



Secondary Unannounced Care Inspection

Name of Establishment: Lawnfield House

Establishment ID No: 1597

Date of Inspection: 23 May 2014

Inspector's Name: Maire Marley

Inspection No: 17468

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Lawnfield House
Address:	5 King Street Newcastle BT33 0HD
Telephone Number:	(028) 4372 6860
E mail Address:	lawnfieldmanagement@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr David Watson The Trustees of the Disabled Christian Fellowship
Registered Manager:	Mr Matthew Keenan, Acting manager
Person in Charge of the home at the time of Inspection:	Mr Matthew Keenan, Acting manager
Categories of Care:	RC-I ,RC-LD ,RC-LD(E) ,RC-PH ,RC-PH (E), RC-SI
Number of Registered Places:	20
Number of Residents Accommodated on Day of Inspection:	14
Scale of Charges (per week):	£300 - £405
Date and type of previous inspection:	13 September 2013 Primary Unannounced Inspection
Date and time of inspection:	23 May 2014 10.00 am - 12.00pm
Name of Inspector:	Maire Marley

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

METHODS/PROCESS

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

- Discussion with the acting manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

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

Standard 9 - Health and social care.

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

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

PROFILE OF SERVICE

Lawnfield is a purpose-built residential/holiday home for adults with physical disabilities. The registered organisation is the Trustees of the Disabled Christian Fellowship. The registered manager is Mrs Sabrena Keenan who is assisted by a deputy manager and a team of care and support staff.

The home is ideally situated in a quiet area close to the sea with a view of the Mourne Mountains. Adapted bath, shower and WC facilities are located conveniently throughout the home. A large reception area, lounge and dining room provide plenty of space for activities.

Lawnfield House is registered with RQIA as a residential care home providing short term respite care for up to 20 residents.

SUMMARY

This secondary unannounced inspection of Lawnfield House was undertaken by Maire Marley, RQIA Care Inspector, on 23 May 2014 between the hours of 10.00am and 12.00pm. This summary reports the position in the home at the time of the inspection.

On the morning of the inspection the acting manager was on duty in the home and was available throughout the inspection for discussion. Feedback was provided to the acting manager on the findings of the inspection.

The previous care inspection undertaken in September 2013 resulted in four recommendations. Based on the submitted information in the returned quality improvement plan (QIP) and the findings of this inspection it was concluded that two recommendations had been fully addressed. Two recommendations remain outstanding and are therefore restated in this report. The action taken can be viewed in the section following this summary.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards. The inspector focused on one standard outlined in the DHSSPS Residential Care Homes Minimum Standards (2011) Standard 9: Health and social care.

All six criteria within this standard were examined. Evidence used to assess compliance included examination of four selected care records and discussions with ten residents and three staff members on duty. Five of the six areas examined were assessed as compliant. One criterion was not applicable.

During the inspection the inspector moved freely around the home and conversed with ten residents informally. Residents were relaxed in their surroundings and were very positive in their comments about the care delivered in the home.

A review of staffing levels was undertaken and found that staff were on duty in sufficient numbers to provide care for the needs of the persons accommodated. Two staff members consulted during the inspection demonstrated knowledge of each resident's health care needs and was aware of the action to take in the event of a health care emergency.

On the day of this inspection, the home was found to be clean and fresh smelling with suitable heating and lighting. During the tour of the building it was observed that all fire doors were free from obstruction and there were no obvious hazards.

The RQIA had received notification that the Disabled Christian Fellowship was de-registering Lawnfield House in June 2014. To date no application has been received by the RQIA from the proposed new providers.

Three recommendations are made within this report and a recommendation from the previous inspection restated. In total four recommendations are made. The areas for improvement are detailed in the quality improvement plan for this inspection, which is appended to this report.

The inspector wishes to acknowledge the full co-operation of the acting manager and staff and to thank the residents who spoke with her.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 20.10	<p><u>Audits</u></p> <p>It is recommended that further work on audit development as discussed, is established as recommended in the previous report.</p>	<p><u>Audits</u></p> <p>The acting manager reported that the home had been closed over the winter months therefore there had been no development in this area. This recommendation is restated.</p>	Not compliant
2	Additional matters (1.8)	<p><u>Telephone communication</u></p> <p>It is recommended that the answer machine to telephone calls is not activated by staff as the public or agencies should not have to keep repeatedly ringing the home to get a response.</p>	<p><u>Telephone communication</u></p> <p>The acting manager reported that the answering machine is only activated when the home is closed. The inspector was informed that senior staff on duty were issued with a hands free phone to ensure all telephone calls were responded to in a timely manner.</p>	Compliant
3	Standard 29.1	<p><u>Fire safety</u></p> <p>1. It is recommended that action taken to address recommendations made by the Fire Safety Officer in the Fire Risk Assessment is recorded/ signed and the fire escape recommendation as reflected in the risk assessment was addressed. .</p>	<p><u>Fire safety</u></p> <p>The fire risk assessment viewed on the day had no evidence to indicate that the action recommended in the risk assessment had been addressed.</p>	Not compliant

		2. The completion of resident personal emergency evacuation plans (PEEPS) is recommended.	The acting manager reported that personal emergency evacuation plans (PEEPS) had been completed.	Compliant
4		<u>Bathroom</u> The bath panel in bathroom opposite room 9 requires attention.	<u>Bathroom</u> The bath panel had been repaired as requested.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
<p>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	
Inspection Findings:	
<p>Care records relating to four residents accommodated in the home were reviewed and confirmed that residents are registered with a General Practitioner of their choice. Appropriate records were maintained detailing the contact name, address and telephone number of the primary care team. The inspector was informed that as Lawnfield House is a respite unit an arrangement has been made for the local G.P to attend any resident who becomes ill during their stay. Residents retain their own optometrist and dentist in the community. It was recommended that the contact details for the regional emergency out of hours social work is available to the staff team. No issues were raised on this occasion.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	
Inspection Findings:	
<p>Staff members on duty were knowledgeable of residents' needs and confirmed that they were in receipt of mandatory training. Staff consulted during the inspection were familiar with the action to take in the event of a health care emergency.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The review of four care records found evidence that staff record the general health and welfare of residents in the resident's daily progress record. The records indicated there had been no concerns.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Lawnfield House is a respite unit and staff do not accompany residents on any healthcare appointments. In the event of an accident/illnesses the acting manager and staff consulted were aware of the need to provide information to the resident's representative.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
As previously stated this is a respite unit and this criterion is not applicable.	Not applicable
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
There were systems in place for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident. Staff were in receipt of training in regard to hoists and other specialist's equipment.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' Views

There were fourteen residents accommodated in the home on the morning of this inspection. The inspector spoke individually with ten. All residents spoke positively in regard to the care provided by staff and told the inspector of the benefits of availing of respite. Most of the residents enjoyed the Christian ethos and had been attending Lawnfield House for many years. Four residents expressed concern about the future of the home. When asked about their health care needs, all residents were satisfied that in the event of emergency staff would seek appropriate medical assistance. No residents raised any concerns with the inspector.

Care Plans

Four care plans were reviewed. It was recommended that an identified care plan should be updated to include information in regard to a special diet. The care plan should also incorporate the resident's social and spiritual needs.

Accidents/Incidents

Records viewed indicated that the last recorded incident was in November 2013. The record indicated that appropriate medical assistance was obtained. The acting manager was aware of the legal requirement to report notifiable events without delay to RQIA. Staff interviewed on the day answered questions on first aid and general accident scenarios competently.

Audits

The acting manager reported that audits on medicines had been developed. Due to the closure of the home during the winter months no further action had been taken to develop audits as requested in previous inspections. The acting manager should ensure a range of audits are developed to ensure working practices are systematically audited.

Staffing

A review of the staff duty roster for a three week period in May 2014 was undertaken. Confirmation was provided to the inspector that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents. On the day of inspection the following staff were on duty;

- 1 Acting manager
- 1 Senior support worker
- 4 Support workers
- 1 Catering staff
- 1 Domestic staff

Observation of staff practice on the day found it to be caring, timely and good humoured. The staff members on duty demonstrated that they were knowledgeable in regard to residents' health care needs and the action to take in the event of a health care emergency.

Staff induction

The inspector reviewed the induction records pertaining to a recently employed staff member. The record outlined the activities of induction and was signed and dated appropriately.

Staff Views

The staff members who spoke with the inspector made positive comments in regard to the training provided. Staff confirmed that the acting manager and senior staff were always available for support and assistance. Staff all expressed how much they enjoyed working in the home.

Fire Prevention

Examination of the fire risk assessment found it was due to be reviewed in May 2014. However there was no evidence a previous recommendation made by the assessing fire safety officer relating to the fire escape maintenance had been addressed. The acting manager reported to the maintenance person for the home was responsible for attending to the fire estate maintenance.

It was recommended that action taken to address recommendations made by the Fire Safety Officer in the Fire Risk Assessment is recorded/ signed as actioned.

The acting manager reported that resident's personal emergency evacuation plans (PEEPS) had been completed.

Environment

An examination of the premises found the home to be warm and bright. No mal odours were noted on the day of this inspection.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Matt Keenan, Acting Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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

Maire Marley
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Lawnfield House

23 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Matt Keenan acting manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p><u>Regional emergency social work service</u></p> <p>The registered manager must ensure that contact details for the regional emergency out of hours social work is available to the staff team.</p>	One	<p>contact details are displayed in manager's office.</p> <div data-bbox="1585 470 2011 742" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGULATION AND QUALITY</p> <p>19 JUN 2014</p> <p>IMPROVEMENT AUTHORITY</p> </div>	No later than 31 July 2014
2	20.10	<p><u>Audits</u></p> <p>It is recommended that audits are developed.</p>	Three	<p>To be ongoing new acting manager aware - some to be implemented.</p>	No later than 31 July 2014

3	29.1	<p><u>Fire safety</u></p> <p>The fire risk assessment viewed on the day had no evidence to indicate that the action recommended in the risk assessment had been addressed.</p>	Two	<p>Document placed alongside recommendation page to state whether actioned or not.</p> <p>Registered provider aware of which ones still need addressed.</p>	No later than 31 July 2014
4	6.2	<p><u>Care Plans</u></p> <p>The registered manager must ensure that an identified care plan is updated to include information in regard to a special diet.</p> <p>The care plan should also incorporate the resident's social and spiritual needs.</p>	One	<p>care plans are in place in residents notes. one needs completed for gluten free diet.</p>	No later than 31 July 2014

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

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

REGULATION AND QUALITY
 19 JUN 2014
 IMPROVEMENT AUTHORITY

SIGNED: David Watson

SIGNED: Matt Keenan

NAME: DAVID WATSON
 Registered Provider

NAME: Matt Keenan
 Registered Manager

DATE: 16/6/14

DATE: 16-6-14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	M. Harley	23/6/14
Further information requested from provider			