Unannounced Care Inspection Report
27 April 2017

Lawnfield House

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

1.0 Summary

An unannounced inspection of Lawnfield House took place on 27 April 2017 from 09:30 to 18:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Two recommendations were made in regard to staffing and mandatory training. One recommendation was restated in regard to developing a risk assessment policy.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to care plans and one recommendation was restated in regard to developing a policy in relation to the creation, storage, maintenance, disposal and access to records.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Isobel Leslie, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 December 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Council of Social Witness / Lynda May Wray	**Registered manager:** Ms Isobel Leslie
Person in charge of the home at the time of inspection: Ms Isobel Leslie	**Date manager registered:** 2 April 2015
Categories of care: RC - I - Old age not falling within any other category RC - LD - Learning Disability RC - LD (E) – Learning disability – over 65 years RC - PH - Physical disability other than sensory impairment RC - PH (E) - Physical disability other than sensory impairment – over 65 years RC-SI – Sensory Impairment (for named residents only)	**Number of registered places:** 20

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous care inspection report and notifications of accidents/incidents.

During the inspection the inspector met with 14 residents, five care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 December 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 5 December 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that a policy is developed in relation to risk assessment and risk management for individual residents and for the home.	**Partially Met**
	Action taken as confirmed during the inspection: The policy did not identify the range of environmental risk assessments which may be necessary to complete within a home, for example, Control of Substances Hazardous to Health (COSHH)and Fire Safety. The policy did not identify the range of individual risk assessments which may be necessary to complete, nor the tools or templates to be used and arrangements for monitoring/evaluation and review. Separate policies may be more beneficial and could be considered.	

Recommendation 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that a policy is developed in relation to the creation, storage, maintenance, disposal and access to records.	**Partially Met**
	Action taken as confirmed during the inspection: The policy reviewed did not have a title, nor was it dated or signed. The policy focussed on the 8 principles of the Data Protection Act and did not reflect best practice guidance in regard to the creation, storage, maintenance, disposal and access to records, as detailed in DoH guidance, An Introduction to Good Management Good Records.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concerns were raised regarding staffing during discussion with residents and staff. Some staff expressed concern regarding the current availability of care staff and ancillary staff to cover the roster during the day. Staff stated that there were only three senior care assistants and they had been working overtime to cover all shifts; they reported that this was hard to sustain. A review of the duty roster confirmed that it accurately reflected the staff working within the home and that senior care staff were working additional shifts.

Some staff stated that staffing levels were appropriate to meet the needs of residents and others stated that they were not. Staff stated that in the last few weeks, based on residents' dependency levels, three care assistants would have been needed in the evening; due to a lack of staff availability, this had not been possible. Some staff stated that they felt that they were rushing residents' personal care. Staff stated that this had had an impact on some residents' mood, especially in the morning and that some residents had offered to get ready for bed earlier than their usual routine to help staff out. In addition, both staff and residents expressed concern that care staff were doing the laundry which impacted upon their time with residents, specifically to engage in activities. Staff should not undertake mixed duties. A recommendation was made.

Discussion with staff confirmed that supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. A number of staff were not up to date in all of their mandatory training including manual handling, fire safety, infection control, safeguarding, COSHH, first aid and food hygiene. It was good to note that fire training was scheduled to take place on 9 May 2017 for the five staff who were overdue. A recommendation was made in regard to mandatory training.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

The registered manager confirmed that the adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff, however, a number were overdue this training.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, lap belts, bed rails, pressure alarm mats and the arrangements in place for staff to safely store smoking materials for residents who smoke. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The risk management policy and procedure which had been developed following the previous care inspection was reviewed and found to be need of further development. A recommendation was restated. The registered manager confirmed that assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

The registered manager confirmed that the infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that not all staff

had received training in IPC in line with their roles and responsibilities. A recommendation has been made in regard to mandatory training. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Staff reported that some bedrooms had been redecorated and that there were plans for more bedrooms and the corridors to be redecorated.

A number of pull cords were noted to be discoloured and were not wipe-able. The registered manager immediately made arrangements for this to be addressed. In a number of bedrooms, it was noted that residents' belongings and/or suitcases were stored on top of wardrobes which were fixed to the wall. In some bedrooms residents' belongings were sitting on the floor. The registered manager confirmed that actions would be taken to risk assess and/or remove items stored on top of wardrobes and to review the need for furniture and shelving to improve storage in bedrooms. These issues will be followed up at the next care inspection.

The registered manager stated that a number of improvements are planned to take place early next year regarding the provision of a number of en-suites and the change of use of a bathroom. The registered manager confirmed that a variation would be submitted to RQIA in a timely manner.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 6 March 2017 and all recommendations were noted to have been responded to.

Review of staff training records confirmed that a number of staff had not completed fire safety training twice annually. The last fire training had been delivered on 21 February 2017 and the next was scheduled on 9 May 2017. Fire drills had been completed on 23 April 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff and residents spoken with during the inspection made the following comments:

- "We look to the dependency (of residents) and put extra staff on depending on respite and needs" (Staff)
- "There is just not enough staff on. We don't have enough bank staff to cover. This week and the past few weeks we haven't had enough on in the morning and with the number of residents by two staff that means other residents have had to wait and they are getting cross and agitated, especially in the morning" (Staff)
- "The staff do the laundry, they shouldn't, they have less time for activities" (Resident)
- "They (the staff) help out when you need them

Areas for improvement

Two areas for improvement were identified in relation to staff roles and availability and completion of mandatory training. One area was restated in regard to the development of a risk management policy and procedure.

Number of requirements	0	**Number of recommendations**	3

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that although improvements are needed to individualise care plans, these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted that when a resident had a diagnosis of diabetes there was a separate but standardised care plan for the management of diabetes in place. However, in one care record, the care plan had not been individualised to reflect the actual arrangements in place. In a second care record inspected, a standardised care plan was in place for the management of behaviours which challenge which did not contain information such as what the individual triggers are, how the behaviour presented and how staff should respond. A recommendation was made.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. A recommendation was restated to develop a policy and procedure regarding the creation, storage, maintenance, disposal and access to records.

Discussion with staff confirmed that a person centred approach underpinned practice, for example staff recognised that the home has a lot of residents availing of respite and they described how they ensure that their rising and retiring preferences are accommodated. Staff also described how they facilitated a resident managing an aspect of their medical care which would have been traditionally been carried out by nursing staff.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, permanent residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas for improvement

One area for improvement was identified in relation to care plans being individualised. One area for improvement was restated in regard to the creation, storage, maintenance, disposal and access to records.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager confirmed that there was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected. Staff for example, were knowledgeable of the importance of ensuring that discussions of residents' needs or circumstances took place in the office or out of earshot of others.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, residents' meetings, annual reviews and monthly monitoring meetings.

As noted in section 4.3 of the report, staff issues were identified as impacting on staff availability to facilitate activities at times. Despite this, in discussion with staff, residents and review of care records is was confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents and staff gave examples of a range of activities provided including going for walks, trips out in the bus, nail-painting and board games. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff and residents spoken with during the inspection made the following comments:

- "All the staff have a caring nature and we have time for the residents. People comment on the atmosphere in the home. Residents aren't stuck in all day." (Staff)
- "It's very good, everything (about living in the home). They take us out shopping, to Lisburn, to Newry. You can go up the town most days." (Resident)
- "It's great here, it's a home from home." (Resident)
- "Everyone is nice, friendly. You are kept informed." (Resident)
- "The food is lovely, really well cooked." (Resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records

of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the resident. Staff, for example, had recently received training in diabetes and training in the management of buccal midazolam was being arranged to take place in the near future.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed. A condition placed on the home's registration was discussed with the registered manager who agreed that a variation would be submitted if appropriate.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. However, as noted in section 4.3 of the report, staff stated that they had raised concerns some time ago in regard to the availability of care staff and ancillary staff but that management had not been responsive in this regard. It was acknowledged by staff that efforts had been made by management to access ancillary staff from a sister home to cover domestic duties for the forthcoming Saturday. A recommendation was made in regard to staffing in section 4.3 of the report.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and residents spoken with during the inspection made the following comments:

- "(the manager) is very approachable and very, very friendly" (Resident)
- "You don't get a minute. Staff morale is low (has spoken to the area manager) but it falls on deaf ears"(Staff)
- "You can approach her (the registered manager)" (Staff)
- "She (the registered manager) says, come to me" (Staff)
- "We have a good team here and discuss concerns at care plan workshops" (Staff)

Areas for improvement

No areas for improvement were identified in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 25.1 **Stated:** First time **To be completed by:** **30 June 2017**	The registered provider should ensure that at all times there are sufficient care and ancillary staff employed, available and on duty to meet the assessed care, social and recreational needs of residents. Staff should not undertake mixed duties.
	Response by registered provider detailing the actions taken: At the time of the Inspection the additional Housekeeper had left at short notice. Additional staff are being used as required to ensure no mixed duties.A range of activities are provided by both staff and volunteers..
Recommendation 2 **Ref**: Standard 23.3 **Stated:** First time **To be completed by:** 30 July 2017	The registered provider should ensure that mandatory training requirements are met.
	Response by registered provider detailing the actions taken: The Home Manager has discussed with staff their attendance at training and the Home is now offering a wider choice of times for staff to attend training sessions.
Recommendation 3 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 1 July 2017	The registered provider should ensure that a policy is developed in relation to risk assessment and risk management for individual residents and for the home.
	Response by registered provider detailing the actions taken: The Policy is being further developed.
Recommendation 4 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 30 July 2017	The registered provider should ensure that care plans are individualised including those pertaining to the management of diabetes and the management of behaviours which challenge.
	Response by registered provider detailing the actions taken: All staff have attended training in relation to management of diabetes and the care plan has been updated
Recommendation 5 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 30 July 2017	The registered provider should ensure that a policy is developed in relation to the creation, storage, maintenance, disposal and access to records.
	Response by registered provider detailing the actions taken: A policy is being developed.

Please ensure this document is completed in full and returned by web portal.