

Unannounced Care Inspection Report 28 July 2016



Lawnfield House

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lawnfield House took place on 28 July 2016 from 09.55 to 17.10. Lawnfield House currently provides permanent accommodation to four residents and short term breaks to 16 residents.

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

Is care safe?

No requirements or recommendations were stated in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and review of the effectiveness and quality of care and to communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Isobel Leslie, registered manager, as part of the inspection process and can be found in the main body of the report.

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 24 November 2015.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness	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: I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years SI - Sensory impairment	Number of registered places: 20

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with four residents, the registered manager, two care staff, the home's handyman and two visiting professionals.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment files
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance / cleaning records
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 25 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 24 November 2015

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 24 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.4 Stated: First time To be completed by: 31 March 2015	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of a sample of care records confirmed that the care needs assessment was 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 was unable or chooses not to sign, this was recorded.	
Recommendation 2 Ref: Standard 6.3 Stated: First time To be completed by: 31 March 2015	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of a sample of care records confirmed that the care plan was 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 was unable or chooses not to sign, this was recorded.	

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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x senior care assistant
- 4 x care assistants
- 1 x cook
- 1 x kitchen assistant
- 1 x housekeeper
- 1 x handyman

One senior care assistant and two care assistants were due to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager advised that competency and capability assessments had not been 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; the registered manager, however, undertook to have competency and capability assessments completed as a matter of urgency. Copies of the completed assessments were sent to RQIA which confirmed that all staff competency and capability assessments had been undertaken.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department; Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The registered manager advised that the home's adult safeguarding policies and procedures in place were in the process of being updated to ensure that they were consistent with the current regional guidance. The updated policies and procedures would include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was to be established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention 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.

Discussion with the registered manager confirmed that, where they occurred, 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. 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. This was achieved by staff in the home liaising with the commissioning trust and obtaining the most up to date written information relating to the care assessments and care plans for residents who were using the short break service.

The registered manager confirmed that restrictive practices were employed within the home, notably wheelchair lap belts and bed rails for some residents. 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. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. This was confirmed through observation of equipment and examination of maintenance and cleaning records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene 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's 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. 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, including those with sensory impairments. 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 9 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed weekly as the majority of residents were accommodated for short periods only. Records were retained of staff who participated in fire drills and any learning outcomes. Fire safety records identified that means of escape were checked fortnightly and that fire-fighting equipment and emergency lighting were checked monthly; all equipment was regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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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 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 statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), medications, complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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, 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 available for 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 who required specialist supports (sign language, talking mats, Alzheimer’s Society etc).

Two visiting professionals who spoke with the inspector provided the following comments:

- “I find the staff to be helpful and approachable and they are proactive about seeking guidance and advice from the community rehabilitation team.”
- “The staff are very good at making sure they are familiar with the use of any specialist equipment and that they follow up on any recommendations or guidance made by our team. There is very good communications between staff and the rehab team. I have no concerns about the care here and I feel the care is very good.”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

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

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 residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment also that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect.

In discussion with staff they were able to describe how residents’ consent was obtained and how confidentiality was protected. The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for permanent residents to maintain links with their friends, families and wider community.

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. Permanent residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read within the home. An action plan was developed and implemented to address any issues identified. Residents who used Lawnfield House for short break holidays were encouraged to complete a feedback form to provide comments and suggestions for care.

Residents who spoke with the inspector provided the following comments:

- “I love coming here on holiday – the place is lovely and the staff are so kind and helpful to me, I really like the food and it’s great that there are so many people to talk to.”
- “I come here with my guide dog and I like it as the staff are good to me and they will help with anything I need. Some staff are excellent but are not always available. If I use the call bell in my room, staff come to me quickly and they are very good to (my guide dog). I come here to spend the Christmas holidays and that is always a really enjoyable experience. My only complaint is that, this time, there hasn’t been enough staff to allow me to go on the day trip to Newry but a staff member has offered to take me out later in the car, so that’s ok.”
- “This place is absolutely brilliant. I can’t believe how good it is here. The staff are great and they take good care of me and treat me so well. They help me the way I want to be helped, they have a lovely approach and they listen to how I want to do things. I go to resident meetings and I can have a say in how the home runs and in what I want. I couldn’t complain about a single part of being here.”
- “The care here is excellent and the staff just couldn’t do enough for you. They are a great bunch and they help me with everything I need. I love the food and there is plenty of it. I don’t have a single complaint.”

Care staff provided the following comments:

- “I am so delighted to be working here, so much so that I sing in the car when I am driving to work. The team is great and we all pull together. The manager operates an open door policy and is extremely supportive. I think all the residents are very well looked after.”
- “I enjoy working here, I like that there is a variety of people coming and going each week. Many people come here regularly and it is nice to get to know them, their likes and dislikes. I get a lot of job satisfaction as there is good teamwork and good management.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and to their families. For example, when residents experienced deterioration in physical abilities and associated emotional difficulties in coming to terms with the changes, the staff provided residents with the emotional support to make the best available choices. Staff also supported residents to make the long journeys to hospital for treatment and to local mental health practitioners for specialist services. The high level of commitment displayed by the staff was commented upon by residents’ General Practitioners when improvements were noted in the quality of life for such residents.

When residents were admitted to hospital for emergency treatment, staff ensured that residents were accompanied by staff and that other staff were present over the following hours. Staff provided ongoing, frequent guidance and support to hospital staff on the particular individual needs of residents and on the best means of approach to residents. The quality of information provided to the hospital ensured that medical and nursing staff were best equipped to provide the most effective treatment and care for residents.

When it was time for residents to be discharged from hospital, staff in the home advocated strongly for residents to return to Lawnfield House, in line with residents' wishes. Lawnfield House staff worked with the hospital and with community services to ensure that all equipment was in place for residents and that all care needs could be met within the home. There was evidence of positive and sustained outcomes for residents being attained through remaining in a familiar environment.

The registered manager described how staff members consistently provided support to residents which was above and beyond expectations. For example, staff often visited residents in hospital, in their own time and at their own expense, despite of the long distances involved. Staff members would also provide residents in hospital with gifts of sweets and drinks. Staff members gave freely of their own time and effort in order that residents could enjoy special treats and occasions. Staff worked unpaid over their scheduled time to assist a resident to have a special birthday celebrated on the beach, as was the resident's particular wish. Staff also used their own time to accompany residents so that residents could enjoy Christmas meals. Many residents choose to come to Lawnfield House to mark special occasions, such as birthdays. The catering staff made celebration cakes and special meals so that all of the residents could participate in the celebration.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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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 registered manager also confirmed that the health and social care 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 DHSSPS 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 the pack provided to residents in advance of admission to Lawnfield House for short break stays. Discussion with staff confirmed that they had received training on complaints management and 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. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

Accidents/incidents/notifiable events were not inspected on this occasion. 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.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff were also provided with training in continence and catheter care, colostomy care, epilepsy care and the administration of emergency epilepsy medication. Training was also provided in care planning, equality in the workplace, Human Rights, management of complaints and professional boundaries.

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. This was outlined in the home's Statement of Purpose and Residents Guide. 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 home was operated 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.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

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.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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