

Inspection Report

Name of Service: Northlands Addiction Treatment Centre
Provider: Northlands Addiction Treatment Centre
Date of Inspection: 10 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northlands Addiction Treatment Centre
Responsible Individual:	Mr Niall Blee
Registered Manager:	Mr Tommy Canning
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to eight residents. The home offers a six-week placement for people who are undertaking treatment for alcohol or drug addiction. Counselling is also provided for non-residential persons who attend the home as part of their treatment programme.</p> <p>The home is a two storey building with resident's bedrooms located on the first floor. Offices and counselling rooms are located over the two floors. Residents have access to a communal lounge, dining room and outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2025, from 9 am to 2 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that their time in the home was a very good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider and one has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us that they felt valued by staff and that they have developed positive relationships through teamwork with other residents. They spoke very positively about the care from staff and the "peaceful, homely" atmosphere in the home.

Other comments from residents included: "staff are so supportive and protective", "the staff and volunteers are brilliant", "everyone gets choice here". Others spoke of how skilful staff were in engaging residents in treatment.

At the end of their stay in Northland Addiction Service, residents were asked to complete a survey. Some of the comments included: The welcome was "very good, I was made to feel warmly welcomed", "very informative here and this made me feel comfortable right away", Confidentiality was "very well handled, I could share without feeling worried", and "the friendliness of the kitchen staff was above and beyond".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of effective systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and residents said that staff responded promptly to call bells. There was always enough staff to provide activities and residents said they felt staff knew what they were doing and that they had confidence in staffs' ability to provide good care.

Review of the duty rota evidenced that in the absence of the manager there was always an identified person who was assessed to be competent and capable to be in charge of the home. An area for improvement was identified in relation to the meaningfulness of the competency and capability assessments; there were a small number of staff given this responsibility for whom Fire Training had expired.

Review of staff training records identified that there was not an effective system in place to evidence the manager's oversight over staff's compliance with mandatory training relevant to their role; and to update the training matrix to accurately reflect staff training records. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents said they felt valued and were treated with dignity and respect, and staff reflected that this is part of the ethos of the home. Staff and residents were observed to eat lunch together.

Staff also offered residents choice in how and where they spent their day or how they wanted to engage socially with others. The residents engage in social activities together each day such as swimming, walking or yoga and there are both group and individual counselling sessions throughout each day. Residents work together as a team with some cooking and cleaning tasks as part of their treatment programme and said that they found this to be very helpful and in some cases, develop interest they didn't know they had.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. The chef confirmed that they work very closely and plan the meals with the residents, giving them each choice in what they choose to eat. The kitchen is open to offer residents to serve themselves snacks in between meals and residents are supported to develop various kitchen skills to assist them on return home.

Arrangements were in place to facilitate visitors from family and friends.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Residents were involved in developing their treatment plan and these were reviewed weekly by the manager who has agreed to evidence managerial oversight through record keeping.

For residents who smoked/ vaped, there was no evidence through review of records or discussion with staff that a comprehensive smoking risk assessment had been completed. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

'Homely' touches such as magazines and books were available. There were paintings in the communal areas and residents spoke of the home facilitating a safe atmosphere because it felt homely rather than clinical. Residents said that they felt the environment offered sufficient space for residents to choose whether they spent time in a group or on their own. Others spoke of feeling that a lot of "thought and care" had gone into considering the impact the environment had on residents' experience in the home. For example, many residents spoke of the bedroom being 'homely' and the beds being very comfortable, facilitating good quality sleep.

There is a system in place for residents to raise alert to staff if they require assistance and residents commented on the quick response from staff on these occasions.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection

Residents and staff commented positively about the manager; that he was approachable and able to provide guidance.

There was a robust system in place to obtain the views of residents regularly and particularly on their return home. For example, an exit survey considers the welcome experience, experience of care and confidentiality, the suitability of the premises.

There were thank you cards available from previous residents. There is a record held of complaints, however there had been no complaints since the last inspection.

Review of records in relation to accidents and incidents in the home evidenced that not all staff were aware of how these are recorded. This was raised with the manager for review of the system for reporting and recording accidents and incidents.

There was insufficient evidence through records which were available and discussion with staff that the working practices are systematically audited to ensure they are consistent with home's policies and procedures and action is taken when necessary. This included the Monthly Monitoring Report under Regulation 29. An area for improvement was stated for a second time.

Discussion with staff evidenced that in the absence of the manager, there was a gap in knowledge regarding the systems to monitor quality of care and other services; and the role that the person in charge to undertake these where necessary. This was brought to the attention of the manager for review and action.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	3*

* the total number of areas for improvement includes one Standard which has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Nigel Crooks, Senior Counsellor as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) Stated: First time To be completed by: 10 July 2025	<p>The Registered Person shall ensure that for all residents who smoke or vape, there is a comprehensive risk assessment in place.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Northlands have reviewed their policies and have included a new policy to cover smoking & vaping. This policy allows for individual smoking/vaping risk assessments were deemed necessary.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 11 August 2025	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's policies and procedures and action is taken when necessary.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Northlands has built on its already existing audit system to include working practices which to this point were not being audited. Going forward Northlands will ensure that all appropriate working practices are systematically audited.</p>
Area for improvement 2 Ref: Standard 23.4 Stated: First time To be completed by: 11 August 2025	<p>The registered person will ensure that the person in charge in the absence of the manager has sufficient training and knowledge to carry out this role.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered person has continued with training for relevant staff to ensure that in their absence this person shall have sufficient knowledge and training. This training will be ongoing and will become a repeated item on the agenda of senior staff meetings</p>
Area for improvement 3 Ref: Standard 23.3 Stated: First time	<p>The registered person will ensure that there is an effective system in place to monitor staff engagement with mandatory training.</p> <p>Ref: 3.3.1</p>

To be completed by: 11 August 2025	Response by registered person detailing the actions taken: The registered person has agreed with Business Services Manager that she will send a monthly update of lapsed staff training and that this will then be displayed by the registered manager for all staff to see. The registered manager will encourage staff to ensure this is completed in a timely fashion
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