



Secondary Unannounced Care Inspection

Name of Establishment: Laurelhill House

Establishment ID No: 1003

Date of Inspection: 16 May 2014

Inspector's Name: Maire Marley

Inspection No: 16849

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

10. GENERAL INFORMATION

Name of Home:	Laurelhill House
Address:	1a Ballymacash Park Lisburn BT28 3EX
Telephone Number:	(028) 9260 2116
E mail Address:	laurelhill.house@setrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Hugh Henry McCaughey South Eastern HSC Trust
Registered Manager:	Mr Mark Baker
Person in Charge of the home at the time of Inspection:	Mrs Ann McGarvey
Categories of Care:	RC-DE
Number of Registered Places:	30
Number of Residents Accommodated on Day of Inspection:	30
Scale of Charges (per week):	As per Trust contract
Date and type of previous inspection:	20 December 2013 Primary Announced Inspection
Date and time of inspection:	16 May 2014 12.30pm - 3.45pm
Name of Inspector:	Maire Marley

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 INSPECTION FOCUS

This unannounced care inspection was undertaken to Laurelhill House in response to incidents submitted to the RQIA. The inspection also sought to assess progress with the issues raised during the previous inspection.

6.0 PROFILE OF SERVICE

Laurelhill House is a purpose built residential home providing care and accommodation for older people with dementia. The home is the property of the South Eastern Health and Social Care Trust and is situated on the outskirts of Lisburn, County Antrim.

Mr Mark Baker is the registered manager. The manager is based within the home and is assisted in the day to day running of the home by a team of care and support staff.

The home is registered to accommodate nine residents in category RC-DE. Residents living in Laurelhill House require variable degrees of support and assistance.

It is a single storey building, which comprises of an eighteen bedded suite called the "Oak suite" and a twelve bedded suite named the "Maple Suite".

Bedroom accommodation is on a single room basis. Each suite has its own lounge, dining room, bathroom and toilet facilities. In addition there is a hairdressing room and a chiropody room. There are laundering facilities that meet the needs of the home.

There is ample space for parking to the rear and front of the building.

7.0 SUMMARY

This secondary unannounced inspection of Laurelhill House was undertaken by Maire Marley on 16 May 2014 between the hours of 12.30pm and 3.30pm. Mrs Ann McGarvey senior care assistant was available during the initial part of the inspection. Verbal feedback at the conclusion of the inspection was provided to Ms Deirdre Brush senior care assistant. Following the inspection as part of the inspection process, a telephone conversation was held with the registered manager Mark Baker.

This unannounced care inspection was undertaken to Laurelhill House in response to submitted notifications from the home to the RQIA. The inspection also sought to assess progress with the issues raised during the previous inspection.

The four requirements and four recommendations made as a result of the previous inspection were also examined. Observations and discussion with staff demonstrated that the requirements and recommendations made had been addressed. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, examined a selection of records and carried out a general inspection of the home.

A number of records were examined and included accident and incidents, the management of complaints, hourly night checks records, two care plans, risk assessments and minutes of care reviews.

There was evidence that the home were informing RQIA of notifiable events in accordance with regulations. Records viewed indicated that accidents and incidents were recorded appropriately. A monthly audit of accidents was undertaken by the registered manager. Staff

interviewed on the day answered questions on first aid and general accident scenarios competently. Further details can be found in section 9.3 of the main body of the report.

The inspector reviewed three care records and found that all residents had a care plan in place and there was evidence that a range of assessments had been completed for each resident. Staff were aware of the day/night routines of residents. It was noted in the night hourly checks that some residents were rising at times recorded as 5.15am, 5.30am and 5.45am. A requirement is made in this regard.

A review of staffing levels was undertaken which included a review of the duty rotas, review of resident dependency information, discussion with staff and discussion with the registered manager following the inspection.

The inspector observed residents having their lunch. The meal served was well presented and in suitable portions. Individual needs and preferences were met and the cook was knowledgeable in regard to specialist diets. Residents were later observed relaxing in the different seating areas in the home whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

The atmosphere in the home was friendly and welcoming. A general inspection of the home environment was carried out and a number of resident's bedrooms and communal areas were viewed. Areas viewed presented as clean, warm and comfortable.

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be comfortable and enjoying individual pursuits of choice, such as watching television or listening to music.

A requirement and three recommendations were made a result of the unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank the residents and staff for their helpful discussions and assistance throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 19 (23) Schedule 4	<p><u>Duty roster</u></p> <p>Include the actual hours worked by the manager within the staff duty roster.</p>	<p><u>Duty roster</u></p> <p>The review of the duty roster found that the registered manager's hours were included in the duty roster.</p>	Compliant
2	Regulation 30	<p><u>Fire Alarm Activation</u></p> <p>The activation of the home's fire alarm should always be notified to RQIA.</p>	<p><u>Fire Alarm Activation</u></p> <p>Management and staff confirmed that in the event of the home's fire alarm being activated the RQIA would be informed.</p>	Compliant
3	Regulation 27 (4) (b)	<p><u>Fire doors</u></p> <p>Ensure residents bedroom doors are kept closed.</p>	<p><u>Fire doors</u></p> <p>The bedrooms doors were noted to be closed during this inspection.</p>	Compliant
4	Regulation 16 (1)	<p><u>Care Plan</u></p> <p>Identified needs, actual and potential, in regard to one resident with weight loss and painful tongue to be reflected in the residents care plan with interventions recorded.</p>	<p><u>Care Plan</u></p> <p>Staff confirmed that the identified resident's care plan had been revised. This was not viewed as the inspector was informed by the senior care assistant that the resident had moved to nursing care.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.4	<p><u>Care review</u></p> <p>It is recommended that Section 1 is signed by the resident/representative.</p> <p>Should the resident/representative be unable or refuse to sign this should be recorded.</p>	<p><u>Care review</u></p> <p>A review of three care reviews found that the identified section had been signed as requested.</p>	Compliant
2	Standard 16. 1	<p><u>Whistle Blowing Policy</u></p> <p>Policy entitled "Whistle Blowing" was dated January 2010 with a review date January 2013. It is recommended that this document is reviewed as indicated.</p>	<p><u>Whistle Blowing Policy</u></p> <p>The whistle blowing policy presented for inspection was dated January 2013.</p>	Compliant
3	Standard 16.5	<p><u>POVA</u></p> <p>Currently three reported incidents dated, 8 June 2013, 5 June 2013 & 10 August 2013 remain open. It is recommended that the manager liaises with the designated officer in regard to follow up/closure.</p>	<p><u>POVA</u></p> <p>The incidents as detailed had been reviewed and were closed. Information was held on file in regard to the action taken.</p>	Compliant

4	Additional matters (1.4)	<p><u>Meals</u></p> <p>It is recommended that the daily monitoring of food served at mealtimes is continued. Consultation in regard to satisfaction with meals and meal times with residents/ relatives and staff through meetings should also continue.</p>	<p><u>Meals</u></p> <p>Records are maintained of the food served to residents. Staff reported that the registered manager meets with residents at least every six months to gain their views on the food provided in the home.</p>	Compliant
---	--------------------------	---	---	-----------

9.0 ADDITIONAL AREAS EXAMINED

9.1 Staffing

A review of staffing levels was undertaken, the staffing levels were also discussed with on duty. Examination of the staff roster for a three week period in May 2014 indicated that at least one senior care assistant and five care assistants are rostered to work in the mornings and one senior care assistant and four care assistants work in the afternoon. The registered manager's recorded hours indicate that sufficient hours are allocated to the management and supervisory role. Confirmation was provided to the inspector that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents. The inspector joined the senior care assistants for the handover. A report was provided in regard to each resident and areas for follow up action were identified. Discussion with four staff indicated they were content with the training and development opportunities provided by the Trust. Staff reported that they were in receipt of regular supervision. No concerns were identified on this occasion.

9.2 Care Plans

The inspector reviewed three care records and found that individualised care plans were in place and there was evidence that a range of assessments had been completed for each resident. For example, falls risk assessments, swallowing risks assessments. The documents viewed provided evidence that guidance was available for staff to direct their day to day practice. In discussion with care staff it was evident that staff were fully aware of the care required for each resident. It is recommended that an identified resident's risk assessment and care plan is updated to reflect a recent fall.

9.3 Accidents/Incidents

The inspector discussed the reporting of notifiable events with the senior staff on duty and later in a telephone conversation with the registered manager. There was evidence that the home was reporting notifiable events without delay to RQIA. The inspector discussed with the staff and the registered manager specific notifiable reports which had been received by RQIA prior to this inspection. The accident book was examined and found to contain details of the accident and the action taken. It was noted that information in one accident report and the description of the accident recorded in the resident's care plan differed. Staff must record accurately the details of any accident in all relevant documents.

9.4 Night duty check-list

The examination of the night duty check-list indicated that staff undertakes hourly checks on each resident. Staff reported that the checks can be increased if there is a change in a resident's circumstances and additional risks are identified. It was noted in one resident's care plan that half hourly checks were recommended. The duty check-list for the identified period did not indicate that the nightly checks had been increased for the identified resident. Records viewed indicated that on occasions residents are assisted with their personal care needs at times recorded as 5.00, 5.15, 5.30, and 5.45. The two senior staff on duty reported that residents are washed and dressed and some residents either rise for the day or lie on the bed in their day clothes. This practice is not acceptable. Whilst it is acknowledged that some

residents may prefer to rise early this must be recorded in their care plan. Following the inspection the issues identified were discussed with the registered manager. A review of the practice with immediate effect was requested. The registered manager was also requested to submit in writing to the RQIA the action taken to review the practice and the monitoring arrangements implemented to ensure the practice had ceased.

9.5 Regulation 29 Visits by the Registered Person

Following the inspection the registered manager was requested to submit copies of the monthly monitoring inspection visits to the home undertaken by the responsible person for the previous three months. These monitoring reports were reviewed and found to be in keeping with regulations. In addition the reports of early morning unannounced inspections undertaken by the registered manager was submitted. This is commended.

9.6 Residents' views

At the time of this inspection, there were twenty nine residents in the home. On arrival in the home the inspector observed residents having their lunch. The meal served was well presented and in suitable portions. The cook was knowledgeable in regard to specialist diets and confirmed that individual needs and preferences were met. Four residents spoken with stated they had enjoyed their lunch but were unable to recall what they had eaten.

Residents were later observed relaxing in the different seating areas in the home whilst others were resting in their bedrooms. The inspector spend time speaking with residents individually or in small groups. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

9.7 Relatives' View

The inspector had the opportunity to speak with a visitor who reported that her relative had resided in the home for several years. This relative spoke highly of the staff team and stated "the care in Laurelhill is the best you could receive, it's an example of how care should be delivered".

9.8 Care practices

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be comfortable and enjoying individual pursuits of choice, such as watching television, listening to music or relaxing in their bedrooms.

9.9 Environment

The atmosphere in the home was friendly and welcoming. A general inspection of the environment was carried out. All areas viewed were clean, tidy and well organised. Each resident bedroom door has their name and a photograph on the door. A random selection of resident's bedrooms were found to be personalised and fresh smelling. Fire doors were free from obstructions and there were no noted hazards on the day.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Deirdre Brush senior care assistant and following the inspection in a telephone conversation with the registered manager Mark Baker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Laurelhill House

16 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Deirdre Brush, Senior Care Assistant during the inspection visit. Following the inspection the findings were also discussed in a telephone conversation with the registered manager Mr Mark Baker.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12 (1) (b)	<p>The registered manager must submit in writing the action taken to review the early morning practices.</p> <p>The monitoring arrangements implemented to ensure the practice has ceased must be submitted to the RQIA. (Ref 12.0)</p>	One	<p>On 20th May 2014 the registered manager forwarded to RQIA reports of two unannounced visits he performed during the early morning at Laurelhill House during February 2014. These unannounced managerial visits will be continued with increased frequency over the next quarter to monitor standards. Reports of these monitoring visits will be sent to RQIA. Care plans of the residents who are early risers will be reviewed to reflect this pattern and personal choice. Any further action taken will be shared with RQIA.</p>	<p>With immediate effect. Information to be submitted no later than 31 May 2014</p>

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	22.4	The registered manager should ensure staff record accurately the details of any accident in all relevant documents. (Ref 11.0)	One	Staff have been advised during meetings held on 5th June 2014 to pay better attention to the accuracy of all accident records. The registered manager will review adherence to this standard on a monthly basis.	No later than 30 June 2014
2	6.2 & 6.6	The registered manager should confirm the identified resident's risk assessment and care plan had been updated to reflect a recent fall. (Ref 10.0)	One	The care plan and associated risk assessment for this individual resident has been updated to reflect her recent fall.	With immediate effect.
3	8.2	The registered manager should ensure that on the occasions night checks are increased this is reflected in the records.	One	Staff have been advised during meetings held on 5 th June 2014 to document the frequency of residents well-being checks at night accurately.	With immediate effect

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mark Baker
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	11/7/14
Further information requested from provider			