



Unannounced Care Inspection Report 8 January 2019



Laurelhill House

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

www.rqia.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 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 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Sue Curry
Person in charge at the time of inspection: Sue Curry	Date manager registered: 31 August 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 30

4.0 Inspection summary

An unannounced care inspection took place on 8 January 2019 from 10.00 to 15.00.

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 assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision and appraisal, infection prevention and control, risk management, the home's environment, care records, communication, listening to and valuing residents and to governance arrangements and good working relationships.

One area requiring improvement was stated for the second time. This was in relation to the completion of a Legionella risk assessment.

Residents and their representatives spoke positively about the care provided in the home, the kindness of staff and the improvements made through the programme of refurbishment.

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

Details of the Quality Improvement Plan (QIP) were discussed with Sue Curry, 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 1 August 2018.

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 inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, seven residents, three care staff, two residents' representatives and a visiting professional.

A total of ten questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff competency and capability assessments
- care files of three residents
- minutes of staff meetings
- complaints and compliments records
- equipment maintenance records
- accident, incident, notifiable event records
- minutes of recent residents' meetings and representatives' meetings
- reports of visits by the registered provider
- fire safety risk assessment
- fire safety records
- individual written agreements
- programme of activities
- policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 1 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14. – (2) (c) Stated: First time	The registered person shall ensure the following arrangements are put in place: <ul style="list-style-type: none"> • a Legionella Risk Assessment is completed for the home • such Legionella Risk Assessments are completed regularly 	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager established that the Trust was in the process of addressing this issue, although no timeframe had been provided. This area for improvement is therefore stated for the second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the staff duty rota is amended to include the following: <ul style="list-style-type: none"> • footnotes to explain any abbreviations used • staff shifts noted using 24 hour clock • a full list of staff • the working hours of the manager 	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the staff duty rota confirmed that this had been suitably amended.</p>	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff, indeed both staff and representatives commented positively on the improved staffing arrangements and the impact of this on residents. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided and was beneficial.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. The registered manager advised that such assessments would be reviewed after senior care staff returned from any long term absences.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection. Staff remained aware that all suspected, alleged or actual incidents of abuse must be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff advised that they had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken. It was noted that a large portion of the home had been refurbished to a high standard. The registered manager reported that the second phase of internal refurbishment work was due to commence later in 2019. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. The registered manager described the arrangements in place to improve the courtyard for the benefit of residents, visitors and staff. Monies had been made available by the Trust and partnership working with external agencies was to commence in early 2019.

The home had an up to date fire risk assessment in place dated 6 June 2018 and all recommendations were being addressed.

A review of fire safety records identified that fire alarm systems, fire-fighting equipment and means of escape were checked weekly; emergency lighting was checked monthly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

It was established that two residents smoked. A review of the care records of one of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

Residents' representatives spoken with during the inspection made the following comments:

- “The staff are excellent. They know what they are doing and they are always available to help if needed. They are very welcoming to visitors. I know I can go to them if I have any questions or problems (about my relative’s care), or I can go to Sue, the manager, who is very good. My (relative) is doing well here. I am happy with the care she gets and there is plenty going on, which I feel is important.”
- “I think this is a good place. The staff are lovely and they take good care of (my relative). I’m glad the home is getting redecorated and I look forward to seeing the second part being done.”

Staff spoken with during the inspection made the following comments:

- “The staffing levels are great now. We still use some bank staff, but very little or no agency staff. All new staff get a good induction and staff training is more up to date as the better staffing levels allow staff to attend training. We also get regular supervision and an appraisal every year.”
- “Staffing levels are now back to optimum. This has given proper time for senior care staff to make sure that supervision for care assistants is up to date. The better staffing has also had a positive effect on activities in the home and on better, more responsive care to our residents.”

A visiting professional spoken with during the inspection made the following comments:

- “I notice a better atmosphere in the home over the past while, it’s a more lively environment. I also notice a lot more staff around and they welcome visitors and take to time to engage with the residents. The activities board is always full of things going on. The manager makes sure that we in the day centre are included in activities and there is joint working across the two organisations.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Care records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. moving and handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. A review of care records identified that care plans reflected that staff were highly knowledgeable about the care needs of residents.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, representatives’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and representatives, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff established that action was taken to manage any pain, discomfort or anxiety in a timely and appropriate manner. A review of care records identified that care plans were in place for the identification and management of such pain, discomfort or anxiety, where appropriate.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The registered manager described how three members of care staff, who had a particular interest in activities, had been provided with additional training in reminiscence and in music and movement. These 'activities champions' worked with the registered manager to forge links with local community groups. A recent example of this was engaging with a church group who had made wheelchair accessible transport available to the home. This had made a significant impact as those residents who were less physically able could now be included in outings. As the availability of the transport was known in advance, more outings could be planned.

The registered manager also described other initiatives to extend the involvement of the local community, for example, how the service users of other Trust services would be involved in maintaining the courtyard garden and how local primary schools were supported to make visits to the home. This represented good practice and was to be commended.

A resident spoken with during the inspection made the following comments:

- "It's good here. The food is nice and the staff are lovely. They are very good to me."

A member of staff spoken with during the inspection made the following comments:

- “We now have better activities for the residents because we have more staff. This gives better opportunities for mental stimulation for our residents.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

A previous care inspection established that there was a complaints policy and procedure which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. Discussion with the registered manager confirmed that staff had received training on complaints management and were knowledgeable about how to respond to complaints.

The registered manager advised that no complaints had been received since the last care inspection. The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff. As the area of complaints and compliments was reviewed in detail during the last care inspection and found to be satisfactory, it was not reviewed on this occasion.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that a monthly audit of

accidents and incidents was undertaken and that this audit was examined within the monthly visits by the registered provider. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, the Trust had produced a Physical Activity Training Guide and this had been made available to all staff. The registered manager also reported that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the Trust and that senior managers were available through telephone calls and emails; senior management was reported to be both supportive and responsive and made visits to the home.

The registered manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

A member of staff spoken with during the inspection made the following comments:

- “Our manager has made sure that the monthly staff meetings are all planned in advance. This is very useful as everyone keeps up to date with the running of the home. We have very good working relationships. The staff team pull together and we all help each other out.”
- “We have a great team and we all work well together.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Sue Curry, 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 14 2 c</p> <p>Stated: Second time</p> <p>To be completed by: 29 March 2019</p>	<p>The registered person shall ensure the following arrangements are put in place:</p> <ul style="list-style-type: none"> • a Legionella Risk Assessment is completed for the home • such Legionella Risk Assessments are completed regularly <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: SE HSC Trust are currently undertaking Legionella Risk Assessments for all Residential Homes. All assessments will be completed and in place by 31/03/2019.</p>

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



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