

# Unannounced Care Inspection Report 6 February 2021



## Laurelhill House

**Type of Service: Residential Care Home (RCH)**

**Address: 1a Ballymacash Park,  
Lisburn, BT28 3EX**

**Tel no: 028 9260 2116**

**Inspector: Alice McTavish**

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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 residential care home registered to provide residential care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Seamus Mc Goran	<b>Registered Manager and date registered:</b> Sue Curry 31 August 2018
<b>Person in charge at the time of inspection:</b> Deirdre Brush, Senior Care Assistant, until 14.30; Nicola McIlwaine, Senior Care Assistant, after 14.30	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 29

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 6 February 2021 between 10.00 and 17.15 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they liked living in Laurelhill House and that staff treated them kindly.

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>	3	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sue Curry, manager, after the inspection. The timescales for completion commence from the date of inspection.

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

## 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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with ten residents, two residents' visitors, four care staff and the cook. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned to RQIA. Comments made by residents and their relatives are noted within the report.

The following records were examined during the inspection:

- staff duty rota from 5 to 18 February 2021
- staff inductions
- staff training
- staff shift handover records
- staff meeting minutes
- a selection of quality assurance audits
- monthly quality monitoring reports
- complaints and compliments
- incidents and accidents
- three residents' care records
- fire risk assessment

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.1.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We saw that domestic staff cleaned those points which were touched frequently by residents and staff. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

We saw that staff, with the exception of one person who wore a mask incorrectly for a short period, used PPE according to the current guidance. When brought to the attention of senior care staff, this issue was immediately addressed. The manager later advised that weekly audits and regular walk around checks at each shift were in place to ensure that all staff complied with correct use of PPE.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We saw that staff encouraged, and assisted where necessary, residents to wash their hands before taking meals and there were hand wipes in the dining room. This is good practice.

#### 6.1.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, dining areas and the catering kitchen.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be free of malodours and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted that a shower seat in one bathroom was damaged and could not be thoroughly cleaned. The manager later confirmed in writing that this seat was removed and replaced.

The catering kitchen was large, well equipped and very clean.

The home had a current fire risk assessment and all recommendations had been actioned. Regular fire checks were completed and records maintained.

### 6.1.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We reviewed the induction records of two staff and found that they had not been signed by new staff and the person completing the induction. We later received written confirmation that one had been completed and correctly signed. The other was for a member of staff redeployed to Laurelhill House who had returned to their previous post before the full induction could be completed. This area will be examined during future care inspection.

Staff told us that they received regular supervision and an annual appraisal. Senior staff reported that competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

### 6.1.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; all staff, including domestic and catering staff, interacted with the residents in a warm, friendly and supportive manner, spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "The staff are very good, they are always around and we can have a laugh with them."
- "Staff are very good to all of us. Anything we ask for, we get. They are always around."
- "The food here is lovely...if there's anything I don't fancy, there's always something else for me."
- "There's always plenty of tea and drinks throughout the day, you would never go hungry or thirsty here!"

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted

residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home and some window visits continued. Care partner arrangements were also in place for some residents and this worked well. We spoke with two visitors who made the following comments:

- “The care is one hundred and ten per cent. The staff are great and they let us know if they have any concerns about (our relative). We are very happy.”
- “I am very happy with the care given to my (relative). Staff keep me well informed about any concerns they have or developments about (my relative’s) health or care. I have no complaints, but I would certainly feel comfortable approaching the senior care staff or the manager if I had anything to raise.”

We spoke with the cook who reported that all food was freshly cooked on the premises. The cook was knowledgeable about the preparation of textured diets and reported that care staff kept good communication with kitchen staff about individual resident dietary needs. Any residents with specific needs, for example, diabetic or fortified diets, received the correct level of support.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. We noted that there was limited variety of drinks available for residents. This was discussed with the manager after the inspection who provided written confirmation that a wider range of hot and cold drinks was now provided. We saw that staff were helpful and attentive to residents, taking time to encourage residents where necessary.

### **6.1.5 Care records**

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

### **6.1.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. We saw that staff meetings were held to support good communication between staff and management.

There was a system of audits which covered a range of areas such as the home’s environment, equipment, falls, IPC and hand hygiene. The audits were completed regularly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home. Each resident has a unique identifier which is used when events are notified to RQIA. We noted, however, that the use of the unique identifier for residents was not used consistently. This was

discussed with the manager who agreed to ensure that a consistent system was used in future and that this would be shared with all staff. This will be monitored by RQIA on an ongoing basis.

Whilst we saw that accidents were managed appropriately by staff and reported to residents' relatives and trust key workers, we found that a small number of events were not reported to RQIA. The manager later made retrospective notifications which were reviewed by care and pharmacist inspectors to ensure that the events were correctly managed and that any learning was integrated into staff practice. The timely notification of accidents and incidents which are notifiable to RQIA was identified as an area for improvement.

We found that the reports of visits by the registered provider for October to December 2020 were not available in the home. The manager advised after the inspection that visits had not been completed in October and November 2020; the reports for December 2020 and January 2021 were submitted for review. The need to complete monthly monitoring visits was identified as an area for improvement.

We examined the reports from December 2020 and January 2021; we saw that whilst the time of the commencement of the visit was recorded, the time of completion was not. This meant that we could not be assured sufficient time was devoted to conducting a comprehensive review of the running of the home. We also noted that the reports had not identified that one of the notifiable events described above was not notified to RQIA. This calls into question the effectiveness of the provider's oversight of such events. This was identified as an area for improvement.

We examined the system in place to manage any complaints received; discussion with staff provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some compliments received were as follows:

- "Just a brief note to thank you all for looking after my (relative). I will be forever grateful to you all. You made him at home and happy and that is worth more than anything in the world."
- "Thank you so much for everything you do. You really do go above and beyond."
- "...we are so grateful for all the loving care and attention...I know things aren't easy at the minute, but if you ever feel down or that your work is not appreciated, please remember that many families are so grateful that you are there. We will always need special people like yourselves to take care of our loved ones, you are amazing!"
- "...you have all played a big part in looking after our loved ones. The amount of love and concern is unsurpassed and I thank you from the bottom of my heart and am grateful that we have found Laurelhill to look after my beloved (relative)."
- "A heartfelt thank you to all the wonderful caring and supportive staff who look after our (relative). It has been a difficult year and placing (our relative) in a home was a huge and very emotional and difficult decision, but it was made easier knowing (our relative) was going to Laurelhill and would get the best care and support possible."

### **Areas of good practice**

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, communication between staff and residents' families and to the cleanliness of the home.



## Areas for improvement

Three areas for improvement were identified during the inspection. These related to timely reporting to RQIA of notifiable events, the completion of monthly monitoring visits by the registered provider and to the quality of the reports of the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	3	0

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy, and there was very good communication with residents' relatives. We were assured that the care provided in Laurelhill House was safe, effective, compassionate and well led.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sue Curry, 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 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that all events are reported to RQIA within the agreed timeframe.  Ref: 6.1.6
	<b>Response by registered person detailing the actions taken:</b> All completed DATIX events will be reviewed by senior staff/Manager to ensure timely onward reporting to RQIA to meet regulation standards. Monthly audits will monitor progress with compliance.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that the visits by the registered provider are completed each month.  Ref: 6.1.6
	<b>Response by registered person detailing the actions taken:</b> A designated person has been assigned responsibility for the completion of of registered provider visits.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29 (3) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that the visits by the registered provider contain the following information: <ul style="list-style-type: none"> <li>the time of commencement and finish of the visit</li> <li>an accurate and comprehensive review of reporting of accidents and incidents</li> </ul> Ref: 6.1.6
	<b>Response by registered person detailing the actions taken:</b> This area for improvement has been disseminated for shared learning with the registered provider.

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



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