

# Inspection Report

**24 June 2021**



## Lawnfield House

**Type of Service: Residential Care Home**  
**Address: 5 King Street, Newcastle, BT33 0HD**  
**Tel no: 028 4372 6860**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Mr Lindsay Conway	<b>Registered Manager:</b> Mrs Andrea McComiskey – not registered
<b>Person in charge at the time of inspection:</b> Mrs Andrea McComiskey	<b>Number of registered places:</b> 20 The variation application has been granted on the basis that the accommodation is provided for residents in accordance with the letter dated 21/6/2013. RC-SI for 2 places only
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. SI – Sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 20 people. Residents' bedrooms are located over two floors and residents have access to communal lounge areas, a dining room and a garden area to the rear of the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 June 2021 from 9.30am to 5.30pm by a care inspector.

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

Residents spoke positively on living in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents through their practices and when communicating with them. Comments received from residents and staff are included in the main body of this report.

One area for improvement was identified in relation to the allocation of the manager's hours. An area for improvement in relation to record keeping audits has been stated for the second time. Addressing the areas for improvement will further enhance the quality of care and services in Lawnfield House. Good practice was observed with the delivery of compassionate care, the environment and with the governance measures in place to monitor the care provision in the home.

RQIA was assured that the delivery of care and service provided in Lawnfield House was safe, effective and compassionate and that the home was well led.

## 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. 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.

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 findings of the inspection were discussed with Andrea McComiskey, Manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

During the inspection we engaged with seven residents in the home; four staff members on duty and the manager. The residents were clearly happy living in the home and described how they spent their day and the things that they enjoyed doing. It was clear that residents had freedom of choice on the daily decisions that they made. The staff on duty confirmed that they were happy working in the home; that they felt well supported from management and that they enjoyed working with all the residents.

One questionnaire completed by a resident's relative was returned confirming that they were very satisfied that the care provided in the home was safe, effective and compassionate and that the home was well led. There were no responses received from the online survey.

#### 5.0 The inspection

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

The last inspection to Lawnfield House was undertaken on 17 May 2021 by a pharmacist inspector.

Areas for improvement from the last inspection on 17 May 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time	The registered person shall ensure that risk assessments for residents are reviewed on a regular basis or when any change occurs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three residents' care records evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that a system is developed to maintain staffs' compliance with mandatory training.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of training records evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The registered person shall ensure that any defects reported are managed in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new system was in place to ensure that reported defects were managed in a timely manner.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time	The registered person shall ensure that a system is developed to ensure all care staff receives an annual appraisal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An appraisal planner had been developed and all staffs' appraisals had been completed.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time	The registered person shall ensure that all residents' care records are signed and dated by the person creating the record for use.	<b>Met</b>
	Any record no longer valid should be discontinued; signed, dated and archived.	
	<b>Action taken as confirmed during the inspection:</b> Three residents' care records reviewed evidenced that this area for improvement has been met.	

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered person shall ensure that an effective care record audit tool is developed and implemented to monitor record keeping practices in the home.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that a new system had been developed to audit care records, however, this had not commenced.  This area for improvement has not been met and has been stated for the second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. 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 supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), resident moving and handling and fire safety. A training matrix was maintained to monitor staffs' compliance with training. The majority of staff were compliant with mandatory training. An area for improvement in this regard has now been met. Staff were satisfied with the training provision in the home. All staff in the home had received an annual appraisal.

Staff confirmed that they felt well supported in their role and were satisfied with the level of communication between staff and management. The manager confirmed that three new staff had recently commenced employment in the home and six others had been recruited and were in the process of pre-employment checks. Staff spoke positively on the teamwork in the home. A duty rota was maintained to evidence which staff worked in the home and when.

Residents spoke highly on the care that they received. It was observed that care was delivered in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that they knew one another well and enjoyed each other's company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at each shift change to discuss any changes in the needs of the residents. Residents' care records were maintained which accurately reflected their needs. Staff were knowledgeable of residents' individual needs, their daily routines, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. This was good practice. Residents were presented well in their appearance.

Staff completed adult safeguarding training on an annual basis and those consulted during the inspection had a good knowledge of deprivation of liberty. Residents were free to go out for a walk when they wanted and no resident was under continuous supervision in the home.

The number of falls in the home was low. There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the residents. Food was freshly prepared in the kitchen and residents dined together in the dining area. Each resident dined at their own table to promote social distancing. A menu was displayed on the wall in the dining room. Alternative choices were also catered for. Residents spoke positively on the quality of the food provision in the home. There were adequate gaps between each mealtime. Residents' weights were monitored monthly and there was no notable residents' weight loss in the home.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. It was noted that staff adhered to best practice in infection prevention and control. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Staff had taken part in regular fire drills in the home.



Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were tastefully decorated and suitably furnished. Residents could choose where to sit; in one of the communal rooms, their bedrooms or outside and staff were observed supporting residents to make these choices.

Outside of the home, the garden and surrounding areas were well maintained. Socially distanced seating was available in the garden area. Residents spoke of how they enjoyed gardening and watering plants.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visiting arrangements were managed in line with Department of Health and IPC guidance. Residents were free to leave the home with their visitors adhering to PPE and DOH guidelines.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. The manager monitored the staffs' hand hygiene practice and PPE usage regularly and infection control audits were maintained monthly.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

A new activities coordinator had recently been recruited and was due to commence in the coming week. The activities coordinator had already begun engaging with all residents in relation to their likes and dislikes. Activities included games, colouring, nail therapy, tea parties, arts and crafts, movies, shop and Sunday services. An activities board was displayed at the reception area.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

The staff were aware of their own roles in the home and how to raise any concerns or worries about residents, care practices or the environment. There has been no change in the management of the home since the last inspection. Mrs Andrea McComiskey has been the manager in this home since 9 March 2020.



An area for improvement was identified to ensure that the manager has sufficient management hours allocated on the duty rota and on a supernumerary basis to fulfil the manager's responsibilities in the smooth running of the home. The duty rota must clearly record the manager's hours and the capacity in which they were worked.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits to support the safe delivery of care and the smooth running of the home. However, residents' care records audits had not commenced and an area for improvement in this regard has been stated for the second time.

There was a system in place to manage complaints. There had been no recent or ongoing complaints recorded for the home. We discussed that any area of dissatisfaction should be recorded as a complaint. A compliments file had been maintained and shared with staff.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and the staff confirmed that there were good working relationships between staff and management.

Records of accidents and incidents which had occurred in the home were maintained and monitored monthly. The number of accidents/incidents in the home was low. Where appropriate the recorded accidents/incidents were notified to RQIA and the commissioning Trust.

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 were available for review by residents, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

Residents in the home were afforded choice on how to spend their day and staff supported residents with their choices. The residents told us that they were happy living in the home. Systems were in place to ensure the safe running of the home and management were always available to provide assistance and/or guidance. The delivery of care in the home was both caring and compassionate. Records were maintained to evidence how residents spent their day. Residents care records had been well maintained. The environment was warm clean and comfortable and the home and surrounding grounds had been maintained well.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner and that it is well led by the manager/management team.

## 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' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2*

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea McComiskey, 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 Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2021	<p>The registered person shall ensure that an effective care record audit tool is developed and implemented to monitor record keeping practices in the home.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Acting Manager and Head of Disability have designed and implemented a care record audit tool, which focuses on 3 monthly reviews of care files/ plans.            An additional thematic audit tool will also be designed and implemented</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be completed by:</b> 24 July 2021	<p>The registered person shall ensure that the manager is allocated sufficient hours in which to fulfil their management responsibilities.</p> <p>The manager's hours must be recorded on the duty rota clearly identifying the capacity in which they were worked.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            A review of staffing is ongoing. Recruitment of Senior Care Assistant and Care Assistants is ongoing &amp; a number of appointments have been made.            Manager's rota has been reviewed and hours are recorded on the duty rota</p>

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