



# Unannounced Care Inspection Report 9 November 2020



## Northwick House

**Type of Service: Residential Care Home (RCH)**  
**Address: 1 Aghalun Road, Brookeborough, BT94 4EY**  
**Tel No: 028 8953 1630**  
**Inspector: Laura O'Hanlon**

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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 residential care home registered to provide care for up to 15 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Northwick House</p> <p><b>Responsible Individual(s):</b> Dorothy Elizabeth Hannah Johnston Carole Helena Johnston</p>	<p><b>Registered Manager and date registered:</b> Carole Helena Johnston – 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Carole Johnston</p>	<p><b>Number of registered places:</b> 15</p> <p>Maximum of 5 residents in category RC-DE. Maximum of 2 residents in categories RC-LD or RC-LD ( E )</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of residents accommodated in the residential home on the day of this inspection:</b> 13</p>

### 4.0 Inspection summary

An unannounced inspection took place on 9 November 2020 from 10.00 to 14.45.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

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
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carole Johnston, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 13 residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Ten questionnaires were returned within the required timeframe.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

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 previous inspection

There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the management team was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "This is a good home; it's a homely home. I have no concerns."
- "There are enough staff on duty. The residents are well cared for. There is good communication and team work"
- "I love them (residents) to bits. I really enjoy my work. The residents are all happy."
- "The residents are very well looked after and cared for like family."
- "I love this home; it's really well run. I enjoy the interaction with residents."

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names and grades of all staff and the person in charge of the home in the absence of the manager was identified.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required. Following review of these records we identified that fire safety training was last completed on 5 November 2019. This was due to be undertaken again in May 2020, however this was not completed. This was identified as an area for improvement to ensure that fire safety training is undertaken twice yearly by all staff.

## 6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

## 6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- “This is a great place. The food is good. The staff are all good; I am very happy here”.
- “The food is lovely; we always get a choice of food.”
- “The staff are so kind; you get everything you want.”
- “I get my papers every day.”
- “This is a great place; the people who work here are so kind. They are really good cooks in here; the food is lovely.”

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

We observed residents engaged in activities such as, reading or watching television. Residents confirmed that they received their newspapers on a daily basis.

We observed the serving of lunch in the dining room. There were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried.

#### **6.2.4 Care records**

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

#### **6.2.5 Environment**

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised. Corridors and fire exits were clear of obstruction. We noted where some areas were recently decorated. The manager explained that a programme of redecoration was underway in the home but was currently suspended due to the ongoing pandemic.

We noted that the entrance door to one of the sitting rooms was closing very quickly and this could lead to the potential risk of falls for residents. We discussed this with the manager and she agreed to review this immediately. We observed some equipment such as shower chairs and raised toilet frames which was either damaged or rusted. This was identified as an area for improvement.

#### **6.2.6 Governance and management arrangements**

There is a clear management structure within the home and the manager and the responsible individual work in the home on a daily basis and were available during the inspection process. All staff and residents spoken with commented positively about the manager and the responsible individual and described them both as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the environment and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken and confirmed that these were appropriately managed and reported to the next of kin, trust key worker and RQIA.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits dated 25 August 2020 and 16 September 2020 and 25 October 2020 were reviewed. These reports were found to lack detail and there was no action within them. This was identified as an area for improvement to ensure the quality of these reports is improved.

### Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

Three areas for improvement were identified in relation to fire training, equipment within the home and the monthly monitoring reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carole Johnston, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (e)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2020	The registered person shall ensure that fire safety training is completed by all staff twice yearly.  <b>Ref:</b> 6.2.1  <b>Response by registered person detailing the actions taken:</b> Fire training has been completed.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2020	The registered person shall ensure that the identified shower chairs and raised toilet seats are replaced.  <b>Ref:</b> 6.2.5  <b>Response by registered person detailing the actions taken:</b> All have been replaced.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2020	The registered person shall ensure that the quality and detail of the monthly monitoring reports is improved upon.  <b>Ref:</b> 6.2.6  <b>Response by registered person detailing the actions taken:</b> Discussed with the registered person and recommendations will be carried out in future reports.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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