Unannounced Care Inspection Report
19 January 2021

Lawnfield House

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

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a residential care home registered to provide residential care for up to 20 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness **Responsible Individual:** Lindsay Conway	**Registered Manager and date registered:** Andrea McComiskey - Acting
Person in charge at the time of inspection: Andrea McComiskey	**Number of registered places:** 20 The variation application has been granted on the basis that the accommodation is provided for residents in accordance with the letter dated 21 June 2013. RC-SI for 2 places only
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	**Number of residents accommodated in the residential home on the day of this inspection:** 7

4.0 Inspection summary

An unannounced inspection took place on 19 January 2021 from 10.00 to 17.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*6

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Andrea McComiskey, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five residents and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff training records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- minutes of staff/residents' meetings
- menu
- RQIA certificate
- monthly monitoring reports
- fire drill records
- three residents' care records.

Areas for improvement 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 December 2019. No further actions were required to be taken following the most recent inspection.

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**
Area for improvement 1 **Regulation:** 17(1) **Stated:** Second time	The registered person shall introduce and ensure systems are maintained for reviewing, at appropriate intervals, the quality of care and other service provision for and in the home.	**Met**
	Action taken as confirmed during the inspection: Additional systems had been introduced to monitor the quality of care and other service provision.	
Area for improvement 2 **Ref:** Regulation 13(7) **Stated:** First time	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents. This is in relation to storage of equipment or other items such as PPE dispensers in bathrooms where there is a toilet a broken toilet seat and the two identified commode chairs.	**Met**
	Action taken as confirmed during the inspection: The home was found to be in a good state of repair and clean and tidy. No inappropriate storage was identified within communal rooms.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard 30 **Stated:** Second time	The registered person shall ensure that the date of opening is recorded on all medicine containers to facilitate audit and disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: A random review of three medicines in use evidenced that these had been signed and dated when opened.	
Area for improvement 2 **Ref**: Standard 31 **Stated:** Second time	The registered person shall ensure that the necessary improvements are made in the standard of maintenance of the personal medication records and medication administration records.	**Met**
	Action taken as confirmed during the inspection: A review of medication records evidenced that medicines, such as inhalers, had been signed for when administered.	
Area for improvement 3 **Ref**: Standard N15 **Stated:** First time	The registered person shall ensure that furniture in the sitting rooms and residents' bedrooms are repaired or replaced, that as required walls are painted, water taps in one bathroom and the bath lift are repaired or replaced.	**Met**
	Action taken as confirmed during the inspection: The areas identified above had been repaired, replaced or removed. The home was found to be in a good state of repair.	
Area for improvement 4 **Ref**: Standard 6.6 **Stated:** First time	The registered person shall ensure that risk assessments for residents are reviewed on a regular basis or when any change occurs.	**Not met**
	Action taken as confirmed during the inspection: A review of two residents' care records evidenced that this area for improvement has not been met. This area for improvement has not been met and has been stated for a second time.	

6.2 Inspection findings

Staffing

On the day of inspection seven permanent residents were accommodated in the home. The manager confirmed that the home would also facilitate short stay residents for respite care. A review of the duty rota week commencing 18 January 2021 confirmed that planned staffing levels had been achieved. A senior carer was rostered on each shift in the absence of the manager to take charge of the home. Staff consulted during the inspection confirmed that residents' needs were met with the planned staffing levels and skill mix. Staff also confirmed that the staffing level would be increased when additional residents were admitted to the home. Residents spoke positively on the care that they received and voiced no concerns in regards to the staffing arrangements. One told us, "It's great here; staff are very good."

Staff confirmed that they had a good understanding of one another's roles in the home. Online training had been provided to assist staff in meeting their roles. A review of the training compliance in the home evidenced significant gaps in some training. This was discussed with the manager and an area for improvement was made to ensure that a system was developed to maintain staffs' compliance with mandatory training. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

There was evidence that multiple fire drills had been conducted in the home. For example, five had been conducted during November and December 2020. Reports of the drills had been completed identifying who was involved in the drill and recorded response times. However, from July 2020 to present, the majority of the reports repeatedly included the same maintenance issue which had not been rectified. This was discussed with the manager and identified as an area for improvement. The manager should review the maintenance log on a regular basis to ensure that reported defects are managed appropriately and in a timely manner.

Staff spoke positively in relation to the teamwork in the home. One commented, "We all get on very well together; teamwork is very good." Another commented, "I am very happy here. Everybody is very approachable and willing to help." Staff were observed to communicate well with each other during the inspection. There was evidence of staff meetings having been conducted. The manager also advised of regular informal meetings with staff on duty and confirmed that staff supervisions in the home were conducted every two months. Monthly staff bulletins were published from the Presbyterian Council of Social Witness to keep staff up to date with any changes.

We reviewed the oversight of staff appraisals in the home. No appraisals had taken place since March 2020. There was no evidence of when each staff member had last received an appraisal. The manager confirmed that plans were in place to commence appraisals from January 2021 onward. An area for improvement was identified to ensure that a system was developed to make certain each staff member received an appraisal on an annual basis.

Care delivery

All residents were presented well in their appearance. There was a relaxed environment in the home throughout the day. Staff were observed to interact with residents in a compassionate and caring manner. Residents spoke positively in relation to engagements with the staff. One told us that the staff were very friendly and approachable and that staff respected residents' privacy.

Residents chose how to spend their day and social interaction care plans were completed identifying residents' preferred activities. Care plans identified where staff intervention was required with activities. Attendance to day centres had stopped since March 2020. During the inspection residents were observed playing board games and colouring with staff, playing with toys, watching television, using Ipads and one resident remained in their room at their own request. During the COVID outbreak the usual outings from the home were postponed but the manager confirmed that there had been bus outings to Kilkeel, Warrenpoint, to lighthouses and drives through the Mourne Mountains. Residents would be socially distanced on the bus and remain on the bus for safety reasons. Staff confirmed that residents enjoyed walking around the home and gardening. There was a large garden area to the back of the home where residents could sit socially distanced and enjoy the outdoors. An activity coordinator would attend the home three times during the week. Additional activities the residents could engage in included arts and crafts, jigsaws, skittles, video/films, group chats or simply relaxing.

Visiting to the home had recently stopped due to a rise in the confirmed local COVID – 19 cases. The manager advised that this was under regular review and information sent to RQIA following the inspection confirmed that indoor visiting had resumed in accordance with the Department of Health guidelines. An indoor visiting area had been identified in the home taking IPC measures into consideration. Visitors were required to have their temperature checked; complete a self-declaration form and wear a facemask before entering the visiting room from outside of the home. In addition to indoor visiting, window visits and virtual visiting was encouraged. The manager confirmed that they would normally communicate any change with residents' relatives via the telephone.

The home had engaged in the care partner concept where a nominated person known to the resident would come to the home to assist with a provision of care which they had previously assisted with prior to the COVID – 19 pandemic. Two care partner arrangements had been made. There was evidence of individual risk assessments, agreements and training provided to the care partners along with information on Coronavirus testing.

There was evidence of regular meetings with residents. Meetings were used to keep residents up to date with any changes in the home. Minutes of recent meetings confirmed discussions on the wearing of PPE, social distancing, decontamination of post and questions and answers on the COVID – 19 vaccine.

We reviewed the mealtime experience in the home. Meals were served in the dining room which was a large, bright and spacious area. Each resident had their own table and tables were arranged ensuring social distancing was maintained though still keeping residents together as a group. Dining tables were covered and each resident had their own set of utensils and condiments on their table. A menu was displayed on the dining room wall and residents selected their meal preference each morning. Discussion with the chef confirmed that residents could chose meals which were not on the menu that they would prefer to have. The chef gave the example of cooking six different meals for the residents at one mealtime.

The menu was reviewed on a six monthly basis and rotated on a three weekly basis. The chef confirmed the IPC measures in place when food was delivered to the home. The food served appeared appetising and nutritious. Residents only wore clothing protectors if required. Staff assisting residents with their meals sat with them and assisted in an unhurried manner.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'We cannot thank you all enough for making … so happy. From the minute I walked through the doors that very first night, I knew … would be content. You do an amazing job.'
- 'Thank you for making my stay in Lawnfield so pleasant.'

Care records

We reviewed three residents' care records. Risk assessments within two of the three records had either not been completed or updated sufficiently. An area for improvement in this regard has been stated for the second time.

Care plans were in place to direct care required for each resident. However, within one of the resident's records, multiple care plans had not been signed or dated by the person creating the document. Care plans which were no longer relevant had not been discontinued, removed and archived from the file. This was discussed with the manager and identified as an area for improvement.

Daily evaluation of care was completed and when staff had applied topical creams to residents or had thickened fluids with thickening agents, administration documents had been completed. Each resident had weekly activity and social outreach timetables included within their records.

Infection prevention and control measures

On arrival to the home we were required to sign in; complete a self-declaration form and wear a facemask. Hand hygiene gel was available at the entrance to the home as was a PPE station. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE. All staff in the home were observed to be wearing PPE correctly and at the appropriate times. Audits had been completed to ensure compliance with PPE. Staff were observed to perform hand hygiene at the appropriate intervals and were bare below the elbow; not wearing watches or wrist jewellery for example, which allows for effective hand hygiene. Regular hand hygiene audits had been conducted.

The home was clean and tidy. Compliance with best practice in IPC had been well maintained. Domestic staff maintained records of daily and weekly cleaning duties. Care staff on evenings and night duties also completed daily sanitising records. Touchpoints in the home were cleaned four times per day. The frequency of deep cleaning or more intensive cleaning to include high dusting and the cleaning of glass, windows and skirting had increased.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. A designated room had been identified for staff changing. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. Staffs' temperatures were checked twice during the shift.

As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all residents on a four weekly basis.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Corridors and stairwells were clear of clutter and obstruction. Fire exits were also free from obstruction. Chairs in the lounge area had been adequately spaced to allow for social distancing. Residents' bedrooms had been personalised with their own belongings. Doors leading to rooms which may contain potential hazards to residents had been locked. Bathrooms and toilets were maintained clean and tidy and equipment in use was visually clean.

Leadership and governance

Since the last inspection there had been a change of manager. The RQIA certificate of registration had been displayed appropriately and included the new management arrangement. There was a clear organisational structure in the home. The manager confirmed that there were fortnightly meetings held online with senior management and managers from other homes under the Presbyterian Council of Social Witness. Discussion with staff confirmed that they would have no issue in raising any concerns with the home's management.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. The number of accidents in the home was low.

Monthly monitoring visits were conducted by a senior manager. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion.

A complaints file was available for review. The manager confirmed that there had been no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction should be recorded as a complaint.

The manager confirmed the areas in the home which were audited on a regular basis to ensure quality of care. Areas audited included medicines management, health and safety, care staff registrations, infection prevention and control and accidents and incidents. However, given the findings with residents' care records, an area for improvement was identified to ensure that an effective care record audit tool was developed and implemented.

A system was in place to ensure that care workers maintained their registration with the Northern Ireland Social Care Council.

Areas for improvement

Areas for improvement were identified in relation to record keeping, compliance with staff training, staff appraisals and with the monitoring of reported defects in the home.

	Regulations	Standards
Total number of areas for improvement	0	6

6.3 Conclusion

The home was found to be clean, tidy and warm. Staff were seen to interact with residents in a caring and compassionate manner. Compliance with best practice on infection prevention and control measures had been well maintained. Residents were presented well in the home and appeared happy living there. Staffing arrangements met the needs of the residents. There was evidence of good working relationships between staff and management. Six areas for improvement were identified including one which has been stated for the second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea McComiskey, 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 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 6.6 **Stated:** Second time **To be completed by:** 19 February 2021	The registered person shall ensure that risk assessments for residents are reviewed on a regular basis or when any change occurs. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: All risk assessments were reviewed by 19th February 2021and Inspector informed. A new auditing process has been implemented focusing on the review of risk assessments.
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 31 March 2021	The registered person shall ensure that a system is developed to maintain staffs' compliance with mandatory training. Ref: 6.2
	Response by registered person detailing the actions taken: A traffic light monitoring procedure has been introduced and will be used continually going forward.
Area for improvement 3 **Ref**: Standard 28.3 **Stated:** First time **To be completed by:** 19 February 2021	The registered person shall ensure that any defects reported are managed in a timely manner. Ref: 6.2
	Response by registered person detailing the actions taken: Maintenance reporting procedure in place and added to staff meeting agenda as a standing item. Defect noted during inspection has been fixed. Oversight and management of a weekly audit of all logged maintenance has been assisgned to one staff member to ensure a consistant approach and timely reporting.
Area for improvement 4 **Ref**: Standard 24.5 **Stated:** First time **To be completed by:** 31 March 2021	The registered person shall ensure that a system is developed to ensure all care staff receives an annual appraisal. Ref: 6.2
	Response by registered person detailing the actions taken: An appraisal schedule has been completed for 2021. All staff have been sent Appraisal preparation forms and all meetings are scheduled to be completed by 31st March 2021

Area for improvement 5 **Ref**: Standard 6.3 **Stated:** First time **To be completed by:** 31 March 2021	The registered person shall ensure that all residents' care records are signed and dated by the person creating the record for use. Any record no longer valid should be discontinued; signed, dated and archived. Ref: 6.2
	Response by registered person detailing the actions taken: This is currently an ongoing process with historical information being archived as appropriate. Regular file audits will be carried out to ensure regular archiving takes place.
Area for improvement 6 **Ref**: Standard 20.10 **Stated:** First time **To be completed by:** 30 April 2021	The registered person shall ensure that an effective care record audit tool is developed and implemented to monitor record keeping practices in the home. Ref: 6.2
	Response by registered person detailing the actions taken: Regular file audits will take place to ensure that all relevant care records have been completed. Current monitoring procedures will be enforced by Registered Manager and spot checks will be carried out by Head of Disability Services on a regular basis to ensure correct and accruate recording.

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

The Regulation and Quality Improvement Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews