

Unannounced Follow Up Care Inspection Report 1 February 2018



Laurelhill House

Type of Service: Residential Care Home
Address: 1a Ballymacash Park, Lisburn, BT28 3EX
Tel No: 028 9260 2116
Inspector: Kylie Connor

www.rgia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 30 places that provides care for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Mary Laird
Person in charge at the time of inspection: Mary Laird	Date manager registered: 10 March 2015
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 1 February 2018 from 13.30 to 21.20.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection was undertaken following information received by RQIA in relation to staffing levels, bath/showering for residents, admission of residents and activity provision.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing levels
- bath/shower for residents
- admission of residents
- environment
- provision of activities

Residents said that the staff were good and that they enjoyed the food. Representatives said that there were issues in regard to staffing levels and activity provision. Three representatives reported good standards of care, communication and said that staff demonstrated good values in their interaction with their relative. One representative who raised a number of issues, was advised to raise these with the care manager and registered manager and agreed to do so. These were shared with the registered manager.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mary Laird, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous care inspection report and returned QIP, notification of accidents and incidents submitted since the previous inspection and communication received in regard to the home.

During the inspection the inspector met with eight residents, the registered manager, three care staff, one auxiliary staff and five residents' visitors/representatives.

The following records were examined during the inspection:

- Duty roster for January 2018
- Bath/Shower records
- Two residents' care records
- Minutes of friends of Laurelhill House meeting dated 30 October 2017
- Records of activities

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP has been carried forward and will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 29 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered provider should ensure that the training matrix is updated to include all areas of mandatory training, namely COSHH and first aid.</p> <p>Ref: 6.2</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered provider should ensure that arrangements are put in place for the ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered provider should ensure that the care plan for one identified resident is reviewed, signed and dated.</p> <p>Ref: 6.2</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>Action taken as confirmed during the inspection: Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.</p>	
	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • manual handling risk assessments are kept up to date • a system of managerial oversight is introduced for the records of the annual care reviews for residents • risk assessments are completed and detailed care plans are developed for those residents who choose to smoke • records of activities for residents are accurately recorded <p>Ref: 6.5</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection: Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.</p>	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 29 November 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Staffing Levels

Discussion with staff identified that a number of residents with high dependency levels had been discharged to nursing care in December 2017. Staff spoken to stated that they had concerns in regard to staffing levels and explained how this impacted on bathing/showering residents, assisting residents to eat and carrying out activities. A review of the duty roster and discussion with staff confirmed that despite every effort being made, not all shifts are covered by bank or agency staff; staff stated that staff morale was low.

These issues were discussed with the registered manager who reported that: the home was closed to admissions and had five vacant rooms; no new admissions would be taken as residents were discharged; two new staff had commenced employment and a number of other positions would be filled in the near future; these posts had been filled as a result of an ongoing recruitment process. The registered manager reported that the residents' needs were met. The registered manager stated, "we all buckle down and pull together."

The registered manager stated that a number of staff had retired and a number were on sick leave. The registered manager stated that it was staff choice to do extra shifts and that she regularly stayed late or came in to work on her days off to cover the floor if shifts hadn't been filled. The registered manager stated that her senior manager was fully aware of how the situation was being managed and that they were in contact on a daily basis.

The registered manager reported that a resident would be transferring to a nursing home within a few days and that a number of residents are currently waiting on transfer to a nursing home or were being assessed for nursing care. The registered manager advised that there is close working relations and good communication with the multi-disciplinary team throughout this process.

The registered manager advised that every effort is made to cover shifts with their staff, bank staff, staff from one of three agencies and staff from two other residential care homes. The registered manager stated that every effort is made to ensure consistency of staff whenever possible. The registered manager advised that the home tries to block book agency staff when there is availability. The registered manager stated that she also works on the floor covering the duties of a senior care assistant (SCA) and the SCA will work alongside the care assistants. On the afternoon of the inspection this arrangement was observed to be in place because the home had been unable to cover one shift in the afternoon. The inspector advised that these changes are recorded on the duty roster.

Given the length of time staffing levels have been an issue in the home, the concerns raised by staff and residents' representatives and the impact on residents in regard to personal care and activity provision, an area of improvement was made in regard to staffing levels.

Residents' representatives stated:

- "Couldn't get better staff...there is regular staff here."
- "There is a chronic shortage of staff. This last year has been particularly bad. There are quite a number of staff who are long-term which is reassuring."

- “Any queries I’ve had, (the registered manager) has answered them...the door is always open.”
- “The girls work very hard but there is not enough of them.”
- “A lot of the time there is only one staff and there should be two.”
- “Can’t fault the staff, they are always engaged, you never see them sitting down.”

Residents’ commented:

- “They (staff) are all good.”
- “She (registered manager) is fine.”
- “It’s (food) excellent. You feel at home.”

Staff commented:

- “Staff shortages have been horrendous...I know they have tried to recruit.”
- “Unlikely to get agency during the week, they prefer to come Saturday and Sunday.”
- “We (SCA) come out and help if they’re (care assistants) short, but then we can’t do our office work.”

Bath/shower for residents

Discussion with staff and a review of bathing records evidenced that not all residents were receiving a bath/shower once per week. Staff and the registered manager stated that this was a combination of staffing levels, residents declining a bath/shower or residents being too unwell to have a bath/shower. It was not recorded when a resident declined a bath/shower however records did indicate when a bed bath or a body wash had been completed instead.

Staff spoken to reported that a number of residents are reluctant to have a bath/shower and of the techniques used to encourage these residents. Staff stated that residents got, ‘a good wash’ every morning but if one care assistant was off it was not possible to give a residents a bath/shower as two care staff are required.

Staff spoken to stated that a number of residents’ representatives gave them a bath/shower. An inspection of care plans evidenced that this arrangement was not recorded. The registered manager gave assurances that these care plans would be updated. Following the inspection the registered manager advised that this had been completed.

Residents were observed by the inspector to be well groomed, clean and dressed appropriately. A staff member was observed to be providing hand and nail-care to one resident during the inspection.

Two residents’ representatives stated that the standard of care was ‘good’ and that each of their loved ones were always presented very well.

One resident’s representative complained about a number of issues including areas of personal care. The inspector advised that these issues were discussed with the registered manager and care manager and that the complaints process was available to the family.

The inspector discussed the foot care, personal care and issues with the recording arrangements currently in place with the registered manager. The registered manager agreed to review and improve the current recording tools for residents’ personal care including

bath/shower, body wash, feet and teeth. An individual resident template was forwarded to the inspector following the inspection and later reported that this had been implemented.

Staff commented:

- “We are giving good care but with staffing shortage it’s difficult.”
- “The registered manager is here some nights until 10pm. She is keeping an eye on the floor.”

Admission of residents

The registered manager reported that five beds were vacant and that the home had been closed to admissions. Discussion with the registered manager confirmed that she carries out pre-admission assessments.

The registered manager stated that the home does not admit residents whose needs cannot be met. The registered manager gave examples of responding to changes of residents within a short time of admission. One example pertained to a resident’s behaviour deteriorating and another example pertained to a resident’s mobility deteriorating.

Staff commented:

- “We are all very conscientious.”

Environment

The home was clean, furnished, fresh-smelling and appropriately heated. The registered manager reported the range of work that was scheduled to be completed imminently. Discussion took place in regard to the change of use of the podiatry room and the hairdressing room. The inspector advised that a minor variation application would be required without delay.

Provision of activities

Discussion with staff, residents’ representatives and a review of activity records evidenced that activity provision was in need of improvement. Records evidenced that during January 2018 activities included a sing a long, nail care, a music session, karaoke and DVDs.

The registered manager stated that one staff member had been identified to undertake activities and that a lot of activity resources had just been purchased. The inspector observed the new activity resources which had just been purchased and were in bags in the registered manager’s office. These included board games and arts and craft materials.

Three residents’ representatives stated that there could be more activities and one commented, ‘it’s hard to get people to join in’. One representative stated that there was a period last year when they did activities although ‘more thought could have been put in’.

The registered manager gave assurances that efforts were being made to improve activity provision in the home by all staff.

Residents' representatives commented:

- “A month or two ago there was more activities but now it seems to have drifted, again you take it back to lack of staff...staff are good.”
- “Due to a lack of staff, activities and walks cannot take place.”

Staff commented:

- “Whenever you get 5 minutes you try to do something and probably don't record it.”

Areas of good practice

Staff were observed to communicate effectively with residents and their representatives and were observed to be compassionate in their interactions.

Areas for improvement

One area for improvement was identified during the inspection in regard to staffing levels.

	Regulations	Standards
Total number of areas for improvement	1	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 Mary Laird, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 5 March 2018</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staffing levels are monitored on a daily basis. Regular Bank and Agency are used at present to supplement staffing levels according to occupancy levels which are presently 23 residents. New Band 2 permanent Care Assistant to commence on April 16th. 3 more permanent Band 2 Care Assistants have been recruited and are awaiting references and checks. 5 further permanent Band 2 Care Assistant posts are in the process of being recruited. 1 Band 5 permanent Senior Care Assistant post to be recruited</p>

For carried forward regulations or standards please record as follows:

<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered provider should ensure that the training matrix is updated to include all areas of mandatory training, namely COSHH and first aid.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Training Matrix has been updated to include the 2 identified areas. COSHH and First Aid trainers have been contacted for training dates in early New Year</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered provider should ensure that arrangements are put in place for the ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p>

	<p>Response by registered person detailing the actions taken: An hourly cleaning/checking sheet has been implemented on 24hr basis, which is signed by staff on duty on Oak suite. It records hourly checks of ash tray which has been replaced by a larger, deeper version.</p>
<p>Area for improvement 3 Ref: Standard 6.6 Stated: Second time To be completed by: 29 December 2017</p>	<p>The registered provider should ensure that the care plan for one identified resident is reviewed, signed and dated.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p> <p>This Respite resident is due in again for another period of Respite on Tuesday 02.01.18 when his Care Plan will reviewed, signed and dated</p>
<p>Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 31 January 2018</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • manual handling risk assessments are kept up to date • a system of managerial oversight is introduced for the records of the annual care reviews for residents • risk assessments are completed and detailed care plans are developed for those residents who choose to smoke • records of activities for residents are accurately recorded <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Manual Handling Risk Assessments are being updated. Template has been introduced for records of annual care reviews to ensure accountability and will be monitored closely. Present General Risk assessment and Care Plan for resident who is a smoker is being replaced by more specific Risk assessment and Care Plan for those residents who choose to smoke. Care staff have been made aware to document all activities at end of each shift in Daily Activity Form rather than in Daily Evaluation form.</p>

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



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