

Unannounced Care Inspection Report 5 October 2017



Lawnfield House

Type of Service: Residential Care Home
Address: 5 King Street, Newcastle, BT33 0HD
Tel No: 028 4372 6860
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 20 beds that provides care for adults within the categories of care the home is registered for as described in the table in Section 3.0 of the report.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mrs Linda Wray	Registered Manager: Ms Isobel Leslie
Person in charge at the time of inspection: Isobel Leslie	Date manager registered: 2 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within 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 (for named residents)	Number of registered places: 20

4.0 Inspection summary

An unannounced care inspection took place on 05 October 2017 from 10:35 to 17:15.

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

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

Evidence of good practice was found in relation to induction, supervision and appraisal, listening to and valuing residents, quality improvement and maintaining good working relationships.

An area requiring improvement was identified in regard to improving the systems pertaining to the management and governance of staff training.

Residents said that the food was good, that they enjoyed the range of activities available and that staff were kind, caring, respectful and approachable. Residents also said that they had choices in regard to their lifestyle within the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Isobel Leslie, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with six residents, the registered manager, three care staff and three ancillary staff.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for one new staff
- Staff supervision and annual appraisal schedules
- Staff supervision records
- Staff training schedule/records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks) and complaints,
- Accident/incident/notifiable events register
- Annual Quality Review report for 2016
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire drill records
- The activity programme.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Recommendation 1 Ref: Standard 25.1 Stated: First time	The registered provider should ensure that at all times there are sufficient care and ancillary staff employed, available and on duty to meet the assessed care, social and recreational needs of residents. Staff should not undertake mixed duties.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager, staff, residents and a review of the staff duty rota.	
Recommendation 2 Ref: Standard 23.3 Stated: First time	The registered provider should ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: A review of a staff training records and a matrix evidenced that different numbers of staff were overdue training in eight mandatory training areas. Following the inspection, a new training schedule and information were received which evidenced that training in these areas had or were being arranged during October and November 2017. The issue of governance in this matter is referred to in section 6.7 of the report.	

Recommendation 3 Ref: Standard 21.1 Stated: Second time	The registered provider should ensure that a policy is developed in relation to risk assessment and risk management for individual residents and for the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the draft policy demonstrated that risk assessment and risk management for individual residents and for the home had been improved. The policy was currently in draft form to enable consultation with staff and residents to take place.	
Recommendation 4 Ref: Standard 6.2 Stated: First time	The registered provider should ensure that care plans are individualised including those pertaining to the management of diabetes and the management of behaviours which challenge.	Met
	Action taken as confirmed during the inspection: Inspection of four residents' care records evidenced that improvements had been implemented.	
Recommendation 5 Ref: Standard 21.1 Stated: Second time	The registered provider should ensure that a policy is developed in relation to the creation, storage, maintenance, disposal and access to records.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the revised draft policy demonstrated that this had been improved and was currently in draft form to enable consultation with staff and residents to take place.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager discussed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. The registered manager stated that one care staff had commenced employment two months ago; that interviews for a housekeeper and a bank care worker were scheduled to take place during October and that approval had been given to recruit a part-time bus driver and four care staff positions. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Staff advised that mandatory training was provided. Review of a matrix for mandatory training identified that there were significant numbers of staff who were overdue mandatory training in eight areas. Twenty-three staff, for example were overdue training in first aid and six in moving and handling training. Concerns were discussed with the registered manager regarding the management of mandatory training and the numbers of staff who were overdue mandatory training. Following the inspection, information was received to evidence that training had been scheduled for staff during October and November 2017 in six of the eight overdue mandatory training areas. It was good to note that training in the area of professional boundaries and also in regard to human rights had also been scheduled during this timeframe. Further information was received that training in the remaining two areas had or were being scheduled.

Discussion with staff, review of a supervision and appraisal schedule and records for two staff confirmed that supervision and annual appraisal of staff were regularly provided.

The registered manager advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Home's Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Review of one staff's personnel record retained in the home included a recruitment checklist of a number of areas examined.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to advised that they were registered with the Northern Ireland Social Care Council.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Records evidenced that fourteen staff were overdue training in adult safeguarding. Following the inspection information received evidenced that training had been scheduled to take place on 3 November 2017 for 21 staff.

Discussion took place with the registered manager in regard to a number of suspected, alleged or actual incidents of abuse which had been notified to RQIA. The inspector requested that the registered manager provide RQIA with an update regarding actions taken. This was received following the inspection.

The registered manager advised that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices employed within the home, notably locked doors, lap belts, bed rails, stair gates, pressure alarm mats and the arrangements in place for staff to safely store smoking materials for residents who smoke. Discussion with the registered manager regarding such restrictions evidenced that these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Records evidenced that a number of staff were overdue training in Infection Prevention and Control (IPC) and also in Control of Substances Hazardous to Health (COSHH) in line with their roles and responsibilities. Following the inspection information received evidenced that training in IPC and COSHH had been scheduled to take place on 26 October 2017 and 22 November 2017. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. All but one pull-cord had been fitted with a cover to support IPC measures and storage had been improved in some bedrooms. The registered manager stated that these improvements were on-going and that there were plans to refurbish a bathroom and offer one resident a larger bedroom. One identified bedroom presented as in need of redecoration, some furniture had been removed exposing differences in the paint colour on the walls. In another bedroom continence products had not been stored appropriately to ensure residents' privacy and dignity were protected. The registered manager gave assurances that these issues would be followed up.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager and inspection of care records confirmed that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records confirmed that eight staff had not completed their second bi-annual fire safety training. Following the inspection, information received evidenced that fire safety training was being scheduled as soon as possible. It was good to note that fire drills were completed on a monthly basis. Records were retained of staff who participated and any learning outcomes.

Staff spoken with during the inspection made the following comments:

- "The peoples' needs are met very well."
- "We do have the use of agency and bank staff."
- "We had fire training a few weeks ago, we did dementia and Alzheimer's training recently which was really good."

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff reflected that a person centred approach underpinned practice.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed and discussed with the registered manager during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager advised that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff and residents spoken with during the inspection made the following comments:

- "I've a very nice room. Everybody gets on well" (resident)
- "They (the staff) are there if you need them" (resident)
- "Yes definitely (there is good teamwork), they help each other. They (senior staff) get it sorted whatever it is and see if your happy with what they've done" (staff)

- “They (staff meetings) are really good information sessions. It’s good to get everyone’s view on things” (staff).

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of the importance of promoting residents’ rights, independence and dignity.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents stated that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them including, residents’ meetings, annual reviews and monthly monitoring meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The registered manager stated that this consultation was scheduled to be completed during October

2017. The registered manager advised that the findings from the consultation would be collated into a summary report, with an action plan to address any issues and would be made available for residents and other interested parties to read. This report may be reviewed during the next care inspection.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection some residents went out to a local hotel for lunch and some had a spa treatment. Afterwards they went for a drive around the Castlewellan area. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents spoke of how much they enjoyed going into Newcastle, attending college and local courses and events.

Residents and staff spoken with during the inspection made the following comments:

- “It’s a very good place. They are very good people” (resident)
- “They (the staff) are great, honestly. It’s a good place. I would recommend it to anybody” (resident)
- “They have a different menu every day and they have choices” (staff).

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff evidenced that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. One complaint was discussed with the registered manager who advised that senior staff in the organisation were undertaking the investigation. The inspector advised that all records of this complaint investigation should be retained within the home and be available for inspection. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and largely reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The inspector advised that an identified attendance at hospital should be notified to RQIA. This was subsequently received and the registered manager gave assurances that all attendances at hospital would be notified to RQIA. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Whilst a training schedule was developed and submitted to RQIA following the inspection to evidence that staff who were overdue training in eight mandatory training areas would complete this training during October and November 2017, the management and governance arrangements were in need of improvement to prevent a re-occurrence. An area for improvement was identified and action is required to ensure compliance with the standards.

Staff were provided with additional training opportunities relevant to any specific needs of the residents. Some staff, for example had attended training in regard to Alzheimer's disease, on 30 June 2017 and in regard to buccal midazolam on 12 June 2017.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement. The registered manager advised that a planned quality improvement in the home is to change the day of respite admissions from a Saturday to

a Monday in order to improve access to medical and pharmacy professionals, trust staff and to the registered manager.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home via telephone, email and face to face conversations.

The registered manager stated that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed. A variation, as discussed during the last care inspection had not been submitted to RQIA. Following further discussion, the registered manager agreed to submit a variation without delay to change the condition placed on the registration in regard to the category of care RC-SI.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff reflected that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regard to the auditing of mandatory training records to ensure that training is completed by all staff in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isobel Leslie, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 31 December 2017	<p>The registered person shall ensure that management and governance systems are improved by auditing mandatory training records and addressing any findings in order to ensure that staff complete mandatory training in a timely manner.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>Staff are provided with a full suite of Mandatory training that is in line with RQIA and NISCC standards . Staff are offered a choice of two Training dates and in addition to this, staff are informed of training taking place in other venues. In the event of staff not attending planned training, this is addressed with staff during supervision. Lawnfield currently have a robust system in place to audit training needs, this involves undertaking quarterly analysis of any gaps of staff training needs. All findings are forwarded to the training facilitator. The registered manager can confirm there is an agreed system in place where a training plan will be agreed with the facilitator at the beginning of each year this plan will offer a choice of two dates for staff to attend. The Home manager can confirm staff will be facilitated to attend.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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