inspector met with two residents at the time of this inspection. Both were keen to express how admission to the home had improved their health and well-being. Comments made included statements such as;

- "I couldn't praise this place enough. It has been a life changer for me coming here"
- "It has been hard being here but the support from other residents and staff have helped me greatly and I am really glad to be here."

Records were stored safely and securely in line with data protection. An individual agreement setting out the terms of residency was in place.

The head of treatment, staff and residents confirmed that management operated an open door policy in regard to communication within the home. Residents also confirmed that they were actively encouraged to contact their counsellors if they felt under any undue stress and outside of office hours.

### Areas for improvement

There were no areas identified for improvement in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

Staff confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The inspector met with two residents at the time of this inspection. Both were keen to express their praise and gratitude for the home. Some of the comments made included statements such as;

- “Everyone has been so kind and understanding to me since I came here”
- “The staff are absolutely marvellous, 100%.”

Residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example, the ethos of the home was for visitors including inspectors to ask staff to ask residents if they would like to meet with them, including entering of any communal areas.

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

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.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

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 also declared that they felt if there were any issues of concern these would be taken seriously and dealt with appropriately.

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

### Areas for improvement

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



<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The head of treatment confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide, information provided on their admission to the home and information displayed.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. There have been no expressions of complaint received since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that there were no recent accidents or untoward events in the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Inspection of staff training records confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents' Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with the head of treatment confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The head of treatment confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The head of treatment confirmed that staff could also access line management to raise concerns that they will be supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Discussions also confirmed that there were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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