



# Unannounced Care Inspection Report

## 20 June 2019



## Northwick House

**Type of Service: Residential Care Home**  
**Address: 1 Aghalun Road, Brookeborough, BT94 4EY**  
**Tel No: 028 8953 1630**  
**Inspector: John McAuley**

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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 registered residential care home which provides care for up to 15 residents within the categories of care detailed in its certificate of registration and section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northwick House <b>Responsible Individual(s):</b> Carole Helena Johnston Dorothy Elizabeth Hannah Johnston	<b>Registered Manager and date registered:</b> Carole Helena Johnston 1 April 2005
<b>Person in charge at the time of inspection:</b> Dorothy Johnston	<b>Number of registered places:</b> 15
<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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 13

### 4.0 Inspection summary

This unannounced inspection took place on 20 June 2019 from 10.00 to 14.00.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, supervision and staffs' knowledge and understanding of residents' needs and prescribed care interventions. Good practices were also found with communication and teamwork between staff members for the benefit of residents and the overall governance arrangements.

Two areas requiring improvement were identified during this inspection. These related to the need to risk assess all radiators and hot surfaces and reviewing and improving the content of residents' records of progress and well-being. A further area of improvement has been stated for a second time in relation to inappropriate storage under a stairwell and repair to a corridor wall.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff. Some of the comments included;

- "I love it here. There are no problems"
- "The care here is very good here as are all the staff"
- "You wouldn't find any faults here".

Comments received from residents, relatives, a visiting professional and staff during 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
<b>Total number of areas for improvement</b>	2	*1

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Carole Johnston, registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 14 August 2018

The most recent inspection of the home was an unannounced medicines management inspection.

No further actions were required to be taken following the most recent inspection on 14 August 2018.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and medicines management inspections, registration information, and any other written or verbal information received.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- one staff member's recruitment and induction records
- two residents' records of care
- residents' progress records
- complaints records
- compliment records
- accident/incident records
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

Areas for improvements identified at the last care inspection were 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 25 July 2018**

Areas for improvement generated from this previous care inspection were reviewed by the inspector.

## **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.**

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

## **Staffing**

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The registered manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. General observations of care practices found there was adequate staffing in that care duties were unhurried and supportive. Care staffing levels were reviewed with the registered manager over the 24 hour period and this gave assurances that these were appropriate. Ancillary staff were in place to support roles with catering and housekeeping.

### **Staff induction, supervision and appraisal**

Discussions with the registered manager and staff confirmed that any new members of staff have received an induction. The registered manager also confirmed and was able to demonstrate that a programme of supervisions and appraisals were in place. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. There was good compliance with staff in this area of regulation.

### **Staff training**

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

### **Safeguarding**

Discussions with the registered manager and staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

### **Environment**

The home was clean and tidy with a reasonable standard of décor and furnishings being maintained. Areas of improvement in accordance with standards were stated for a second time with the following in relation to the upkeep of the environment;

- Inappropriate storage under a stairwell.
- Repairs needed to a corridor wall opposite bedroom six.

Residents' bedrooms were comfortable and with some of these personalised. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

The grounds of the home were well maintained.

**Health and safety**

During this inspection of the environment an area of risk was identified as an area of improvement in accordance with regulations;

- Three bedrooms had radiators adjacent to the resident’s bed. This posed a risk if a resident were to fall against this hot surface. Other bedrooms had radiators in different parts of the rooms which also posed a risk pending were the resident fell.

This identified area of risk needs to be risk assessed in accordance with current safety guidelines and subsequent appropriate actions.

**Fire safety**

The home’s most recent fire safety risk assessment, dated 7 May 2019, was inspection. No recommendations were made from this assessment.

An inspection of fire safety records confirmed that staff had received fire safety training and up-to-date fire safety drills.

Fire safety checks of the environment were being maintained on a regular and up-to-date basis.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training and supervision.

**Areas for improvement**

Two areas of improvement were identified in relation to this domain during this inspection. These related to the upkeep of the environment and the needs to risk assess all radiators / hot surfaces.

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

**6.4 Is care effective?**

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

Discussions with management and staff confirmed that they had good knowledge and understanding of residents’ needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

## **Care records**

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

## **Progress records**

An inspection of residents' progress records was undertaken. These records should be maintained to give an account of the resident's well-being and an account of any issues of need that arise. Issues of need, such as pain or distress etc. need to have a corresponding statement of care / treatment given with effect of same. This inspection of these progress records found that there were too little detail and / or vague detail recorded in these records. This gave no substantive account of the resident's progress or well-being. This has been identified as an area of improvement in accordance with regulations to make good. In doing so staff need to be trained in this and a critical examination needs to be in place on the details of such entries in residents' records.

## **Wound care**

One resident in the home was reported to being in receipt of this area of care. This was provided for by district nursing services. Feedback from the person in charge confirmed that staff are knowledgeable on issues of skin care and reporting to district nursing services.

## **Visiting professional's views**

A district nurse advised that she felt the care provided for in the home as being very good and that staff competently attended to any requests and advise.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs and prescribed care interventions. Good practices were also found with communication and teamwork between staff members for the benefit of residents.



## Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This related to the quality of residents' progress records.

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

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

A visiting hairdresser was in attendance at the time of this inspection, which a number of residents enjoyed attendance with.

### Residents' views

Discussions were undertaken with 13 residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "I love it here. There are no problems"
- "The care here is very good here as are all the staff"
- "You wouldn't find any faults here"
- "The food is very good, tasty and plenty to eat"
- "It's a nice home. Everyone is very good"
- "I couldn't be any better looked after. I am very happy here".

### Relative's views

A visiting relative advised that he was very happy with the provision of care in the home and the kindness and support received from staff. The relative also advised that he had good confidence with the home and was kept well informed of his relative's progress and well-being.

### Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The lunchtime meal was appetising, wholesome and nutritional, with provision of choice in place. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

The catering facility was tidy, clean and appeared well organised.

**Areas of good practice**

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

**Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 two responsible individuals are in day to day management of the home and both undertake working shifts in the home. At the time of this inspection, Dorothy Johnston, the responsible individual was on duty and working as the person in charge. Her daughter-in-law, Carole Johnston, the responsible individual too is also the registered manager. She was on a day off but came to the home during the inspection to help facilitate it and to receive feedback.

Both the responsible individuals had good understanding of their roles and responsibilities under regulations. Both also had good knowledge and understanding of residents’ needs and prescribed care interventions.

**Managerial arrangements**

The registered manager confirmed understanding of understanding of the categories of care for which the home was registered with RQIA. The categories of care was discussed and in particular with the dementia category of care. It was pointed out that if a resident had the primary need of dementia then a reassessment to a dementia care facility should be looked into. Otherwise if the primary need was old age despite having a diagnosis of dementia this could be suitably cared for in the home. This was likewise for the learning disability and mental health categories of care. The registered manager was in agreement with this and was closely monitoring one identified resident whose primary needs were possibly moving to a more specialist facility.

Both responsible individuals are on-call when not on duty. Staff informed that there was good managerial support and they were encouraged to keep management well informed of any new developments or concerns.

## Complaints

Complaints management was robust and in keeping with legislation and standards. The registered manager spoke about how she prevented complaints arising by her close contact with residents and their families and availability to de-escalate expressions of dissatisfaction.

The complaints procedure was displayed in accessible locations for residents and their representatives to seek knowledge and assurances with this aspect of management.

## Accidents and Incidents

An inspection of accidents and incidents reports from 1 April 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this.

## Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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, registered 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 care 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(2)(t)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2019	The registered person shall risk assess all individual radiators and hot surfaces in accordance with current safety guidelines with subsequent appropriate action.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> Risk assessments in this area are currently being carried out.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19(a) Schedule 3 (3)(k)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2019	The registered person shall review with staff the quality of recording in residents' progress records. These records needs to account for residents' progress and well-being, as well giving detail of when issues of need arise, what care/treatment was given and what was the effect of same.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Completed with Senior Staff in supervision sessions.
<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  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 July 2019	The registered person shall;  <ul style="list-style-type: none"> <li>• Remove any inappropriate storage under the stairwell</li> <li>• Repair and make good the corridor wall opposite bedroom six.</li> </ul> <b>Response by registered person detailing the actions taken:</b> Storage removed from under the stairwell. Corridor wall has been replastered and painted.

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



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