



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Lawnfield House**

**24 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 24 November 2015 from 11.40 to 15.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Two areas for improvement were identified within the standards inspected and are set out in the Quality Improvement Plan (QIP) appended to this report; both areas related to care needs assessments and care plans being appropriately signed and dated.

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

### 1.1 Actions/enforcement taken following the last inspection

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

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Presbyterian Board of Social Witness/ Mrs Linda May Wray	<b>Registered Manager:</b> Mrs Isobel Leslie
<b>Person in charge of the home at the time of inspection:</b> Mrs Isobel Leslie	<b>Date manager registered:</b> 2 April 2015
<b>Categories of care:</b> RC-SI, RC-I, RC-LD, RC-LD(E), RC-PH, RC-PH(E)	<b>Number of registered places:</b> 20
<b>Number of residents accommodated on day of inspection:</b> 16	<b>Weekly tariff at time of inspection:</b> £470

## 3. Inspection focus

The inspection sought to determine if the following standards were met:

**Standard 5: Each resident has an up-to-date assessment of their needs.**

**Standard 6: Each resident has an individual and up-to-date comprehensive care plan**

#### 4. Methods/processes

Prior to inspection we analysed the following records; the returned QIP from the previous inspection, notifications of accidents and incidents.

During the inspection we met with four residents, one care assistant, the handyman, a volunteer and three residents' visitors/representatives.

We examined the care records of four individual residents, the accident and incident register and the complaints and compliments register.

#### 5. The inspection

##### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 16 October 2015. The completed QIP was returned and approved by the estates inspector.

##### 5.2 Review of requirements and recommendations from the last care inspection dated 9 June 2015

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 23.4</b>	The registered manager should ensure that additional staff training is provided in regard to the management of complaints, professional boundaries and record keeping.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of staff training records confirmed that staff had received training in the management of complaints, professional boundaries and record keeping.	

##### 5.3 Standard 5: Each resident has an up-to-date assessment of their needs.

**Is care safe? (Quality of life)**

We inspected the care records of four residents and found that residents were involved in the process of assessment of their individual needs. The home had completed an initial assessment of need at the time of referral and this was revised shortly after admission. The needs assessments contained comprehensive details of each resident's physical, social, emotional, psychological and spiritual needs. Information was present about the resident's life history and current situation. Where risks had been identified, these were noted along with clear direction as to how care should be safely delivered. The care records noted the names and contact details of other professionals or agencies providing a service to the resident.

**Is care effective? (Quality of management)**

The care needs assessment was kept under continual review, amended as changes occurred and were kept up to date to accurately reflect at all times the needs of the resident. This supported effective care.

**Is care compassionate? (Quality of care)**

The assessment of need was not always signed by the resident or their representative, where appropriate, and the member of staff responsible for completing the assessment. Where the resident or their representative was unable to sign or chose not to do so, this was not recorded. We made a recommendation in this regard.

We found that the written care needs assessment took into account the privacy and dignity of the resident. It also clearly reflected the values which underpin compassionate care.

**Areas for improvement**

We found one area for improvement in the standard we inspected. We made a recommendation that care needs assessments should be appropriately signed.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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**5.4 Standard 6: Each resident has an individual and up-to-date comprehensive care plan.****Is care safe? (Quality of life)**

In our inspection of four care plans we found that the daily care, support, opportunities and services provided by the home and others were comprehensively detailed. Where residents' specific needs and preferences were identified, the care plan indicated how these were met.

Care plans described how identified risks were managed, minimised, reported, monitored and reviewed. The care plans reflected information about each resident's lifestyle and this was used to inform care practice. The residents' daily routines and weekly programmes were set out. Where restrictions arising from risk assessments were in place, or any behaviours likely to pose a risk for the resident or others, these were recorded. We found evidence that restrictions were regularly reviewed and removed when no longer required.

**Is care effective? (Quality of management)**

We found that the care plans were not consistently signed by the resident or their representative, by the staff member responsible for drawing it up and the registered manager. If the resident or their representative was unable to sign, or chose not to sign, this was not recorded. The registered manager advised us that time had been set aside in the early part of 2016 to complete a review of all care plans. We made a recommendation in this regard.

We found that care plans were reviewed monthly and were amended to reflect the current needs of the residents. The care plans were supported by separate dependency assessments, manual handling risk assessments, falls risk assessments and continence risk assessments. The care plans were reviewed monthly and any changes in the care required were noted. We found that the care plan of one resident who had specific continence and infection control needs was particularly comprehensive. This was to be commended.

### **Is care compassionate? (Quality of care)**

In our discussions with the registered manager, care staff and with a resident's representative we found that residents had been encouraged to actively contribute to the care planning process. We found that the care plans were written in a manner which reflected a respectful approach to care delivery. This supports the delivery of compassionate care.

### **Areas for improvement**

We found one area for improvement in the standard we inspected. We made a recommendation that care plans should be appropriately signed.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.5 Additional areas examined**

### **5.5.1 Residents' views**

We met with four residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I love it here, especially being able to go out on trips every day. I have a very good room that is kept clean and tidy. I like the food and there is plenty of it. They (staff) do my laundry too and they never lose any of my clothes. The staff are very good to me."
- "This is a great place. I really like coming here for a break."
- "I came to live here recently and I am glad that I did. I have a lovely bedroom and my own shower room. The staff are great and they help me with everything that I need help with. They are very good to me and know exactly what I need help with and how to give me the help. This is a great place to live."
- "I'm glad to be back here for a while; it's all going well for me."

### **5.5.2 Staff views**

We met with two staff members and one volunteer who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. A member of care staff also described how the care plans for respite residents are shared with the staff team before the admission of the resident and how this helps the staff prepare to meet individual identified needs.

Some comments included:

- “The residents are very well looked after. I have been in other places (homes) as a visitor and I can say that this place is by far the best.”
- “I have no concerns about how the residents are treated and I believe the care provided is of a very good standard.”
- “I love my job. I feel the Presbyterian Board of Social Witness has been successful in maintaining the Christian ethos within Lawnfield House and I think the residents love that!”

### **5.5.3 Residents’ visitors/representatives’ views**

We met with two residents’ representatives who expressed positive views on the quality of the care provided to residents.

Some comments included:

- “I am so pleased with the care provided to (my spouse) here. At home (my spouse) had low mood and was reluctant to get out of bed, didn’t want to do anything. In Lawnfield House, my (spouse) is up every day, has great chat with other people staying here, goes out on bus trips and to restaurants for meals, in general, is enjoying life again. The staff are great and treat (my spouse) very well. (My spouse) has been placed in other homes and this is the first place that (my spouse) has come to regard as his own home. I am very pleased and I am happy that (my spouse) is happy. If I was unhappy about any part of the care provided here, I wouldn’t hesitate to go to the manager as I know the issue would be put to right.”
- “I see a great difference in (the person I come to visit) who has put on weight and who looks so well and is in such good form, it is hard to believe! I think this place is fantastic.”
- “I visit regularly and can see a great change in (the person I visit). Any time I am here I can see plenty of staff around and they never just walk past and ignore residents, as I have seen in some other homes; even if they are busy, they take the time and courtesy to speak with the residents. I feel this is a great place.”

### **5.5.4 Environment**

We found the home to be clean and tidy. Décor and furnishings were of a good standard and we noted that the dining room had been refurbished. The registered manager advised us that a programme of redecoration was planned.

### 5.5.5 Staffing

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

- 1 x manager
- 2 x senior care assistants
- 3 x care assistants
- 1 x cook
- 1 x kitchen assistant
- 1 x housekeeper
- 2 x volunteers

One administrator was scheduled to be on duty but was ill. Two senior care assistants and four care assistants were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### 5.5.6 Care practices

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

### 5.5.7 Accidents/incidents

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

### 5.5.8 Complaints/compliments

Our inspection of the complaints register confirmed that complaints are recorded and managed appropriately. The home had received several written compliments. Staff advised us that they receive many verbal compliments.

#### Areas for improvement

No areas for improvement were identified within the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 6. Quality Improvement Plan

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

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

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

### 6.1 Statutory requirements

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

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

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

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



## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2015</p>	<p>The registered manager should ensure that the care needs assessment is signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. If the resident or their representative is unable or chooses not to sign, this is recorded.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b></p> <p>The Registered Manager can confirm ,a process has been implemented to ensure the residents care needs assessment is read , agreed and signed by the resident or their representative</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2015</p>	<p>The registered manager should ensure that the care plan is signed by the resident or their representative, where appropriate, and the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable or chooses not to sign, this is recorded.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b></p> <p>The Registered Manager can confirm ,a process has been implemented to ensure the residents care plan is read , agreed and signed by the resident or their representative. The registered manager and the key worker will also countersign the careplan following following the 3 monthly evaluation of the careplan. In the event of the resident or their representative choosing not to sign their careplan ,this would be fully discussed with the resident /representative ,and a written record will be maintained to reflect this.</p>

<b>Registered Manager completing QIP</b>	Isobel Leslie	<b>Date completed</b>	16.12.15
<b>Registered Person approving QIP</b>	linda Wray	<b>Date approved</b>	17/12/2015
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	18/12/15

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**