



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Service and Establishment ID: Lawnfield House (1597)**

**Date of Inspection: 5 February 2015**

**Inspector's Name: Alice McTavish**

**Inspection No: 16869**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of home:</b>	Lawnfield House
<b>Address:</b>	5 King Street Newcastle BT33 0HD
<b>Telephone number:</b>	028 43726860
<b>Email address:</b>	
<b>Registered Organisation/ Registered Provider:</b>	Presbyterian Board of Social Witness Linda May Wray
<b>Registered Manager:</b>	Rita Maybin, Acting manager
<b>Person in charge of the home at the time of inspection:</b>	Rita Maybin, Acting Manager Denise Keegan, Acting Consultant Manager
<b>Categories of care:</b>	RC-SI, RC-I, RC-LD, RC-LD(E), RC-PH, RC- PH(E)
<b>Number of registered places:</b>	20
<b>Number of respite service users accommodated on day of Inspection:</b>	5
<b>Scale of charges (per week):</b>	£461 - £518
<b>Date and type of previous inspection:</b>	Secondary Unannounced Inspection 23 May 2014
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 5 February 2015 10.30am – 4.50pm
<b>Name of Inspector:</b>	Alice McTavish

## **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 is required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the acting consultant manager and the acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with respite service users individually
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Respite service users	5
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	3

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Lawnfield House residential care home is situated in the coastal town of Newcastle in Co. Down and is close to all local amenities. The residential home is owned and operated by Presbyterian Board of Social Witness, having previously been operated by Disabled Christian Fellowship. Under its previous ownership, Lawnfield House had opened only between February and November and it now provides year round respite care services to adults with learning disability, physical disability and a limited number of service users with sensory impairment. Rita Maybin is acting manager and is assisted in this role by Denise Keegan until a full time permanent manager takes up post in early March 2015.

Accommodation for residents is provided mainly in single rooms across the ground and first floors of the building. There are also two larger rooms which can accommodate couples. A number of rooms have en-suite bathrooms and there are also a number of communal sanitary facilities throughout the home. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor along with catering and laundry services. A shop and hairdressing room is currently being completed. There is a large paved patio and garden area to the rear of the building and car parking to the front.

The home is registered to provide respite care services for a maximum of 20 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
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

## 8.0 Summary of Inspection

This primary unannounced care inspection of Lawnfield House was undertaken by Alice McTavish on 5 February 2015 between the hours of 10.30am and 4.50pm. Denise Keegan and Rita Maybin were available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the recommendations have been addressed within the timescales specified RQIA. The detail of the actions taken by Rita Maybin and Denise Keegan can be viewed in the section following this summary.

Prior to the inspection, in June 2014, the then acting manager Matt Keenan completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the acting manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with respite service users and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to respite service users, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **Inspection findings**

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to respite service users' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with respite service users and staff, confirmation was obtained that restraint is only used as a last resort.

Respite service users' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual service users assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the respite service users' care records. The acting manager was aware of her responsibilities in relation to when to refer respite service users to the multi-disciplinary team. A review of a sample of records evidenced that respite service users and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Lawnfield House was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for respite service users. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with respite service users and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the service users.

Respite service users and staff confirmed that service users benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of respite service users' spiritual needs and facilitated inclusion in community based events. Respite service users were given opportunities to make suggestions regarding the programme of activities. Activities are provided by care staff or the host or hostess, who are voluntary workers. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Lawnfield House was compliant with this standard.

## **Respite service user and staff consultation**

During the course of the inspection the inspector met with respite service users and staff. Questionnaires were later completed and returned by staff.

In discussions with service users they indicated that that they were happy and content with the services and facilities provided by the home and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from respite service users and staff are included in section 11.0 of the main body of the report.

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the respite users with dignity and respect taking into account their views. Good relationships were evident between respite service users and staff.

## **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and four recommendations were made as a result of the primary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the respite service users, the acting manager, the acting consultant manager and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-up on the recommendations issued as a result of the previous inspection on 23 May 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	9.1	<p><b><u>Regional emergency social work service</u></b></p> <p>The registered manager must ensure that contact details for the regional emergency out of hours social work is available to the staff team.</p>	<p>Review of documentation confirmed that contact details for the regional emergency out of hours social work service is available to the staff team.</p>	Compliant
2	20.10	<p><b><u>Audits</u></b></p> <p>It is recommended that audits are developed.</p>	<p>Discussion with the acting consultant manager confirmed that medication audits have been developed and that there is a clear plan to address any issues arising.</p>	Compliant
3	29.1	<p><b><u>Fire safety</u></b></p> <p>The fire risk assessment viewed on the day had no evidence to indicate that the action recommended in the risk assessment had been addressed.</p>	<p>Review of documentation confirmed that all actions recommended in the fire safety risk assessment have now been addressed.</p>	Compliant

4	6.2	<p><b><u>Care Plans</u></b></p> <p>The registered manager must ensure that an identified care plan is updated to include information in regard to a special diet.</p> <p>The care plan should also incorporate the resident's social and spiritual needs.</p>	<p>Review of the returned Quality Improvement Plan, review of care records and discussion with the acting consultant manager confirmed that all care plans have been updated to include information regarding special dietary requirements; social and spiritual needs are now included within care plans.</p>	Compliant
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## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p>	
<b>Provider's Self-Assessment</b>	
<p>The home has a Responding to residents' behaviour policy dated July 2012 and reviewed annually in place. All staff have been trained in Dealing with challenging behaviour. Residents assessment and careplans reflective on same.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy and procedure entitled 'Policy on Challenging Behaviour' dated February 2015 in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with respite service users identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge which included a human rights approach. Refresher training in behaviours which challenge is planned for 12 February 2015.</p> <p>A review of three respite service users' care records identified that individual respite user's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

Staff who met with the inspector demonstrated knowledge and understanding of respite service user's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that staff are provided with the necessary training and resources to deliver care.

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	
<b>Provider's Self-Assessment</b>	
<p>The Responding to residents' behaviour policy dated July 2012 includes the following:                      Identifying uncharacteristic behaviour which causes concern, recording of this behaviour in residents care records, action to be taken to identify the possible causes and further action to be taken as necessary, reporting to senior staff, the trust, relatives and RQIA, Agreed and recorded responses to be made by staff.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The policy and procedure, February 2015 includes the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the respite service users identified uncharacteristic behaviour.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
<b>Provider's Self-Assessment</b>	
When a resident needs a consistent approach or response from staff this is detailed.	Compliant
<b>Inspection Findings:</b>	
A review of three care plans identified that when a respite service user needs a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the respite service user or their representative where appropriate, the staff member drawing it up and the acting or consultant manager.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	
<b>Provider's Self-Assessment</b>	
At this moment in time there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Compliant
<b>Inspection Findings:</b>	
The acting manager informed the inspector that there are currently no respite service users who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home provides annual challenging behaviour training. To date no resident has stayed in the home who requires a behavioural management programme. Should this occur additional training would be provided along with supervision, de-brief sessions and staff meetings.	Compliant
<b>Inspection Findings:</b>	
A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> <li>• behaviours which challenge and that refresher training is planned for 12 February 2015.</li> <li>• training in regard to the home's categories of care, namely Dysphagia, Epilepsy, Diabetes, First Aid and Resuscitation, Use of Thickening Agents, Fluid Intake and Fluid Balance, Medication Management, Moving and Handling, Adult Safeguarding, Food hygiene.</li> </ul> Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision and staff meetings.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where an accident occurs that is beyond the scope of a residents care plan, residents representatives, trust personnel and RQIA are notified. Care plans would be reviewed and updated and include involvement of the trust personnel.	Compliant
<b>Inspection Findings:</b>	
A review of the accident and incident records from June 2014 to January 2015 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified of most accidents and incidents. A recommendation is made, however, that RQIA and Trust personnel should be notified of any incident which affects the health, care or welfare of any respite service user.  Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the respite service user's representative and to relevant Trust professionals or services. As Lawnfield House provides a respite care service which can be accessed by service users from any Health and Social Care Trust in the province, Lawnfield House staff would not ordinarily be involved in any multi-disciplinary review of the resident's care plan.	Substantially compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider's Self-Assessment</b>	
Restraint is only used as a last resort by appropriately trained professionals to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. Restraint has not been used to date in this home.	Compliant
<b>Inspection Findings:</b>	
<p>Discussion with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>Service users are free to enter and leave Lawnfield House at any time and doors are only locked at night as part of normal security measures. Bed rails are used for some service users on the basis of a risk assessment completed by Lawnfield House staff. A recommendation is made that the referring Trust should be requested to provide such risk assessments at the time of referral to the service.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described. A recommendation is made that the home's Statement of Purpose and Residents Guide should be updated.</p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home used the RQIA list of required policies to draw up its policies for the home. A policy on activities was not identified by RQIA as a requirement. Residents social interested are included as part of assessment and care planning. The residents have indicated to us that they benefit from and enjoy the activities and events provided. These activities are based on the assessed needs and interests of the residents.	Compliant
<b>Inspection Findings:</b>	
The home had a policy dated March 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussion with respite service users and staff and a review of the records of activities and events indicated that service users benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the service users.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Complaint

**STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

**The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	
<p><b>Provider's Self-Assessment</b></p>	
<p>A programme of activities is drawn up each week with residents preferences and consultation. The programme takes into account residents' spiritual needs as well as social needs.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected respite service users' needs and preferences. The programme took into account respite service users' spiritual needs and facilitated inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities during their stay in Lawnfield House.</p>	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All residents are encouraged to put forward suggestions for inclusion in the programme of activities in the home.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion with respite service users identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No respite service users choose to remain in their rooms during their respite period.  Respite service users and their representatives were also invited to express their views on activities by means of a satisfaction comment audit which service users are requested to complete at the end of their respite period. Service users and their representatives are also encouraged to make suggestions during one to one discussions with staff.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	
<b>Provider's Self-Assessment</b>	
A programme of activities is maintained in the main office. On many occasions activities such as a walk down town are organised on the day as requested by residents therefore a full week of activities is not displayed. This system suits the needs of the residents.	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the main entrance hallway. This location was considered appropriate as the area was easily accessible to respite service users and their representatives.</p> <p>Discussion with respite service users confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print format to meet the service users' needs.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
All staff are actively involved on a daily basis organising activities. As our home is a respite home we have activities on a constant basis.	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for by care staff. Care staff and respite service users confirmed that there was an acceptable supply of activity equipment available. This equipment included a pool table, board games, arts and crafts materials, CDs, DVDs, baking ingredients and grooming supplies for personal pamper sessions.</p> <p>All materials and supplies are purchased by the Presbyterian Board of Social Witness and transport is provided to service users free of charge. Staffing and the services of a driver are provided on a voluntary basis. There are plans to designate outdoor space for the provision of raised flower and vegetable beds.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each activity is tailored to meet the individual needs abilities and preferences of the residents participating. Care staff have an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
<b>Inspection Findings:</b>	
Care staff, the acting manager and respite service users confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the service users participating.  Care staff demonstrated an awareness of individual respite service user' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> There is currently no-one currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Compliant
<b>Inspection Findings:</b> The acting consultant manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.	Not applicable

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> There is currently no-one currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Compliant
<b>Inspection Findings:</b> The acting consultant manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Not applicable

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
<b>Provider's Self-Assessment</b>	
As the home provides numerous activities on a daily basis such as walks downtown, bus outings, coffee out etc. a formal list is not drawn up for each occasion as it is not seen to be necessary. A record is noted in each clients daily statement.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>A recommendation is made that appropriate consents are in place in regard to photography and other forms of media.</p>	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
<b>Provider's Self-Assessment</b>	
No set programme of activities is held in the home. Activities for each week are reviewed on a weekly basis with the respite clients who are there for that week taking into account their requests needs and requirements.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it is reviewed on a weekly basis.</p> <p>The acting manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with four respite service users individually. In accordance with their capabilities all respite users indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "This is a great place. The staff look after me really well. That's why I keep coming back here. I really like it."
- "This is the best home in Ireland."
- "I couldn't praise the staff highly enough, the care here is excellent."

### **11.2 Relatives/representative consultation**

No representatives were present at the time of the inspection.

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with two staff of care assistant grade and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "I think this is a fantastic place to work. I like the whole ethos of the place and I think the system of host / hostess is very good and the residents like this. We are a family team and we work very well together."

### **11.4 Visiting professionals' consultation**

No professionals visited the home on the day of inspection.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **11.6 Care Reviews**

Lawnfield House currently provides a respite care service which can be accessed by service users from any Health and Social Care Trust in the province. Lawnfield House staff would therefore not ordinarily be involved in any multi-disciplinary review of the resident's care plan.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The acting consultant manager confirmed that lessons learnt from investigations were acted upon.

## **11.8 Environment**

The inspector viewed the home accompanied by Denise Keegan and alone and inspected a number of bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 31 March 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 20 January 2015. The records also identified that a fire drill had been undertaken on 2 February 2015 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the then acting manager Matt Keenan. Mr Keenan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

### **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Rita Maybin and Denise Keegan 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:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Lawnfield House

5 February 2015

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 Rita Maybin and Denise Keegan either during or after the inspection visit.

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.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> <li>RQIA and Trust personnel should be notified of any incident which affects the health, care or welfare of any respite service user.</li> </ul>	One	<p>All incidents that impact on a service user's wellbeing will be reported to RQIA, Trusts, other professionals and the service user's representatives/family. A record of any incident reported will be recorded in the individual service user's care plan. In the event of the changing need of a service user or any area for concern, arrangements will be made for a multi-disciplinary review to get a balanced approach and to ensure a safe positive outcome for the service user. All incidents will be regularly audited by the Manager for lessons learned and identified improvements put in place.</p>	17 April 2015
2	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> <li>The referring Trust should be requested to provide risk assessments at the time of referral for the use of bed rails or any other measures which may be viewed as a form of restriction.</li> </ul>	One	<p>Any restrictive intervention will be justified and following robust assessments and working in collaboration with other professionals to ensure least restrictive options are explored. Any restrictive intervention must be absolutely necessary to prevent serious harm. All staff will be trained in the area of restrictive practice and restraint with an aim to meet an individual's needs with dignity and respect in a way that minimises risk or harm. All staff will undertake training in restraint and restrictive practice. Any authorised restraint/restrictive practice will be recorded in service user's individual care plan to ensure its effectiveness and appropriateness.</p>	17 April 2015

3	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> <li>The home's Statement of Purpose and Residents Guide should be updated to describe any restrictions which may be employed within the home.</li> </ul>	One	<p>The Home's 'Statement of Purpose' and 'Residents Guide' has been updated to describe any restrictions which may be employed within the Home.</p>	17 April 2015
4	13.9	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> <li>Appropriate consents should be in place regard to photography and other forms media.</li> </ul>	One	<p>Since the inspector's visit a review of the systems in place for recording of the activities has been implemented to match the recommendations. Letters have been forwarded to all service users/representatives informing them that in line with requirement that photographic ID is required for medication Kardex's and individual care plans. The letter also asks for signed consent with regard to other photographs.</p>	17 April 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Linda Wray

NAME: LINDA WRAY  
 Registered Provider

DATE 24/3/2015

SIGNED: I. Leke

NAME: Isabel Leslie  
 Registered Manager

DATE 24.03.2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	Alice McCaugh	31 March 2015
Further information requested from provider			