

Inspection Report

29 September 2021



Laurelhill House

Type of service: Residential Care Home (RCH)
Address: 1a Ballymacash Park, Lisburn, BT28 3EX
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)</p> <p>Responsible Individual: Ms Rosin Coulter</p>	<p>Registered Manager: Mrs Michelle Barton – not registered</p>
<p>Person in charge at the time of inspection: Ms Deirdre Bush – Senior Care Assistant from 9.30 am, then Mrs Michelle Barton from 12 pm onward.</p>	<p>Number of registered places: 30</p>
<p>Categories of care: Residential Care (RC) DE – Dementia</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 27</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 persons. The home is spread over ground floor level and residents have access to communal lounges, dining rooms and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2021, from 9.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home at the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement identified at the last inspection were reviewed resulting in two areas being assessed as met and three areas being assessed as not met and therefore stated for a second time.

Two new areas for improvement were identified in relation to infection prevention and control (IPC), and the environment.

Residents looked well cared for in that they were nicely dressed, personal care was attended to, and residents looked comfortable and relaxed in their surroundings. Staff were seen to encourage residents to partake in social activities such as games or sitting in the company of

others for their meals, and residents were observed to engage freely in daily activities as they so wished.

Residents spoke positively about life in Laurelhill House and told us that staff were helpful and pleasant in manner towards them and that their needs were met.

Staff were seen to attend to residents' needs in a timely manner and to foster a homely and welcoming atmosphere. It was evident that staff promoted resident wellbeing and dignity, through how they discussed residents' care to how they interacted with residents in a warm yet professional manner.

RQIA were assured that the delivery of care and services provided in Laurelhill House was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve the environment, staff practice, and residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Michelle Barton, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection six residents were spoken with individually in private and a group of four residents were consulted in a communal setting. Five staff were spoken with during the inspection. Questionnaire responses were received from three relatives and their comments are included in this report.

Residents told us that they were well looked after and described staff as “helpful”, “friendly” and “nice”. One resident commented that staff “do a great job” and that they get “everything sorted for us”.

Residents said that they enjoyed the meals provided that there was adequate supply of snacks and drinks. Residents confirmed that they could avail of visits from family and friends and some residents told us that they take regular trips out with family.

Relatives indicated through the questionnaire responses that they were very satisfied that the care and services provided in the home were safe, effective, delivered with compassion, and well managed.

Some relatives provided additional comments saying that they were “very pleased” with the care, that they felt their loved ones were content and felt safe living in Laurelhill House, and that they took comfort from knowing that the care was “second to none”.

Relatives described staff as “helpful”, “approachable”, and “amazing”; with one relative saying that as a family they do not know what they would have done without the care provided.

Staff spoke in positive terms about working in Laurelhill House. Staff said that they felt supported by the management team and described good team working relationships in the home.

Staff spoke with pride about their training and development and gave examples of how they felt this enhanced the residents’ daily lives, for example staff talked about training they had completed on social activities and that this gave them more confidence in leading and organising activities. This was evident during the inspection with a range of activities being observed.

Staff said that they felt well informed about the running of the home and that there was good communication between staff and management, and that this communication network included sister homes within the Trust.

A record of compliments received about the home was kept and shared with the staff team. This included the results from a relative satisfaction survey conducted in July 2021. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 (1) Stated: First time	The registered person shall ensure that all events are reported to RQIA within the agreed timeframe.	Not met
	Action taken as confirmed during the inspection: There was evidence that some improvement had been achieved following the last inspection with a system in place for auditing notifiable events. However this improvement was not maintained and some recent notifiable events had not been reported to RQIA. This area for improvement will be stated for a second time.	
Area for Improvement 2 Ref: Regulation 29 (2) Stated: First time	The registered person shall ensure that the visits by the registered provider are completed each month.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with a record of monthly visits maintained.	
Area for Improvement 3 Ref: Regulation 29 (3) (c) Stated: First time	The registered person shall ensure that the visits by the registered provider contain the following information: <ul style="list-style-type: none"> • the time of commencement and finish of the visit • an accurate and comprehensive review of reporting of accidents and incidents 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are in place to direct care when medicines are prescribed to manage distressed reactions on a “when required” basis.	Not met
	Action taken as confirmed during the inspection: Reasons for administration of medications for distressed reactions, along with the outcomes, where recorded in the medication administration records, however for the sample of records reviewed there were no care plans in place to direct care. This area for improvement will be stated for a second time.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure that two staff verify and sign handwritten additions to medication administration records to confirm accuracy.	Not Met
	Action taken as confirmed during the inspection: Review of records showed inconsistent practice in relation to staff verification of handwritten additions to the medication administration records. This area for improvement will be stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Individual staff files were not available on site for review however the manager was able to provide assurances that a robust recruitment system was in place through employee checklists provided by the Trust Human Resources Department.

All staff were provided with a comprehensive induction programme to prepare them for working with the residents. There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as first aid,

infection prevention and control (IPC), and fire safety. Staff told us that they felt supported to conduct their roles to a high standard through regular training and that they were provided with training opportunities over and above the mandatory requirements, such as sessions on providing social activities for residents.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of residents were met. Staff consulted with agreed that residents' needs were met with the number and skill mix of staff on duty each day. Staff were seen to respond to residents' needs in a timely and pleasant manner.

Staff said that they felt well informed through established communication systems such as the home diary, daily safety briefs, and monthly staff meetings. Staff also said that they felt comfortable and confident in asking questions from senior staff or communicating with a sister home if required.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The person in charge on each shift was identified on the duty rota. Staff confirmed that they were aware of the manager on call system and felt that guidance and/or support was "only a phone call away". There was a large notice board on display in the reception area which showed all staff expected on shift that day, along with the details of the manager on call.

Staff described good team work and said they felt supported in their roles.

Residents said that staff were readily available to them when they needed, and that staff engaged with them in a warm and comforting manner. Residents said that they had "no complaints" and that they had confidence in staffs' ability to provide good care.

Observation of interactions between staff and residents indicated that staff knew residents well and that residents were comfortable in the company of staff.

Relatives said that staff "without exception" were helpful, approachable, and "amazing", and described the care as "second to none".

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about the residents' needs, daily routines, wishes and preferences. A diary was maintained in the home to ensure important or time sensitive activities were not missed, such as residents' appointments with external healthcare professionals, or trips out with family.

Staff confirmed the importance of keeping themselves and each other up to date with relevant information and could be seen to routinely communicate with each other on any changes in a resident's status, needs or wishes.

Residents' needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. It was positive to see that residents had a "this is me" record completed which detailed things that were important to each individual resident and that they wanted staff to know. Review of

records pertaining to medications administered for distressed reactions showed that the relevant care plans were not in place to direct staff. This area for improvement has been stated for a second time. Handwritten additions to residents' medication administration records require verification by two staff. Review of medication administration records showed inconsistencies with this requirement and this area for improvement has been stated for a second time.

Where a resident was at risk of falling, a care plan was in place to direct staff in how to manage this area of care. Any falls occurring in the home were monitored regularly to enable the manager to identify if any patterns were emerging which could help identify any additional actions that could be taken to further prevent falls from occurring. Staff were seen to assist residents who were at risk of falls, for example, ensuring mobility aids such as rollators were used or that residents wore suitable and well-fitting footwear.

Good nutrition and a positive dining experience are important to the health and wellbeing of residents. The breakfast and lunch time servings were observed. Residents were seen to choose where they had their meals, with some choosing to eat in their bedrooms and the majority of residents eating in the dining room. The dining room was clean and spacious with relaxing background music playing and menu choices were displayed on a large board. The menu showed at least two choices per sitting.

The food looked and smelled appetising and residents indicated that they enjoyed the food. Staff were seen to provide assistance and/or encouragement where required. There was a range of drinks and condiments available at each sitting and further drinks and snacks were provided throughout the day.

Residents' weights were monitored monthly to ensure good nutritional intake and to identify potential unplanned weight loss or gain. Records showed that an additional nutritional risk assessment, the Malnutrition Universal Screening Tool (MUST) was in place for some residents. Review of the records and discussion with staff showed that there was an inconsistent approach to the use of this tool, in that there was no established rationale for which residents it was applied to, or criteria for frequency of use. In addition it was unclear if all staff who used the tool were trained as competent in its use. This was discussed with the manager and senior care assistant, and while it was positive to see that residents' weights were monitored regularly, it was felt that the inconsistent use of the MUST assessment was of little to no benefit. It was recommended that the manager review the use of this assessment tool and that if it continued to be used that a clear protocol for use should be established and that all relevant staff should be trained in its use. This will be reviewed again at the next inspection.

Residents told us that they get what they need when they need it, with one saying "we are looked after the best".

Relatives said that they were very satisfied with the care provided and there was evidence of relative involvement in care planning. One relative described the care as "second to none".

Staff demonstrated knowledge about individual residents' needs and preferences and talked about prioritising resident satisfaction and wellbeing.

5.2.3 Management of the Environment and Infection Prevention and Control

Inspection of the home's environment included a sample of residents' bedrooms, communal lounges and dining room, communal bathrooms, storage areas, and enclosed courtyard. The home was found to be generally clean, warm, well-lit and ventilated, and free from malodours.

Fire safety measures were in place and fire exits were seen to be free from obstruction. There was a routine fire alarm test during the inspection and staff were seen to inform all residents beforehand and to provide reassurance during the test. The most recent fire risk assessment was undertaken on 18 June 2021 and any recommendations made had been addressed.

Storage areas were found to be clean and organised. Communal lounges and dining areas were clean and well furnished. Residents' bedrooms were clean, tidy and well personalised with items of importance or sentimental value to each resident. Residents told us that they were happy with their bedrooms and felt that the environment was kept clean.

The enclosed courtyard was easily accessible, paved, well maintained, and had a range of outdoor furniture.

Some areas of the home were found to be in need of repair, such as, a number of pull cords were broken off at the ceiling, flooring around the base of a toilet in a communal bathroom was damaged, some walls in communal bathrooms were damaged, and the surface of some tables were breached. An area for improvement was identified.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked on arrival.

Domestic staff told us that they had adequate supplies for cleaning and care staff confirmed that there was a good supply of personal protective equipment (PPE).

Some inconsistencies in IPC standards were seen during the inspection, in that some staff were not bare below the elbows to allow for adequate hand hygiene practice. One staff was seen to wear their face mask pulled down to their chin, and some staff were seen to handle used linen inappropriately. In addition, some communal bathroom areas had not been sufficiently cleaned, for example some shower trays. An area for improvement was identified.

Visiting arrangements were managed in line with the Department of Health (DoH) and IPC guidance. Visitors were seen to have their temperatures checked on arrival and were guided by staff in the use of PPE and to follow IPC guidance.

Residents and relatives did not express any concerns in relation to the upkeep and cleanliness of the environment.

5.2.4 Quality of Life for Residents

Discussion with residents and observations on the day confirmed that they were comfortable and content living in Laurelhill House and that they exercised their rights to have choice and say in their care and daily routine.

The atmosphere in the home was relaxed, social and welcoming. Staff and residents were seen to engage in warm and friendly conversations.

Staff told us about recent training that they had undertaken in recreational activities and the benefits of this were evident with the range of activities ongoing during the day. Staff were seen to encourage some residents to join in with group sessions such as games on the sensory light table, or to check in with residents who preferred to spend time in their own bedrooms or quieter areas of the home.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of current DoH guidance pathway 'Visiting with Care'. Relatives had been kept informed of any changes to the guidance and a number of relatives were taking part in the care partner initiative. All relevant risk assessments were in place and care partner arrangements were clearly documented in each resident's care records.

Staff and residents told us that the visiting and care partner arrangements were working well and some residents were seen to avail of trips out with family.

Residents told us that they felt safe in the home and that they enjoyed the company of staff and fellow residents.

Relatives said that they were very satisfied with the quality of care and that they felt their relatives were "content" in the home.

Staff conveyed the importance of resident satisfaction and understood their roles in promoting resident wellbeing. Some staff said that they "love" working in Laurelhill House.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time, through the duty rota and staff display board. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about resident care, staffs' practice or the environment.

There had been some recent changes to the management of the home since the last inspection, with Mrs Michelle Barton becoming acting manager in September 2021. Staff said that they were informed of these changes and were aware of the senior management on call arrangements in the absence of the manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. While records showed that accident and incidents were reported to the individual resident's Trust key worker and if required next of kin, some notifiable events had not been reported to RQIA as required. This area for improvement was identified at the previous inspection and has been stated for a second time.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly at the time.

No recent complaints had been received but there was evidence to show that a system was in place to manage complaints if and when they occur. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Staff said that even in the absence of the on-site manager that they felt comfortable enough to contact the on call manager and had confidence that support would be available. One staff said “managers are only a phone call away”

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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 Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* The total number of areas for improvement includes one under Regulations which has been stated for a second time and two under Standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Barton, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) Stated: Second time To be completed by: With immediate effect and going forward	The registered person shall ensure that all events are reported to RQIA within the agreed timeframe. Ref: 5.1 Response by registered person detailing the actions taken: All Senior Staff have been advised that they must report all incidents to RQIA and discuss with the Manager
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that care plans are in place to direct care when medicines are prescribed to manage distressed reactions on a "when required" basis. Ref: 5.1 Response by registered person detailing the actions taken: All care plans have been reviewed and updated to direct individual interventions for residents in the management of their "when required" medication. All new Residents will have these details recorded when writing up new care plan
Area for improvement 2 Ref: Standard 31 Stated: Second time To be completed by: With immediate effect and going forward	The registered person shall ensure that two staff verify and sign handwritten additions to medication administration records to confirm accuracy. Ref: 5.1 Response by registered person detailing the actions taken: An action plan has been put in place to address the issues raised.
Area for improvement 3 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas in the environment identified as needing repaired, as detailed in this report, are addressed. Ref: 5.2.3

<p>To be completed by: 31 December 2021</p>	<p>Response by registered person detailing the actions taken: All Areas for repairs have been reported and an action plan is in place to address the issues raised. All pull cords have been replaced.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect and going forward</p>	<p>The registered person shall ensure that staff adhere to infection prevention and control standards at all times. This is in relation to hand hygiene practices, appropriate use of Personal Protective Equipment, and handling of used linen.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Further Infection Prevention and Control training took place in October 2021. The manager will monitor and review staff practice and reinforce IPC standards.</p>

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