



The Regulation and
Quality Improvement
Authority

Laurelhill House
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Lisburn
BT28 3EX

Inspector: Alice McTavish
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**Unannounced Care Inspection
of
Laurelhill House**

19 May 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

1. Summary of inspection

An unannounced care inspection took place on 19 May 2015 from 09.45 to 15.40. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager Mrs Mary Laird. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern Health and Social Care Trust	Registered Manager: Mrs Mary Laird
Person in charge of the home at the time of inspection: Mrs Mary Laird	Date manager registered: 29 December 2014
Categories of care: RC-DE	Number of registered places: 30
Number of residents accommodated on day of inspection: 29	Weekly tariff at time of inspection: £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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/ Process

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

We met with six residents, two members of care staff and one resident's representative.

We inspected four care records, complaints records, staff training records and accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 9 December 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. <ul style="list-style-type: none"> Reference to this is made in that senior management within the Trust should be made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the Trust had been made aware of the need to have the policy document updated.	

<p>Recommendation 2</p> <p>Ref: Standard 10.1</p>	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> Reference to this is made in that arrangements should be made for all staff to receive refresher training in behaviours which challenge. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of staff training schedule confirmed that arrangements had been made for all staff to receive refresher training in behaviours which challenge</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.6</p>	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> Reference to this is made in that any accident or incident which affects the health, care or welfare of the resident should be reported to RQIA. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the accident and incident register confirmed notifiable events are now reported.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the Trust should be requested to review the use of any equipment which may be viewed as a form of restriction and to consider all less restrictive options. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that the Trust had been requested to review the use of any equipment which may be viewed as a form of restriction and to all less restrictive options were considered.</p>	
<p>Recommendation 5 Ref: Standard 29.4</p>	<p>All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in the event of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <ul style="list-style-type: none"> Reference to this is made in that arrangements are put in place to ensure that all staff members are provided with full fire safety training. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of staff training records confirmed that all staff members are provided with full fire safety training.</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans, however, were not appropriately signed. We made a recommendation in this regard.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had policy and procedures in place relating to dying and death of a resident.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours.

Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.) Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The team leader described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

Areas for improvement

There was one area of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The registered manager confirmed that staff training had been planned for July and September 2015. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence.

Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves and aprons were present. A staff member raised the issue of hand wash dispensers being broken. In our discussions with the registered manager she confirmed that replacement dispensers had been supplied and were to be installed in the very near future. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policy and procedures relating to continence management and promotion which referenced best practice guidance.

We reviewed the care records of two residents with complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. The quality of the person centred care plans in relation to continence management and support was to be commended.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with six residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "They look after me here very well and they feed me more than I can eat! It's great here."
- "I have no complaints; the girls (staff) are very good to me. I am happy here."
- "They care for me very well here."
- "I'm very happy here, the girls are great. I couldn't be happier."
- "They are very good and take great care of me"
- "I am happy here."

5.5.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "Laurelhill is a lovely place to work. The staff take great care of the residents, they are genuinely interested in looking after both residents and their families. It is a happy place."

5.5.3 Resident representative views

We met with one resident's representative who spoke positively about the care provided.

Some comments included:

- "I am perfectly happy with the care here. I am here very often and have never seen or heard anything that would give me any concern. The staff are friendly and have come to know my (relative) very well which makes all the difference when it comes to providing care."

5.5.4 Environment

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

5.5.5 Staffing

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

- 1 manager
- 2 team leaders (one supernumerary)
- 5 care assistants
- 1 activities co-ordinator
- 1 cook
- 2 catering assistants
- 2 domestic staff
- 1 laundry assistant

One team leader and four care assistants were scheduled to be on duty later in the day. One team leader and three care assistants were scheduled to be on overnight duty.

The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.6 Care practices

In our discreet observations of care practices we evidenced 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.

5.5.7 Accidents/ incidents

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

5.5.8 Complaints/ compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

5.5.9 Fire safety

The home had a current fire safety risk assessment dated 9 March 2015. The registered manager advised us that all recommendations arising from this were in the process of being addressed. Fire alarms were tested weekly. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for improvement

There were no areas of improvement identified from the additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Mrs Mary Laird as part of the inspection process. 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 DHSPSS 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 will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 6.3

Stated: First time

To be Completed by:
18 September 2015

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.

Ref. section 5.3.

Response by Registered Manager Detailing the Actions Taken:

I have signed all care plans and have identified a the few that have not been signed.

Senior cares have been instructed to ensure that theses few are signed by N.O.K as soon as they visit.

Registered Manager Completing QIP	Mary Laird	Date Completed	03.07.15
Registered Person Approving QIP	Hugh McCaughey	Date Approved	06.07.15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	6 July 2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address