



The Regulation and
Quality Improvement
Authority

Lawnfield House
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5 King Street
Newcastle
BT33 0HD

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Unannounced Care Inspection
of
Lawnfield House Residential Home
9 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 9 June 2015 from 10.15 to 15.20. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager Isobel Leslie. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Presbyterian Board of Social Witness	Registered Manager: Isobel Leslie
Person in charge of the home at the time of inspection: Isobel Leslie	Date manager registered: April 2015
Categories of care: RC-SI, RC-I, RC-LD, RC-LD(E), RC-PH, RC-PH(E)	Number of registered places: 20
Number of residents accommodated on day of inspection: 17	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection the following records were analysed: the returned QIP from last inspection, notifications of accidents and incidents.

During the inspection we met with four respite service users, two members of care staff and with one resident's representative. No visiting professionals were present.

We reviewed four care plans and policies and procedures relating to continence management. We also reviewed the complaints and compliments register, accidents and incidents register, records of the monthly monitoring visits and the fire safety risk assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 5 February 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 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. <ul style="list-style-type: none"> RQIA and Trust personnel should be notified of any incident which affects the health, care or welfare of any respite service user. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the accident and incident register confirmed that RQIA and Trust	

	personnel were notified of any incident which affects the health, care or welfare of any respite service user.	
Previous inspection recommendations		Validation of compliance
Recommendation 2 Ref: Standard 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. <ul style="list-style-type: none"> 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. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of correspondence confirmed that referring Trusts had been 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.	
Recommendation 3 Ref: Standard 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. <ul style="list-style-type: none"> The home's Statement of Purpose and Residents Guide should be updated to describe any restrictions which may be employed within the home. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the home's Statement of Purpose and Residents Guide confirmed these had been updated to describe any restrictions which may be employed within the home.	

Previous inspection recommendations		Validation of compliance
Recommendation 4 Ref: Standard 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. <ul style="list-style-type: none"> • Appropriate consents should be in place in regard to photography and other forms of media. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that appropriate consents had been put in place in regard to photography and other forms of media.	

5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

Staff actively seek respite service users and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that respite service users' choices and preferences were clearly detailed. Care plans we inspected were signed by the service user or representative.

We noted that policies were being developed regarding service user engagement. In our discussions with the registered manager and staff we confirmed that areas of customer care and complaints were covered within staff meetings. We made a recommendation that additional staff training should be provided in regard to the management of complaints, professional boundaries and record keeping.

Is care effective? (Quality of management)

We noted a range of methods and processes where respite service users and their representatives' views were sought about the respite care. We found that staff maintained a record of actions taken to improve the service experience.

In our discussions with the registered manager and with care staff we confirmed that staff regularly sought to obtain service users' views on the quality of service. Staff met with respite service users individually and in groups to explore any issues which might arise and to exchange information between the staff team and service users. Service users' views on the quality of service were sought through the use of comment cards completed after each period of respite. Service users were also encouraged to use a 'suggestion box'.

The information obtained through these methods was collated by the registered manager and any areas of improvement acted upon.

We inspected monthly monitoring visit reports which confirmed respite service user views on the services provided were actively sought.

Is care compassionate? (Quality of care)

In our discussions with staff and respite service users we identified that service users were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the service users.

Areas for improvement

There was one area of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We noted that staff members had received training in the management of complex continence care for individual service users. Additional training in continence promotion was in the process of being arranged. Staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We inspected four respite service users' care records and identified that person centred assessments and care plans were in place relating to continence. Care plans were amended as respite service users' medical changes occurred and kept up to date.

Our inspection of the premises and in our discussion with the registered manager we confirmed that there was adequate provision of continence products. Staff confirmed that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

We noted that the home had written policies and procedures relating to continence management. Our inspection of the care records identified that the continence needs of respite service users were fully documented and that infection control measures were considered.

In our discussions with staff and inspection of the care records we identified that no respite service users had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that respite service users were treated with care, dignity and respect. In our discussion with the respite service users we identified that staff provided assistance with continence care in a sensitive and caring manner.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional Areas Examined

5.5.1 Residents' views

We met with four respite service users. In accordance with their capabilities, the service users indicated that they were happy with the service provided in the home, their relationship with staff and the provision of meals.

The comments included:

- "I like it here. I get to go out on plenty of trips and the staff are good to me. It is a nice place to stay."
- "The staff here are wonderful. They know me very well and what I need help with. If I need help with anything, they come to me very quickly."
- "The staff are very helpful and approachable and treat us kindly. The home is kept very clean and comfortable and we enjoy the food. We enjoy coming here."

5.5.2 Staff views

We met with two staff members who spoke positively about their role, duties, staff morale, teamwork and managerial support. Staff indicated that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "We put 100 percent effort into making Lawnfield a home from home by keeping the residents' routines as close as possible to what they are used to – it is important to make the residents feel comfortable in every way."

5.5.3 Resident representatives' views

We met with one resident's representative who spoke positively about the care provided within the home.

Some comments included:

- "The care here seems very good. We are happy with (our relative) coming here."

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.5 Staffing

At the time of inspection the following staff members were on duty:

- 1 manager
- 2 senior support workers
- 3 support workers
- 1 administrative staff
- 1 cook
- 1 kitchen assistant
- 1 domestic

One senior support worker and four support workers were scheduled to be on duty later in the day. One senior support worker and one support worker were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.6 Care practices

In our discreet observations of care practices we were satisfied that respite service users were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with service users in a polite, friendly and supportive manner.

5.5.7 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.8 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments

5.5.9 Fire safety

The home had a current fire safety risk assessment dated 25 March 2015. The registered manager advised that all recommendations arising from this had been duly actioned. No obvious fire risks were noted on the day of inspection.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	0
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6 Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1	The registered manager should ensure that additional staff training is provided in regard to the management of complaints, professional boundaries and record keeping.		
Ref: Standard 23.4			
Stated: First time	Response by Registered Person(s) detailing the actions taken:		
To be completed by: 16 October 2015	The registered manager can confirm that training has been arranged on the 12 th August 2015 for all staff to attend on the management of complaints, professional boundaries and		
Registered Manager completing QIP	A. G. G. G.	Date completed	15/07/15
Registered Person approving QIP	Kwela Wray	Date approved	17/7/2015
RQIA Inspector assessing response	Alice McGaugh	Date approved	20 July 2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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