

# Unannounced Follow Up Care Inspection Report 24 March 2018



## Lawnfield House

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

Inspectors: Kylie Connor and Patricia Galbraith

[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 provider 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 registered to provide care and accommodation for twenty persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 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> Donna Ennis, senior care assistant until 08.00; Maureen McKibben, senior care assistant from 08.00; Isobel Leslie, registered manager from 10.30 onwards.	<b>Date manager registered:</b> 2 April 2005
<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 (2 places)	<b>Number of registered places:</b> 20

### 4.0 Inspection summary

An unannounced inspection took place on 24 March 2018 from 07.15 to 14.50.

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

It is not the remit of RQIA to investigate whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection was undertaken following whistle-blowing information received by RQIA. The concerns were in relation to:

- staffing levels
- that staff are not allowed to use agency staff
- the high dependency levels and complex needs of residents accommodated in the home
- the high dependency levels and complex needs of residents due to be accommodated in the home on respite
- low staff morale

The following areas were examined during the inspection:

- Staffing – including deployment, recruitment and use of agency staff
- Care records for permanent residents and residents admitted/due to be admitted for respite
- Feedback from residents and staff

Areas for improvement were identified in regard to: the resident's individual agreement; obtaining a needs assessment and risk assessments prior to a planned admission to the home; completing an up to date, individualised care plan and risk assessments upon admission; notifying RQIA of all choking incidents and ensuring that records are up to date, signed and dated by the person completing them. One area for improvement from the previous inspection was carried forward.

Residents said that they enjoyed the food and the activities. Residents reported that they had good relations with staff who were approachable, kind and caring.

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>	4	2*

\*Includes one standard carried forward from the previous inspection.

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

During feedback, the registered manager described what immediate actions she would take to urgently address the issues identified. Following the inspection, further information was received that demonstrated suitable actions were being taken.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 October 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP; notifiable events and communication received in regard to the home since the previous care inspection.

During the inspection the inspectors met with the registered manager, five residents, two senior care assistants, three care staff and one ancillary staff.

The following records were examined during the inspection:

- Staff duty roster
- Night checks
- Residents' Register
- Seven residents' care files
- The admission policy and procedure

The following were observed:

- The handover between night staff to day staff
- Mealtimes - breakfast and lunch

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 5 October 2017.

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

### 6.2 Review of areas for improvement from the last care inspection dated 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered person shall ensure that management and governance systems are improved by auditing mandatory training records and addressing any findings in order to ensure that staff complete mandatory training in a timely manner.  Ref: 6.7	<b>Carried forward to the next care inspection</b>

	<b>Action taken as confirmed during the inspection:</b> This was not reviewed as part of the inspection and are carried forward to the next care inspection.	
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This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 5 October 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

#### Staffing levels

When the two inspectors arrived at the home at 07.15, a night duty senior care assistant was in charge and one night care staff was on duty. One catering staff had arrived for duty and was in the kitchen. There were ten residents accommodated in the home at the time of the inspection.

Two residents were situated in the lounge area at the entrance to the home. Both residents reported that they were staying in the home on respite and that it had been their choice to get up at that time. Both residents stated that they also retire to bed at a time that suited them.

Day staff commenced duty at 08.00, arriving beforehand for a staff handover which was observed. This included an update of residents who had been checked during the night and other tasks completed including laundry. The night check records evidence what had been discussed.

The senior care assistant who had been on night duty explained how the registered manager was kept up to date and this included sending an email of the areas discussed at the handover.

Staffing levels for the day included -: one senior care assistant, two care staff and two ancillary staff. The duty roster accurately reflected the staff on duty. All night staff and day staff were interviewed by the inspectors.

The registered manager, who was not rostered to be on duty, arrived into the home at 10.30.

Staff reported that there had been sufficient numbers of staff on day duty and night duty to meet the needs of residents. Discussion with the registered manager and staff confirmed that there had been eight permanent residents accommodated in the home up until recently when respite bookings had commenced. Discussions confirmed that during this time, one senior care assistant and one care assistant on duty at night afforded sufficient staffing levels to meet the needs of residents. Staff commented that there would usually be two waking staff at night but occasionally when there was an occupancy of eight residents there had been one waking staff and one staff rostered to sleep. Staff reported that this was sufficient to meet the needs of residents and that there were no residents who needed the assistance of two staff during the night. Night staff reported that they had sufficient time during the night to do 'a little laundry'.



The registered manager reported that there had been a recruitment drive for care and domestic positions and that since the homes chef had reduced his hours, arrangements had been made for cover this position in the short-term while efforts were made by the catering company to recruit a full-time chef.

Discussion with the registered manager, staff and review of the duty rosters confirmed that agency staff were used. Staff reported that if agency staff are used efforts are made to book staff that they have used before for consistency.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Residents' Care Records

A review of seven care records confirmed that they were not maintained in line with the legislation and standards. Whilst areas for improvement were identified, care records for permanent residents were noted to be completed more comprehensively than those of residents accommodated in the home through a respite admission.

Not all care files included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were not consistently reviewed and updated on a regular basis or as changes occurred and some risk assessments had not been completed.

The care records did not consistently reflect the multi-professional input into the residents' health and social care needs and were not updated regularly to reflect the changing needs of the individual residents. Documentation had not been signed and dated consistently by staff completing it. Four areas for improvement were identified to comply with the regulations and standards. Findings included:

- One care file for a resident availing of respite contained a 'respite update form' dated May 2017; contradicting information was noted within it. Risk assessments had not been updated since March 2016 regarding the resident's needs in relation to mobility and personal care. A bedrail risk assessment was dated July 2015 and there was no evidence that this had been reviewed. The care plan was not individualised and there was evidence that a recent SALT assessment had been obtained retrospectively following a number of swallowing issues in the home. Records of a choking incident dated July 2017 did not evidence communication with family, the trust and RQIA had not been notified.
- One care file had not been updated to reflect a change in the resident's mobility nor progress in regard to a nursing intervention and a falls risk assessment had not been completed.

- Whilst three care files contained an up to date needs assessment and the care plan was largely compliant with legislation and standards, the moving and handling assessment in one file did not accurately reflect the resident's needs and a protocol in place had not been reviewed to reflect the current situation; the second file did not evidence follow up in regard to a resident's mood; the third care file did not have a care plan in place in regard to an area of need and a risk assessment had not been completed.
- Inspection of care files evidenced that an up to date individual agreement setting out the terms of residency was not in place and appropriately signed.

Discussion with the registered manager and review of the admission policy and procedure confirmed that a robust admission process for residents availing of respite was not in place nor was it in accordance with the admissions policy and procedure; governance in this area required urgent improvement. The inspectors advised the registered manager that a copy of resident's most recent care review should be requested alongside the needs assessment for all residents availing of respite.

Concerns were expressed during feedback that these issues had not been identified in the visits by the registered provider.

### Areas for improvement

Five areas for improvement were identified in regard to: residents individual agreement; obtaining a needs assessment and risk assessments prior to a planned admission to the home; completing an up to date, individualised care plan and risk assessments upon admission; notifying RQIA of all choking incidents and ensuring that records are up to date, signed and dated by the person completing them.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	1

### Observation of and feedback from residents and staff

Residents were observed enjoying the breakfast and lunch mealtimes. Care and ancillary staff were observed interacting in a friendly, relaxed manner and providing assistance to residents as required. Residents had a choice of food and portion sizes were observed to be individualised. A choice of drinks were offered and the dining table was set with appropriate cutlery and condiments.

Discussion with residents confirmed that they were assisted by staff to rise and retire when it suited them. There were positive views expressed in regard to staff attitude and values. Residents stated that staff were approachable and all but one resident stated that there were enough staff who responded to their needs in a prompt manner. One resident commented that there was not enough time for staff to relax at times and that staff were stressed at times. All residents reported positive views on the quality and variety of the food.

Residents and staff stated that there was a variety of activities that take place in the home, including doing jigsaws, chatting with staff, playing the Wii, snakes and ladders, bowls and that once a week residents can participate in a religious service.



Discussion with staff confirmed that the staff team work well together, that the registered manager and senior care assistants are approachable and that their mandatory training, supervision and annual appraisals were up to date.

Staff spoken with commented:

- “They (agency staff) are excellent.”
- “There is a fantastic team here.”
- “It’s a nice team to work with.”
- “They are trying to get someone to be a bus driver and handyman.”
- “I have found the manager approachable.”
- It (induction) was good.”
- “It’s a nice environment.”

Residents spoken with commented:

- “It’s great here, I am happy and content.”
- “I am happy here, staff are great.”

No completed questionnaires were returned to RQIA from residents or residents’ representatives within the timescale. Three staff completed an electronic staff views questionnaire and described their level of satisfaction to the following questions as follows:

- Is care safe? One respondent indicated very unsatisfied and two indicated unsatisfied
- Is care effective? One respondent indicated unsatisfied, one indicated undecided and one indicated satisfied
- Is care compassionate? One respondent indicated very unsatisfied, one indicated unsatisfied and one indicated very satisfied
- Is the service well led? One respondent indicated very unsatisfied and two respondents indicated unsatisfied.

Comments received pertained to staff relations and management thereof. These were shared with the registered manager. The registered manager confirmed that a number of issues had been addressed and what actions had been taken. The registered manager outlined a range of training that would be made available to all staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

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

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

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 5 – (1) (a) (i) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>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.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Prior to admission an individual written Agreement is posted to the prospective resident. The Agreement reflects the terms services and facilities provided in the home. The Agreement has been reviewed and updated. The Agreement is shared with the placing Health Trust to ensure the relevant information is obtained on behalf of the resident.</p>
<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><b>To be completed by:</b> 30 April 2018</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><b>Response by registered person detailing the actions taken:</b> There is a different system in place to track that there is an up-to-date care needs assessment for residents. The care needs assessment will be kept under review to ensure residents fluctuating needs are revised and any associated risks are discussed with the appropriate professional to ensure any staff training is identified and that residents needs can be met.</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><b>To be completed by:</b> 30 April 2018</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><b>Response by registered person detailing the actions taken:</b> A person centered care plan is in place for each resident which reflects the prescribed care. This is kept under review and updated as appropriate.</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><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that that all incidents of choking are notified to RQIA.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> any choking incidents are reported to RQIA , Trust and Registered Provider. The Manahger will ensure consultation with the appropriate professional to discuss any interventions tha may need to be undertaken and all outcomes will be recorded in the care plan.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</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><b>To be completed by:</b> 10 May 2018</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><b>Response by registered person detailing the actions taken:</b> The Manager confirms that records are maintained and are accurate, currant and signed by the person making the entry. Audits are being undertaken to ensure compliance.</p>

## Carried forward standards

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

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



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