

# Unannounced Care Inspection Report

## 31 May 2016



## Laurelhill House

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Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Laurelhill House, a residential care home for adults with dementia, took place on 31 May 2016 from 11.10 to 17.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

No requirements were made; one recommendation was stated in regard to the completion of induction programmes for all new staff. There were examples of good practice found throughout the inspection in relation staff training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### **Is care effective?**

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### **Is care compassionate?**

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### **Is the service well led?**

No requirements were made; two recommendations were stated in regard to the delivery of well led care. A recommendation was made in regard to the development of local procedures specific to Laurelhill House in relation to consent and to communication. A recommendation was made in relation to notification to RQIA of accidents and incidents. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and good working relationships.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>3</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michele Barton, acting 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust/Hugh Henry McCaughey	<b>Registered manager:</b> Mrs Michele Barton
<b>Person in charge of the home at the time of inspection:</b> Lorraine Wilson, senior care assistant until 13.00; Mrs Michele Barton from 13.00.	<b>Date manager registered:</b> Acting manager
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 30
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 27

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with seven residents individually and with others in groups, the acting manager, one senior care assistant and two care assistants. No resident's visitors/representatives or visiting professionals were present. Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for

completion and return to RQIA. Three resident representative views questionnaires and three staff views questionnaires were returned to RQIA. No resident views questionnaires were returned. The information contained within the questionnaires reflected satisfaction with the services provided by the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings and representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 1.2 <b>Stated:</b> First time	The registered manager should ensure that resident meetings are held regularly, preferably on a quarterly basis.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of minutes of residents' meetings confirmed that resident meetings are held regularly.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	The registered manager should ensure that the Trust is advised of the need to update the policy documents relating to consent and to communication; the home should develop local procedures specific to Laurelhill House in relation to consent and to communication.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager confirmed that the Trust was advised of the need to update the policy documents relating to consent and to communication; the acting manager stated that local procedures specific to Laurelhill House had not yet been developed in relation to consent and to communication. This recommendation is therefore stated for the second time.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 1.6  <b>Stated:</b> First time	<p>The registered manager should ensure that satisfaction surveys are undertaken annually, that the information obtained is used to identify areas for improvement and that these areas are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b>          Discussion with the acting manager confirmed that a satisfaction survey was undertaken and that the information obtained was used to identify areas for improvement; these areas were addressed. Such satisfaction surveys would be completed annually.</p>	Met
<b>Recommendation 4</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	<p>The registered manager should ensure that the issues identified by staff in relation to staffing levels and the allocation of weekend overtime hours are addressed and an account of actions arising submitted to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b>          An account of actions arising was submitted to RQIA. Discussion with the acting manager confirmed that the issues identified by staff in relation to staffing levels and the allocation of weekend overtime hours were addressed. Additional staff have been recruited. A working group has been set up to examine staff duty rotas.</p>	Met
<b>Recommendation 5</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	<p>The registered manager should ensure that the issues identified by staff in relation to the assessment for and supply of continence products are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b>          Discussion with the acting manager confirmed that the issues identified by staff in relation to the assessment for and supply of continence products were addressed. Discussion with staff members identified that there was no shortage of continence products.</p>	Met

<b>Recommendation 6</b>  <b>Ref:</b> Standard 25.8 <b>Stated:</b>  First time	The registered manager should ensure that staff meetings take place regularly and at least quarterly.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of the minutes of staff meetings confirmed that staff meetings take place regularly and at least quarterly.	
<b>Recommendation 7</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	The registered manager should ensure that the working hours of the manager are accurately reflected on the staff duty rota.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of the staff duty rota confirmed that the working hours of the manager were accurately reflected on the staff duty rota.	

#### 4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty –

- 1 x acting manager
- 1 x senior care assistant
- 4 x care assistants
- 1 x laundry assistant
- 2 x domestic assistants
- 1 x cook
- 2 x catering assistants

One senior care assistant and four care assistants were due to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty.

Discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The Trust offered both a corporate induction and a local induction for the home. Induction was linked to the Northern Ireland Social Care Council (NISCC) standards and code of practice for social care workers. A review of documentation confirmed that a structured and comprehensive programme of induction was in place for new staff. It was noted, however, that the programme was not entirely completed for the two most recently appointed staff members. A recommendation was

made that the induction programmes for all new staff are completed with accurate records retained and appropriately signed and dated.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Discussion with the acting manager identified that the trust also provided training in epilepsy awareness, delirium awareness, recording skills, complaints handling and improving service user experience as mandatory. Speech and Language Therapy would provide bespoke training when required. The acting manager advised that a staff member was to be provided with training to become a Dementia Champion. This was to be commended.

A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The acting manager and staff 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; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed. The competency and capability assessments were found to be structured and comprehensive.

A review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed 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 acting manager confirmed that enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable) and this was also checked during staff supervision.

Adult safeguarding policies and procedures were in place which contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The trust's adult safeguarding policy and procedure was last reviewed in 2012 and was not consistent with the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The policy and procedure is due to be reviewed in December 2016. The acting manager confirmed that local procedures had recently been updated and that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training had been undertaken by all staff.

Discussion with the acting manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and



procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The acting manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The acting manager advised also that a local falls prevention programme was implemented by the trust.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The acting manager confirmed that some areas of restrictive practice were employed within the home, notably locked external doors and keypad entry systems on internal doors. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The acting manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The acting manager confirmed that equipment in use in the home was well maintained and regularly serviced.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges, bathrooms. Residents' bedrooms were personalised with photographs, pictures 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. Discussion with the acting manager confirmed that action plans were in place to reduce risk where possible.

The acting manager advised that the last fire safety risk assessment was completed in March 2015 and that all recommendations arising from the assessment had been addressed appropriately. The trust's accredited Fire Officer was aware that the fire safety risk assessment needed to be updated and that plans were in place to complete this. The acting manager later confirmed by email that plans were in place to have a new fire safety risk assessment completed on 15 June 2016. A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed four times annually and records retained of staff who participated and any learning outcomes.

Fire safety records identified that staff checked fire-fighting equipment, fire alarm systems, emergency lighting and means of escape weekly. The trust's estates staff tested the home's emergency lighting and generator monthly and outside contractors tested the fire panel and smoke detection system quarterly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area for improvement was identified during the inspection. This related to the completion of induction programmes for all new staff.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed they had an understanding of person centred care and that a person centred approach underpinned practice. It was noted that the Human Rights Act was integrated throughout care plans. This practice was to be commended. The acting manager confirmed that records were stored safely and securely in line with data protection.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and medications were available for inspection and evidenced that actions identified for improvement were incorporated into practice. The acting manager described how it was identified through audit that recording of medications was not always clear, hence a new system of typing records was introduced. This reduced the risk of error and directly improved the quality of safety within the home. An annual mattress audit had also been introduced to monitor the condition of mattresses. This had a direct effect on the comfort of residents and was to be commended. Further evidence of audits was contained within the monthly monitoring visits reports.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. Staff confirmed that they had received training in communication. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports, for example, one resident had used the Alzheimer's Society to access a befriending service.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The acting manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. A review of the home's policies and procedures confirmed that appropriate policies were in place. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect.

The acting manager and staff confirmed that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity; staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A programme of activities was available in the entrance hallway of the home and was available for residents' representatives to view. The acting manager advised that the activities co-ordinator had left and that the trust was to consider the appointment of a full time care assistant to provide activities. Care staff were providing activities in the meantime.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Church services were provided twice monthly and the Friends of Laurelhill House group arranged social events and fundraising activities to enhance the comfort of residents. The acting manager advised that a room had been equipped to provide aromatherapy for residents and that there were also arrangements in place to provide pet therapy. A group of volunteers were also to commence work to improve the garden within the internal courtyard.

The acting manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. The acting manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The inspector spoke with seven residents individually and with others in groups. All expressed satisfaction with the care provided by Laurelhill House. Some comments included:-

- “The girls (staff) take great care of us here. They are all lovely. I love them!”
- “You wouldn’t believe what they (staff) do for us. We get great food, three big meals a day and plenty of choice about what we get to eat, and plenty of tea and biscuits between meals. And we get our laundry done and the place is kept lovely and clean. I couldn’t ask for better. And I can get visits from my family and go out with them. I have lots to do during the day. I don’t have a single complaint about here.”
- “You couldn’t get a better place than this!”
- “It’s great here.”

The inspector spoke with two members of care staff who provided the following comments regarding the care provided in Laurelhill House:-

- “The care here is absolutely brilliant.... the care that we as a staff team give is exactly what I would want for any of my own family.”
- “I get a great sense of satisfaction and feel useful (by working here). I believe that when working with people with dementia, although their memory might be impaired, that moment in time is so important to them. The staff get on well as a team and there is good communication. The staff handovers are really useful and there is a lot of support from the senior staff and from the management.”

Residents’ representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. A resident’s representative commented in a completed representative views questionnaire “I find my (relative’s) care to be compassionate beyond what is required or what I expected.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and their families. The acting manager gave the following examples - the cook collected newspapers for several residents although this was not part of the cook’s duties. When the cook was not on duty, other staff members ensured that the newspapers were collected.

Staff members often came into Laurelhill House on their days off to accompany residents to events (cinema) and they did this willingly. Other staff members brought in nail polish and make up for those residents who had a keen interest in maintaining their appearance. A staff member, who was a keen knitter, brought in wool for residents who liked to knit or crochet. Staff members also attended social and fundraising events organised by the Friends of Laurelhill House group. Staff did this in their own time.

A list was on display in the office of all residents' birthdays. The funds raised by Friends of Laurelhill House group were used to purchase birthday cards and gifts for residents. Staff would sign the cards and the cook provided a birthday cake. When a resident was in hospital, staff would visit in their own time. When a resident died, staff attended the funeral in their own time and without being asked by management to do so.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The acting manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care 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.

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. Policies and procedures were systematically reviewed every three years or more frequently should changes occur. It was noted, however, that the home did not yet have local procedures specific to Laurelhill House in relation to consent and to communication. This was stated in the QIP from the last care inspection. A recommendation was made for the second time in this regard.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. A record was also retained of whether or not the complainant was satisfied with the outcome of the complaints process. The complaints procedure also contained details of the onward referral route for complaints if local resolution was not achieved. Arrangements were in place to share information about complaints and compliments with staff.

The acting manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were, for the most part, effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Two incidents occurred which were appropriately notified to residents' representatives and to the trust, however, were these were not notified to RQIA. A recommendation was made in this regard.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. The acting manager described how the Operations Manager attended a staff meeting to share the outcome of the resident satisfaction survey and to acknowledge staff involvement and support in this process. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the acting manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit 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, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. The acting manager had been provided with training in management and had completed a Diploma in Supervisory Management; other training opportunities were available.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The acting manager confirmed that the trust's line management was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The acting manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner. Review of records and discussion with the acting manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

## Areas for improvement

Two areas for improvement were identified during the inspection. One area related to the development of local procedures specific to Laurelhill House in regard to consent and to communication and the other related to notification to RQIA of accidents and incidents.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Michele Barton, acting manager, 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 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](mailto:care.team@rqia.org.uk) 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> Second time <b>To be completed by:</b> 28 October 2016	<p>The registered manager should ensure that local procedures specific to Laurelhill House are developed in relation to consent and to communication.</p> <p><b>Response by registered person detailing the actions taken:</b>  A local procedure specific to Laurelhill House will be developed in relation to consent and communication.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.6 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	<p>The registered person should ensure that the induction programmes for all new staff are completed with accurate records retained and appropriately signed and dated.</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff induction programmes will be appropriately signed and dated</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 20.15 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2016	<p>The registered person should ensure that RQIA is notified of accidents and incidents in line with current guidance.</p> <p><b>Response by registered person detailing the actions taken:</b>  All accidents and incidents will be notified to RQIA as per current guidelines</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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