



The Regulation and  
Quality Improvement  
Authority

Northwick House  
RQIA ID: 1157  
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BT94 4EY

Inspector: Laura O'Hanlon  
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**Unannounced Care Inspection  
of  
Northwick House**

**28 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 28 May 2015 from 10.15 to 15.15. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	2

The details of the QIP within this report were discussed with Carole Johnston, registered manager. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Dorothy Johnston Mrs Carole Johnston	<b>Registered Manager:</b> Mrs Carole Johnston
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Carole Johnston	<b>Date Manager Registered:</b> 1/4/2007
<b>Categories of Care:</b> RC-I,RC-PH, RC-PH(E), RC-DE, RC-MP Maximum of 2 residents in category RC-DE and 3 residents in category RC-MP	<b>Number of Registered Places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 8	<b>Weekly Tariff at Time of Inspection:</b> £470.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection and notifications of accidents and incidents.

During the inspection we met with eight residents either individually or as part of a group and two care staff, in addition to the registered manager.

We inspected the following records during the inspection: four care records, fire safety records, registered provider visits, complaints/compliments records, accident/incidents records and policies relating to dying and death and the theme of continence.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Northwick House was an announced care inspection dated 25 September 2014. The completed QIP was returned and was approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14. –(2)	14. –(2) (a) The registered person shall ensure as far as reasonably practicable that – all parts of the residential home to which residents have access are free from hazards to their safety;  Reference to this is made in the requirement that free standing wardrobes in residents’ bedrooms are secured to the wall to minimise risk of furniture toppling forward and causing injury.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed the free standing wardrobes to be secured to the wall in resident’s bedrooms.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1	Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.  Reference to this is made in that policy and procedure should be updated to include the need for Trust involvement in managing behaviours which challenge and that RQIA must be notified on each occasion restraint is used.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy on managing behaviours which challenge has been updated to include the need for Trust involvement in managing behaviours which challenge and that RQIA must be notified on each occasion restraint is used.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home's Statement of Purpose needs to be reviewed to state that no restraint is used.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The home's Statement of Purpose was reviewed and states that no restraint is used in the home.</p>		

### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

#### Is Care Safe? (Quality of Life)

Residents can and do spend their final days in the home unless there are documented health care needs to prevent this.

The home has a spiritual ethos. Clergy and lay ministers visit the home throughout the week on an organised basis. Residents are encouraged to attend their place of worship, where possible.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We reviewed a sample of compliment letters and cards. These were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is done at a sensitive and convenient time after the burial.

#### Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on dealing with a dying resident, dated January 2005. A recommendation has been made to review this policy in accordance with standard 21.5.

We noted that resident's records contained a document named 'specific arrangements at time of death.' This document records the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. The document is signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the registered manager and staff they confirmed to us that the palliative care team and aligned district nursing services would lead in the management of palliative care.

The registered manager confirmed that they access the palliative care services for training and support in this area of care.

#### Is Care Compassionate? (Quality of Care)

In our discussions with staff and the registered manager they shared their experience of a recent death in the home. Staff confirmed that the other residents were informed individually and in a sensitive manner. The other residents were supported by staff to visit the deceased

resident if they wished. Residents have also been assisted to attend funerals of deceased residents.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home. The management assist residents and staff deal with dying and death.

### **Areas for Improvement**

One recommendation has been made to review the policy in relation to dealing with a dying resident. Overall, this standard is assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Theme: Residents Receive Individual Continence Management and Support**

### **Is Care Safe? (Quality of Life)**

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed regularly to reflect the changing needs of the resident. A specific care plan was in place for those with continence needs. Care plans were appropriately signed.

We spoke with staff members and they were able to describe the system of referral to community district nursing services for specialist continence assessment.

The registered manager sources training in continence management from the continence advisory services and district nursing team. In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

### **Is Care Effective? (Quality of Management)**

We found that the home had a policy in place on continence promotion. This was dated January 2005. A recommendation has been made to review this policy in accordance with standard 21.5.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

### **Is Care Compassionate? (Quality of Care)**

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

## Areas for Improvement

One recommendation has been made to review the policy in relation to management of continence.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### 5.5 Additional Areas Examined

#### 5.5.1 Residents Views

We met with eight residents either individually or as part of a group. We observed residents relaxing in the communal lounge area. The hairdresser was present during the inspection. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. They advised us that there was good communication with staff and they are respectful during care interventions.

#### 5.5.2 Staff Views

We spoke with two care staff members individually, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. They described the compassionate care provided to residents in their final hours.

#### 5.5.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. With the exception of one bedroom all areas were fresh smelling throughout. A recommendation was made to ensure this is addressed.

#### 5.5.4 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff interacting with residents in a respectful, polite, warm and supportive manner. We observed that residents were well dressed.

#### 5.5.5 Accidents / Incident reports

We reviewed the accidents /incidents records and care records. We confirmed that RQIA is not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. A requirement was made to address this.

#### 5.5.6 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 6 January 2014. A requirement was made to ensure this actioned promptly.



We reviewed the fire safety records and could confirm that fire safety training was carried out 23 July 2014. A requirement was made to address this. These matters were referred to the estates inspector for review.

The registered manager confirmed that a fire drill took place on 21 April 2015. Different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### 5.5.7 Regulation 29 Visits

We reviewed the record of the registered provider visits. It was noted there was no visit undertaken in September 2014, December 2014 and March 2015. A requirement was made to ensure that these visits are completed on a monthly basis.

#### Areas for Improvement

Two requirements were made in relation to fire safety. A requirement was made in regard the completion of regulation 29 visits. A fourth requirement was made in relation to notification of accidents and incidents. One recommendation has been made to address the malodour in one resident's bedroom.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carole Johnston, registered manager. The timescales for completion commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of this inspection</p>	<p>The registered person must inform RQIA of all events which affect the care, health, welfare or safety of any resident.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All incidents, including deaths when a resident is in hospital, will be reported to the RQIA.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 June 2015</p>	<p>The registered person must ensure that a fire safety risk assessment is undertaken.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Review of the HTM84 was carried out on 6/7/15. This was the earliest date possible available by the company who carries out this service for Northwick House.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27 (4) (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2015</p>	<p>The registered person must ensure that all persons working at the home receive up to date fire training from a competent person.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Fire training took place on 17/6/15. All staff attended. (unable to meet completion date of 31/5/15 as inspection occurred on 28/5/15 - a Thursday.)</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 29 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> As from the date of this inspection</p>	<p>The registered person must ensure these visits are undertaken on a monthly basis and a written report is available in the home.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Monthly visits will be carried out.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 August 2015	The registered person should review the policies relating to dying and death and the management of continence in accordance with this standard.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All reviewed.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 August 2015	The registered person should address the malodour in one identified resident's bedroom.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Carpet cleaned in this bedroom to address this issue.		
<b>Registered Manager Completing QIP</b>	Carole Johnston	<b>Date Completed</b>	6/7/15
<b>Registered Person Approving QIP</b>	Carole Johnston	<b>Date Approved</b>	6/7/15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	7.7.15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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