



# Unannounced Inspection Report 26 February 2020



## Laurelhill House

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 30 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Mr Seamus McGoran	<b>Registered Manager:</b> Ms Sue Curry
<b>Person in charge at the time of inspection:</b> Ms Minni Davis, Senior Care Assistant, until 12.15, Ms Sue Curry for remainder of inspection	<b>Date manager registered:</b> 31 August 2018
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 26 February from 09.50 to 14.20 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 the management of medicines, staffing, communication between residents and staff and taking account of the views of residents and their families.

No areas for improvement were identified.

Residents spoken to described living in the home as in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and others.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sue Curry, manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 6 and 9 September 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 and 9 September 2019. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were completed and returned by residents' relatives. No questionnaires were returned by staff.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with three residents, the manager, one senior care assistant, two care assistants and briefly with the administrator and the activity therapist.

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

- medicine governance and audit records
- personal medication records
- medicine administration records
- controlled drug record books
- medicine storage temperatures
- five residents' records of care with respect to medicines
- records of accident/incidents and notifiable events
- RQIA registration certificate

Areas for improvement identified at the last 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 care and medicines management inspection dated 6 and 9 September 2019

Areas for improvement from the most recent care and medicines management inspection dated 6 and 9 September 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall ensure that that administration of external preparations is recorded on every occasion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A revised external medicines administration record had been implemented for the use of care staff administering these medicines. These were generally well maintained and their completion was reviewed and discussed at team meetings, indicating significant improvement in this area. The manager agreed to include the completion of these records in the medicines audit process on a regular basis with immediate effect and to take action if records are not fully and accurately maintained.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Controlled drug record books were examined and recent entries and current balances of controlled drugs were found to be correct. Each record of administration had been signed by two members of staff.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) and (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the planned refurbishment and redecoration of The Oak Suite and repainting of identified areas of The Maple Suite are progressed in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> Phase 3 of the 12 month refurbishment programme (which started on 14 October 2019) was due to commence on 2 March 2020, to include the Oak Suite and identified areas of the Maple Suite. Preparation for this work was already under way.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all accidents, incidents and notifiable events, including unplanned activations of the fire alarm, are notified to RQIA in line with current guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Outstanding notifications were submitted following the last inspection. Examination of three medicine incident notifications since the last inspection indicated appropriate notification to RQIA. A file of submissions was maintained and correlated with relevant recent submissions to the Trust. Relevant staff had received guidance on the reporting process.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Third and final time</p>	<p>It is recommended that the registered person ensures that detailed care plans are in place for the management of distressed reactions for all designated residents.</p> <p><b>Action taken as confirmed during the inspection:</b> A draft care plan format for distressed reactions had been prepared and was awaiting approval from the Trust. It was intended that this would be in place for all relevant residents in the next few weeks. Care plans for five residents were examined. Four residents had a record in the medicines file where resident specific details of distressed reactions, including the reason for and outcome of each administration of medication are recorded. Two residents had brief details recorded in their care plan. The</p>	<p><b>Met</b></p>

	<p>manager agreed to copy the resident specific details into the relevant care plans immediately to ensure accurate resident specific information is available to all staff, until the new care plan format is implemented. Due to the progress made and the assurances received, this area for improvement was assessed as met.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that any transcribing of medicine details on medication administration records involves two staff and both staff sign the entry.</p> <p><b>Action taken as confirmed during the inspection:</b> The sample of medication administration records examined indicated that this is the expected and usual practice; all but one example had been signed by two staff to verify accuracy. This was also included in medicines management audit procedures.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that details of the reason for and the outcome of any medicines administered for distressed reactions are recorded on each occasion; and any regular use is referred to the prescriber.</p> <p><b>Action taken as confirmed during the inspection:</b> A new recording template had been put into place since the last inspection. These had been generally well maintained and most administrations had been recorded. The manager agreed to monitor these records within audit procedures. The manager and staff advised that regular use has been referred to the prescriber and there was evidence that reviews had taken place.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person should closely monitor the completion of personal medication records.</p> <p><b>Action taken as confirmed during the inspection:</b> The sample of personal medication records examined was well maintained and correlated with medication administration records and the prescriber's instructions. These records were being monitored within audit processes and with the support of the Trust pharmacist.</p>	<p><b>Met</b></p>

<b>Area for improvement 5</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person should develop and implement an effective auditing system which covers all aspects of medicines management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new audit process had been implemented in October 2019. This had been completed monthly and there was evidence of an action plan being produced and followed up on each occasion. The manager agreed to add the areas of medicines management highlighted in this report.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09.50 hours and were greeted by the administrator and senior care assistant on duty who were welcoming, helpful and attentive. Residents were in the lounges, dining area or their bedroom according to their preference. The manager arrived in the home at 12.15 hours and was present for the remainder of the inspection.

Observation of the delivery of care evidenced that staff attended to residents' needs in a timely and caring manner. Staff said that they felt that there were enough staff on duty at all times to meet the needs of the residents.

The home was observed to be clean, warm and fresh. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. Refurbishment works were being conducted with as minimal disruption as possible. Phase 3 of the refurbishment programme was due to start on 2 March to include the Oak Suite and identified areas of the Maple Suite. Preparation work was under way. Staff advised that residents and their families and staff had been involved in choosing the colour schemes for the home.

We reviewed a sample of eight personal medication records and medication administration records and found that they had been well maintained. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

The storage of medicines was largely satisfactory. Staff were reminded to reset the medicines refrigerator thermometer daily after recording temperatures, to ensure that temperatures remain in the required range of 2 to 8°C. A number of maximum temperatures outside of this range were observed. There was evidence that staff had taken some action to address this.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the programme of improvements to the home's environment including steps to improve dementia friendliness.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Residents dined in the dining area or their preferred dining area such as their bedroom. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch and the meal choices correlated with the menu. Residents who required to have their meals modified were also afforded a choice of meals.

Food was served when residents were ready to eat their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The residents consulted with spoke positively of the meals provided.

Comments included:

- "I enjoyed my lunch"
- "The food was lovely."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines and the encouragement/assistance provided by staff to ensure that residents received nutritious meals.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 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.**

The administration of medicines to residents was completed in a caring manner and residents were given time to take their medicines.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with three residents in a group setting confirmed that living in the home was a positive experience in terms of the current activities including the interactive 'magic table', the lunch just finished and the interactions with staff.

Of the questionnaires that were issued, three were returned from relatives. The responses indicated varying levels of satisfaction within the four domains of care.

Comments included:

- “The staff have undertaken the challenge (of communication); with a positive approach to ensure care is of a high level. I have also found that they work in partnership with myself.”
- “Residents seem to spend a lot of time in the living space in front of a TV that doesn't engage them.”

Any comments from residents, their representatives and staff in questionnaires received after the return date will be shared with the manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and listening to and valuing residents and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

There were arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. Incidents involving medicines since the last medicines

management inspection were discussed. Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding.

Auditing processes with regard to medicines management had been developed. These audits were reviewed during the inspection; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We met with three members of staff as well as the manager. They advised that that they had received comprehensive training and felt well supported in the home.

The manager advised of several quality improvement initiatives under way in the home involving residents and their representatives and staff. These included the refurbishment programme, making the home more dementia friendly, a wireless sensor falls prevention system, a satisfaction survey for which the outcomes were being collated and the implementation of a 'Butterfly project' aiming to help improve hydration in the resident group.

Comments from staff included:

- "I'm being well supported in my professional development. I love my work here and I'd like to stay."
- "I really enjoy working here."
- "We have a great team."
- "I love my job, love working here."

We discussed deprivation of liberty safeguards with the manager who confirmed that she had received appropriate training and that training for all relevant staff was planned for early March 2020. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place. The manager confirmed that assessments had taken place in conjunction with the Trust for all residents under this new legislation.

### Areas of good practice

There were examples of good practice found in relation to leadership, maintaining good working relationships and the management of incidents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.





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