



## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Northwick House Residential Care Home  
**Establishment ID No:** 1157  
**Date of Inspection:** 12 June 2014  
**Inspector's Name:** John McAuley

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## GENERAL INFORMATION

<b>Name of Home:</b>	Northwick House
<b>Address:</b>	1 Aughalun Road Brookeborough Co Fermanagh BT94 4HU
<b>Telephone Number:</b>	028 8953 1630
<b>E mail Address:</b>	<a href="mailto:northwickhouse@btinternet.com">northwickhouse@btinternet.com</a>
<b>Registered Organisation/ Registered Provider:</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>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>	13
<b>Scale of Charges (per week):</b>	£450.00
<b>Date and type of previous inspection:</b>	25 February 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	12 June 2014 10am – 2.20pm
<b>Name of Inspector:</b>	John McAuley

## **INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **PROFILE OF SERVICE**

Northwick House is situated in its own landscaped grounds on the outskirts of the village of Brookeborough in Co Fermanagh.

The home is registered to provide care under the following categories:

RC - I            Old age not falling into any other category  
RC - MP        Mental disorder excluding learning disability or dementia  
RC - PH        Physical disability other than sensory impairment  
RC - PH (E)   Physical disability other than sensory impairment - over 65 years  
RC - (DE)     Dementia

There is adequate parking to the front of home for visitors and professionals.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the reception area of the home.

## **SUMMARY**

This inspection to Northwick House was a secondary unannounced inspection, carried out by an inspector from RQIA on 12 June 2014. This summary reports on the position of the home at the time of this inspection.

In charge of the home at the time of this inspection was the Registered Manager / Provider Mrs Carole Johnston, who was readily available for discussion and clarification, including verbal feedback of inspection findings at its conclusion. Also on duty was the other Registered Provider Mrs Dorothy Johnston.

The previous care inspection to the home was a primary announced inspection on 25 February 2014. Three requirements and three recommendations were made as a result of that inspection.

During this inspection, the inspector met with residents, staff, one visiting relative, and one visiting health care professional, reviewed documentation, observed care practices and looked at the general environment.

A review of the previous quality improvement plan found that the three requirements and two recommendations have been addressed satisfactorily. One recommendation in relation to competency and capacity assessments is in the process of being fully addressed. Details of the findings in relation to this are discussed later in this report.

## **Stakeholder consultation**

Discussions with residents, staff, one visiting relative and a visiting healthcare professional, during this inspection was all positive with no concerns expressed or indicated. The details of such are discussed later in this report.

## **General Environment**

The home was found to be clean and tidy at the time of this inspection with a good standard of décor and furnishings being maintained.

## **Care Practices**

At the time of this inspection residents were found to be comfortable, content and at ease in their environment and interactions with staff. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Care duties and tasks were organised at an unhurried pace and in keeping with residents' needs.

No requirements or recommendations were made as a result of this inspection.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and management.

## FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	A review of the home's accident / incident reports from 25 February 2014 was undertaken. These confirmed that appropriate notification was in place.	Compliant
2	27 (2) (d)	The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean and reasonably decorated. The following maintenance issues must be addressed: <ul style="list-style-type: none"> <li>• Replace the dining room floor covering (evidence of wear)</li> <li>• Repair the plaster work in the residents' smoke room</li> <li>• Repaint the identified radiator (paintwork marked/chipped)</li> <li>• Repaint the residents' smoke room (paintwork marked/chipped).</li> </ul>	The maintenance issues as listed in this requirement have all been addressed, as found evident during the inspection of the environment.	Compliant
3	20 (1) (c) (i)	It is required that staff as appropriate is trained/updated in diabetes management.	A review of the staff training records confirmed that staff have received training in diabetes management on 27 May 2014.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	16.1	It is recommended that the protocol for staff to follow in the event of a suspected, alleged or actual incident of abuse be reviewed and updated to address the out of hours arrangements including contact details.	A review of the home's policy and procedure on abuse confirmed this has been reviewed / updated to include the appropriate contact details.	Compliant
2	19.1	It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	A review of the home's policy and procedure for staff recruitment confirmed that this has been reviewed / updated accordingly.	Compliant
3	25.3	It is recommended that the template used to undertake staff competency and capability assessments be reviewed and updated to address all aspects of the day to day management of the home in the absence of the registered manager.	The competency and capability assessment is in the process of being amended / up dated as demonstrated by the registered manager. Once completed this will be issued to staff as appropriate.	Substantially compliant



## **ADDITIONAL AREAS EXAMINED**

### **Residents' views**

The inspector met all the residents at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, the provision of care, and their relationship with staff.

Some of the comments made included statements such as:

“Everything is great, I love it here”

The food is lovely”

“No worries or no complaints”

“I am very happy”

“This is as great place”.

No concerns were expressed or indicated.

### **Staff views**

The inspector met with four members of staff of various roles. Staff spoke positively about their roles and duties, the teamwork, staff morale, and managerial support. Staff informed the inspector that they consider that there was a good standard of care provided for and that they had the necessary resources in place to provide same.

No concerns were expressed.

### **Relatives' view**

The inspector met with one visiting relative. This relative spoke with praise and gratitude for the provision of care, friendliness and helpfulness of staff and management.

No concerns were expressed.

### **Visiting professional**

The inspector met with one visiting health care professional. This person spoke in high regard of the home in terms of having confidence of the provision of care and the professionalism of staff and management.

No concerns were expressed.

### **Accident / Incident reports**

A review of these reports from the previous inspection was undertaken. This confirmed that these were appropriately managed and appropriately notified to the relevant persons.

## **Fire safety**

A review of the home's most recent fire safety risk assessment dated 6 January 2014 was undertaken. This confirmed evidence that the three recommendations made from it were addressed.

Fire safety training, including fire safety drills were also found to be maintained on an up to date basis.

## **Care practices**

Discreet observations of care practices evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

There was found to be a homely, relaxed atmosphere in place, with the provision of an appetising nicely presented dinner time meal.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carole Johnston and Mrs Dorothy Johnston as part of the inspection process.

The timescales for completion commence from the date of inspection.

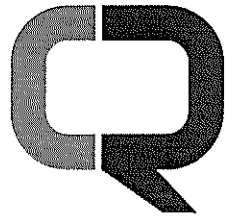
The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the unannounced inspection of Northwick House which was undertaken on 12 June 2014 and I agree with the content of the report. Return this QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk)

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Carole Johnston
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Carole Johnston

<b>Approved by:</b>	<b>Date</b>
<i>Angela Graham</i>	<i>15/08/14</i>