

# Unannounced Care Inspection Report 16 July 2018



## Lawnfield House

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

[www.rqia.org.uk](http://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 which is registered with RQIA to accommodate a maximum of twenty residential care places for the following; older people and those with a learning disability, physical disability and a maximum of two persons with sensory impairment. Currently six permanent residents are accommodated. The remaining residents were admitted for periods of respite care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Linda Wray	<b>Registered Manager:</b> Isobel Leslie
<b>Person in charge at the time of inspection:</b> Doreen Montgomery. Senior Care Assistant	<b>Date manager registered:</b> 2 April 2015
<b>Categories of care:</b> 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 maximum of two people.	<b>Number of registered places:</b> 20  <b>Number of residents accommodated:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 16 July 2018 from 10.00 to 16.45.

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 and 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 the general promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents accommodated. There was evidence of good team work reported from staff. Positive responses were received from staff, residents and two visitors on the overall provision of care and life within the home.

Areas requiring improvement identified included the provision of ongoing staff supervision, admissions to the home must fall within the category of care, resident to resident safeguarding issues to be notified to the safeguarding champion and safeguarding team as required, one care plan to reflect bed rail use and ensuring that the appropriate bed rail risk assessments are carried out with records retained.

Residents said they were very happy staying in Lawnfield and always looked forward to their period of respite. No issues or concerns were raised or indicated.

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
<b>Total number of areas for improvement</b>	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Doreen Montgomery, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action 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 24 March 2018.

#### 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, residents, three staff and two residents' visitors.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey

- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 24 March 2018

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 24 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 5 – (1) (a) (i) (ii)  <b>Stated:</b> First time	The registered person shall ensure that an individual written agreement that sets out the terms of residency regarding the services and facilities to be provided.  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection.</b> Service users’ agreements had been developed and distributed as required.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 – (1) (a) (b) (c) (d) (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure accommodation is not provided to any resident unless the home has received a copy of a needs assessment that has been completed by a suitably trained person; there has been appropriate consultation with the resident or their representative; the registered person has confirmed in regard to the needs assessment that the home is suitable to meet the resident’s needs; the needs assessment is kept under review and revised at any time it is necessary to do so having regard to any changes in circumstances and not less than annually.</p> <p>Ref: 6.3</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A new system had been devised to track that all residents to be admitted for respite had a needs assessment which was kept under review to ensure residents actual and potential needs were identified and that the home was able to meet the identified needs. Admission and discharge checklist for each resident was in place within care records examined.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 - (1) (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident’s representative as to how the resident’s needs are to be met; the care plan is kept under review.</p> <p>Ref: 6.3</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the senior care assistant and review of three care plans evidenced that care plans were developed in consultation with residents or their representative when necessary.</p>		

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 – (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that that all incidents of choking are notified to RQIA.</p> <p>Ref: 6.3</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the senior care assistant and review of recorded accidents and incidents since the previous inspection evidenced that no incidents of choking had occurred. The senior care assistant demonstrated awareness of the necessity to notify RQIA of any choking incidents.</p>		
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all records are accurate, up to date, signed and dated by the person making the entry.</p> <p>Ref: 6.3</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three records examined were found to comply with this recommendation.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<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 completes mandatory training in a timely manner.</p> <p>Ref: 6.7</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the senior care assistant and review of staff training records evidenced that all training had been completed as recommended</p>		



### 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 senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Additional agency staff are currently used.

Examination of the staff duty roster indicated that agency staff were used in the home to provide extra staff due to the number of residents admitted and the increase of residents with more complex needs. The senior care assistant advised that interviews had taken place for an additional two care staff which would reduce the homes reliance on agency staff.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The staff duty roster evidenced staff on duty each day.

Discussion with staff confirmed that mandatory training was undertaken. The senior care assistant in charge explained that staff supervision was behind time. The supervision record was not available for review. The senior care assistant agreed to develop a schedule with set dates recorded. Annual staff appraisals were reported to be provided as required. The supervision and appraisal schedules will be reviewed at the next inspection to the home. One area of improvement related to recommencing the provision of formal individual staff supervision.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

The senior care assistant advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. No staff had been employed since the previous inspection. Review of staff selection and recruitment is carried forward to the next inspection.

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

The home's adult safeguarding policy, review date October 2016, was available and discussed with staff who demonstrated awareness of the principles of safeguarding and the procedure to follow should any issues arise in this regard. The senior care assistant in charge advised that currently no safeguarding issues had occurred.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.



Discussion with the senior care assistant and review of accident and incidents records and notifications submitted to RQIA since the previous inspection was undertaken. Inappropriate behavioural issues regarding one resident, not registered by RQIA for the category of care, were discussed and care records reviewed. The senior care assistant advised that a care management meeting had been scheduled for 19 June 2018 when an alternative suitable placement would be discussed and organised. The senior care assistant was reminded that the home can only admit residents in keeping with the categories of care in which the home is currently registered with RQIA. One requirement was made in regard to breach of Regulation 15 (1) (e) of The Residential Care Homes Regulations (Northern Ireland) 2005. In addition to this regulation the team leader was advised, following the inspection, that safeguarding issues, such as verbal threatening abuse of one resident to another should be notified to the organisations safeguarding champion and the commissioning trust's adult safeguarding team in accordance with Regulation 14 (4) of The Residential Care Homes Regulations (Northern Ireland) 2005.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior care assistant advised there were restrictive practices employed within the home notably locked external doors, wheelchair lap straps and bed rails. The senior care assistant advised that these measures were necessary for the health and safety of residents and had been assessed, documented and reviewed with the involvement of the multi-professional team.

Review of three care records evidenced that one care plan reviewed did not reflect bed rail use and the bed rail risk assessment in place did not fully reflect the risk factors which need to be considered. The senior care assistant in charge advised that the previous risk assessment template had been changed and that she would ensure that the template as appended within the organisations policy on bed rails would be used and bed rail risk assessments reviewed and updated with immediate effect.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities on 15 February 2018. 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. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, was available throughout the home. 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 senior care assistant reported that there had been no outbreaks of infection since the previous inspection. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The senior care assistant advised that environmental audits were ongoing to ensure a high standard of cleanliness throughout. Records of audits undertaken were retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

The senior care assistant advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly for example, Control of Substances Hazardous to Health (COSHH), fire safety and manual handling.

The senior care assistant advised that no residents smoked within the home.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Mechanical hoists had been serviced on 13 July 2018 with records retained.

The home had an up to date fire risk assessment in place dated March 2018 and all recommendations had been actioned with date recorded. The senior care assistant agreed to ensure these were signed by management.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "Everything is good, no complaints."
- "I think it's great here would give 5/5."
- "Yes very safe, staff know what I need. Care and hospitality great."

Staff spoken with during the inspection made the following comments:

- “We can meet the needs of our residents, staffing is satisfactory, consistent agency staff used.”
- “We have had all our mandatory training.”
- “We have necessary resources to provide safe care.”

Comments received from two visitors were as follows:

- “Really nice here, staff always around to see to things and are really attentive to residents.”
- “The home is always very clean and tidy. No unpleasant smells.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control and the home’s environment.

**Areas for improvement:**

Areas or improvement identified for improvement included:

- The provision of ongoing individualised staff supervision
- Admissions to the home must fall within the category of care in which the home is registered
- Resident to resident safeguarding issues to be notified to the safeguarding champion/safeguarding team as required
- Ensure that appropriate bed rail risk assessments are conducted in accordance with the organisation’s policy/procedure

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

**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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in accordance with data protection/General Data Protection Regulation (GDPR).

A review of three care records was undertaken and discussed with the senior care assistant in charge. Records 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 for example; manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. As cited within in section 6.4 of this report one area of improvement identified related to ensuring robust bed rail risk

assessments were undertaken using the organisations bed rail risk assessment appended to the bed rail policy. The identified use of bed rails should be reflected within the resident's care plan showing measures in place to minimise any risk of injury. The practice of leaving gaps between daily evaluation notes should cease.

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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example; consultations during pre- admission assessment, menu choice, activity provision and involvement in the development of an individualised care plan.

A varied and nutritious diet was being provided which meets the individual and recorded dietary needs and preferences of the residents. This was confirmed by residents who spoke with the inspector and meal/menu records retained. The mid -day meal served was observed to be nicely presented by staff in an unhurried professional manner. Adequate sized portions of food were served. Tables were pre- set with a range of condiments on each of tables. Fluids were provided. Special diets were provided as required. Staff were discretely observed assisting and supervising residents as required. A pleasant relaxed ambience was observed throughout this important social occasion. Residents who spoke with the inspector stated they always enjoyed the lovely food served.

The kitchen was observed to be clean, tidy and organised. An assessed rating of 5 by environmental health had been achieved.

Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the senior care assistant in charge and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. No residents had any related pressure area skin damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The senior care assistant in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. A satisfaction survey was ongoing with the views of residents sought following each respite period of care. In addition the views of permanent residents were also sought. The surveys conducted to date were reviewed and discussed with the senior care assistant in charge.

In the main responses were noted to be largely positive. Outcomes in regard to suggested improvements raised by residents included for example; improve call bell response, more organised outings, additional games and the preference to arrange respite admissions at the weekend as opposed to Monday of each week as this would suit carers who work and they would not have to take a day off to bring their relative to the home for the respite period. The senior care assistant explained that all of the suggestions were being considered. One recommendation identified for improvement related to the development of a follow up action plan to address the negative responses and the inclusion of this plan within the survey report.

On the day of inspection call bells were observed to be answered promptly by staff.

Audits conducted included for example; medications, environmental, cleaning/hygiene, accidents/incidents, fire safety, staff employment checks lists and care records. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The senior care assistant advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included the gathering of pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of last staff meetings held were dated 16 August 2017 and 12 December 2017. Improvement in regard to the frequency of staff meetings in accordance with Minimum Care Standard 25.8 is necessary.

Observation of practice evidenced that staff communicated effectively with residents. Discussion with the senior care assistant in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with during the inspection made the following comments:

- "Staff see to everything I need."
- "Only the best care provided here."
- "Call bells are answered promptly."

Comments received from staff were as follows:

- "Yes, effective care provided."
- "Resources are available to ensure care provided is effective."
- "Policies and procedures available, we have access these."
- "Needs met 100 percent."

Comments received from visitors were as follows:

- "I think the care is very good."
- "Residents always seem happy and content."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation audits and reviews, communication between residents, staff and other interested parties.

**Areas for improvement included:**

Reflect the measures in place to minimise the potential risk of injury from bed rail use within care plans. Staff to cease to leave gaps between daily note recordings.  
 Develop an action plan to show action taken to address negative responses reflected within the residents satisfaction survey.  
 Provide staff meetings on a regular basis.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	3

**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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

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.

The senior care assistant and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights independence, dignity and confidentiality were protected. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

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; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings, suggestion box, visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. As reflected within section 6.5 action taken to address negative responses should be developed and included within the survey report.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; religious services, walks, church visits and arts/crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example through going out with relatives, visits to local restaurants and shops/churches.

Residents spoken with during the inspection made the following comments:

- “Yes staff are respectful at all times.”
- “Staff are considerate and kind.”

**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
<b>Total number of areas for improvement</b>	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**

Doreen Montgomery, senior care assistant, was charge of the home as the registered manager was on leave. The team leader Patrick Kerr who is covering during the absence of the registered manager was off duty. The senior care assistant advised that very good support was being provided from senior management with twice weekly visits to the home.

A range of policies and procedures were in place to guide and inform staff. The senior care assistant in charge advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. One identified area of improvement related to the provision of an index showing the sections of named policies and procedures for ease of access to staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. RQIA’s complaint poster was available and displayed in the home. How to complain was discussed as shown in minutes at a recent residents’ meeting.



Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. One complaint had been received since the previous inspection. 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. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The senior care assistant advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the senior care assistant in charge identified that they had understanding of their role and responsibilities under the legislation. The senior care assistant in charge stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- "The team leader is very approachable."
- "The team leader makes time to listen to you."

Comments received from residents were as follows:

- "The team leader is always around to see that things are good."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

One area identified for improvement related to the inclusion of an index showing page/section where policies and procedures are within the file.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 the senior care assistant in charge, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (e)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2018	<p>The registered person shall ensure that no resident is admitted to the home outside of the categories of care in which the home is registered with RQIA.</p> <p>The registered person shall ensure that arrangements are made with the commissioning trust regarding the placement of one resident within a suitable placement.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> This continues to be raised with the Trust.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that when verbal threatening abuse from one resident to another is notified to the organisations safeguarding champion and the commissioning trust's safeguarding team.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> Senior staff have been reminded of reporting procedures
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2018	<p>The registered person shall ensure that the provision of formal individual staff supervision is recommenced with schedules developed and records retained.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> Supervision has been completed for all staff and will be continued.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing.	<p>The registered person shall ensure that a bed rail risk assessment undertaken is recorded within the template as appended within the home's Use of Bed Rail policy (2016).</p> <p>Ref 6.5</p>
	<b>Response by registered person detailing the actions taken:</b> Bed rail risk assessment is recorded on the appropriate template.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> <li>• Where required the use of bed rails is reflected within care plans including the measures in place to minimise the risk of injury</li> <li>• Staff refrain from leaving gaps between daily evaluation notes</li> </ul> <p>Ref 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Management staff will audit care records to ensure compliance. Further training is to be delivered on record keeping.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 September 2018</p>	<p>The registered person shall ensure a follow up action plan is developed to address the residents suggested improvements. The action plan should be included within the survey report.</p> <p>Ref 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> an action plan has been drawn-up 7 amended/updated on completion of action points.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate</p>	<p>The registered person shall ensure that the frequency of staff meetings are held on at least a three monthly basis’.</p> <p><b>Response by registered person detailing the actions taken:</b> A staff meeting is being arranged for mid September when staff return from annual leave.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 September 2018</p>	<p>The registered person shall ensure that an index is provided within the policy files identifying the sections of named policies and procedures.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The clerical officer has addressed this.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews