



The Regulation and  
Quality Improvement  
Authority

Laurelhill House  
RQIA ID: 1003  
1a Ballymacash Park  
Lisburn  
BT28 3EX

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**Unannounced Care Inspection  
of  
Laurelhill House**

**10 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 10 November 2015 from 11.00 to 15.50. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being partially met. 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 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 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>	0	7

The details of the QIP within this report were discussed with the person in charge Anne McGarvey and later with the registered manager Mary Laird as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Mary Laird
<b>Person in charge of the home at the time of inspection:</b> Deirdre Brush, senior care assistant, person in charge until 14.00; Anne McGarvey, senior care assistant, person in charge after 14.00.	<b>Date manager registered:</b> 10 March 2015
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 30
<b>Number of residents accommodated on day of inspection:</b> 27	<b>Weekly tariff at time of inspection:</b> £470

### 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 has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the last inspection, notifications of accidents and incidents.

We met with eight residents, two residents' visitors and one visiting professional. We also met with four care assistants and two senior care assistants.

We examined the following records during the inspection: care records of five residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports, minutes of the 'Friends of Laurelhill House' group. We requested copies of staff duty rotas over the four week period prior to the inspection. The registered manager supplied these to us following the inspection.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 15 June 2015. The completed QIP was returned and approved by the pharmacy inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.3	The registered manager should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspection of residents' care records confirmed that care plans were signed appropriately.	

### **5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Is care safe? (Quality of life)**

The person in charge confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or representative.

In our discussions with the person in charge and staff members they confirmed that residents' meetings had been held in the past but had been held recently. Inspection of the resident meetings records confirmed that the last resident meeting had taken place in November 2014. We made a recommendation that resident meeting should be held regularly, preferably on a quarterly basis.

We noted that there were policies in place regarding consent and communication, however these policies were not current. We made a recommendation in this regard.

In our discussions with the person in charge and staff we confirmed that the area of complaints was covered during staff induction. The home had a current policy and procedure in place relating to the management and handling of complaints. In our review of the complaints register we could confirm that all complaints had been managed appropriately. We also noted several written compliments from visitors to the home who were impressed by the care and attention provided to the residents.

#### **Is care effective? (Quality of management)**

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the person in charge and with care staff we identified that annual satisfaction questionnaires had not been recently used to obtain residents' and representatives' views on the quality of care. We made a recommendation that satisfaction surveys are undertaken annually, that the information obtained is used to identify areas for improvement and that these areas are addressed.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected monthly monitoring visit reports which confirmed that resident, representative and staff views on the services provided were sought and recorded.

In our discussions with the person in charge we were advised that the 'Friends of Laurelhill House' group meets regularly and is attended by the residents' representatives; residents are also welcome to attend. This provided the residents' representatives with the opportunity to influence the operational management of the home and to become further involved in the care environment for the residents. Inspection of the minutes of the last meeting in May 2015 confirmed that representatives' views on the quality of care were noted.

## Is care compassionate? (Quality of care)

In our discussions with staff and with residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

### Areas for improvement

There were three areas of improvement within the standard inspected. This standard was partially met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	3
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## 5.4 Additional areas examined

### 5.4.1 Residents' views

We met with eight residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I like it here."
- "They look after us well in here, they are very nice to me."
- "I couldn't say a word about the girls (staff) here; they are the height of kindness itself. They keep my room lovely and clean and help me with everything I need help with. They even come into my room and sit down and talk with me, which I really enjoy. This is a tremendous place and I'm very happy here."
- "The girls are all very good to me and there is enough going on to keep me occupied. I really like it here."

### 5.4.2 Staff views

We met with six staff members who spoke positively about the care provided to residents, their role and duties and about good teamwork.

Some comments included:

- "We find that we can comfortably meet the needs of the residents when we are fully staffed. Occasionally we are short staffed but we have a good staff team who pull together to make sure that there is always staff cover."
- "I feel the care provided within Laurelhill is very good and if any of any relatives needed to be placed into care, I wouldn't hesitate to choose Laurelhill."
- "I think one of the best ways to tell if a home is good is if the staff have worked there for years and are happy – there are lots of staff who have been here for a long time."

Some staff, however, advised us of their concerns regarding staff morale associated with staffing issues and, to some extent, about managerial support. Staff indicated to us that whilst

they felt well supported by training, they were not always given the necessary resources to fulfil their duties, especially in relation to the supply of continence products.

Staff described how some residents appeared to be restricted to four continence pads daily which, staff felt, was not sufficient to meet the resident's needs. We made a recommendation that the issues identified by staff in relation to the assessment for and supply of continence products should be addressed.

Several staff members advised us of their dissatisfaction about staffing levels. Staff described to us that some residents who become more physically dependent sometimes required a move to nursing care. It could sometimes take a number of weeks to find more suitable accommodation; this inevitably resulted in additional care duties to meet the needs of these residents. Staff acknowledged that the registered manager was aware of this issue and staff were satisfied that the manager was committed to providing increased staffing. Staff also acknowledged that the time taken to find more suitable accommodation for residents was beyond the control of the home manager.

In our inspection of staff duty rotas we noted that the home was not fully staffed on several occasions over the past month; this information supported the information provided verbally to us on the day of inspection. We also identified that the working hours of the registered manager were not accurately reflected on the staff duty rota. We made a recommendation in this regard.

Some staff members advised us that they felt under pressure to cover shifts when the team was short staffed due to illness or holidays; the staff team was relatively small and staff members routinely provided cover for their colleagues, often at the expense of their family or personal lives. Whilst some staff members welcomed the opportunity to work overtime hours, some others felt that they were increasingly expected to do so.

Some staff members expressed dissatisfaction that the weekend overtime hours, which were paid at an enhanced rate, were inequitably allocated within the staff team. We made a recommendation that the issues identified by staff in relation to staffing levels and the allocation of weekend overtime hours should be addressed and an action plan submitted to RQIA.

Staff members advised us that staff meetings to discuss significant issues were held infrequently; staff had also wished to discuss their request that uniforms be replaced as uniforms were worn and in poor state of repair. We made a recommendation that staff meetings should take place regularly and at least quarterly.

#### **5.4.3 Residents' representative views**

We met with two representatives who expressed positive views about the care provided within the home.

Some comments included:

- "I am very happy with the care given to my relative here and if I happened to have any complaints, I would discuss them with the manager who would deal with them."
- "I am very satisfied with the care provided to my relative. I find there is always plenty of staff around and that the staff are very good to the residents. My relative is very happy here."

#### 5.5.4 Visiting professional's views

We met with one visiting professional who expressed positive views of the care provided.

Some comments included:

- “I have absolutely no concerns about the care provided to the residents in Laurelhill House. Whenever I come here to attend a resident, I find the staff to be familiar with the needs of that resident and the staff act on any recommendations made by medical, nursing or any other professional staff. I feel the standard of care given to the residents is very good.”

#### 5.4.5 Staffing

At the time of inspection the following staff members were on duty:

1 senior care assistant  
 1 administrator  
 6 care assistants  
 3 catering staff  
 2 domestics  
 1 laundry assistant

One senior care assistant and four care assistants were scheduled to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty. The senior care assistant who was in charge of the home advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### 5.5.6 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

#### 5.5.7 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.5.8 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

#### Areas for improvement

There were three areas of improvement within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	4
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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 the person in charge on the day of inspection and later with the registered manager by telephone. The timescales commence from the date of inspection.

The registered person/manager 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/manager 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 person/s 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 DHSSPS 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 1.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 February 2016</p>	<p>The registered manager should ensure that resident meetings are held regularly, preferably on a quarterly basis.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Manager has carried out one meeting on 14.12.15 and will ensure quarterly meetings in future.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 February 2016</p>	<p>The registered manager should ensure that the Trust is advised of the need to update the policy documents relating to consent and to communication; the home should develop local procedures specific to Laurelhill House in relation to consent and to communication.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Local Policies re: Communication and consent will be in place within timeframe</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 February 2016</p>	<p>The registered manager should ensure that satisfaction surveys are undertaken annually, that the information obtained is used to identify areas for improvement and that these areas are addressed.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The manager has forwarded a Relative/Carer Satisfaction Survey to all N.O.K. on behalf of all clients in Laurelhill House. The surveys will be collated and an action plan devised. The results will be shared with staff and carers in staff/friends of meetings and the annual report.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 December 2015</p>	<p>The registered manager should ensure that the issues identified by staff in relation to staffing levels and the allocation of weekend overtime hours are addressed and an account of actions arising submitted to RQIA.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Manager has forwarded a separate letter to RQIA regarding the issue on 11.12.15. We have commenced 1 new care assistant on 04 Dec 15 and the manager will be interviewing for 2 more care assistant in the new year. Recruitment Department putting advert to press 4/1/16. This will alleviate staff pressure re extra hours Manager has implemented an Availability Bank book for all staff to complete their availability prior to completion of off duty. Manager to monitor same. Manager has also implemented a new system for requesting annual leave to limit amount of A/L allocated at one period of time</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 February 2016</p>	<p>The registered manager should ensure that the issues identified by staff in relation to the assessment for and supply of continence products are addressed.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 February 2016</p>	<p>The registered manager should ensure that staff meetings take place regularly and at least quarterly.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered manager should ensure that the working hours of the manager are accurately reflected on the staff duty rota.</p>		
<p><b>Registered Manager completing QIP</b></p>	<p>Mary Laird</p>	<p><b>Date completed</b></p>	<p>18.12.15</p>
<p><b>Registered Person approving QIP</b></p>	<p>Hugh McCaughey</p>	<p><b>Date approved</b></p>	<p>18.12.15</p>
<p><b>RQIA Inspector assessing response</b></p>	<p>Alice McTavish</p>	<p><b>Date approved</b></p>	<p>21/12/15</p>

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