

Unannounced Care Inspection Report 5 December 2016



Lawnfield House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lawnfield House Residential Home took place on 5 December 2016 from 11.00 to 17.35. Lawnfield House provides long term accommodation to a small number of residents and a short break service to a large number of others.

A lay assessor, Mrs Margaret McCloy, was present during the inspection. Comments provided to the lay inspector are included within the report.

The inspection sought to assess progress with any issues raised 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?

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

One recommendation was made in regard to the development of a policy relating to risk assessment and risk management for individual residents and for the home.

Is care effective?

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

One recommendation was made in regard to the development of policies and procedures relating to the management of 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, quality improvement and maintaining good working relationships.

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Ms Isobel Leslie	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 RC-SI – Sensory Impairment	Number of registered places: 20

3.0 Methods/processes

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

During the inspection the lay assessor met with five residents; the inspector met with a resident's visitor, two care staff, the cook, the housekeeper and the registered manager. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of three residents
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Satisfaction comment cards completed after each short stay
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- 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 11 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 July 2016

There were no requirements of recommendations made as a result of the last care inspection.

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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 reviewed during the inspection.

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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

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 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.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection. Discussion with the registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be 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. There was not, however, a policy in relation to risk assessment and risk management for individual residents and for the home. A recommendation was made in this regard.

The registered manager confirmed there were policy and procedures in place relating to management of risks for the home. 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.

A review of the home's policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices 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 during the last care inspection identified that restrictions were adequately described.

The registered manager confirmed that equipment and medical devices in use in the home were 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.

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 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. In one bedroom which was unoccupied, it was identified that a freestanding wardrobe was not secured to the wall. When this was raised with the registered manager, immediate arrangements were made for the maintenance man to attend to this.

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 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 every week as different residents were accommodated for short breaks. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked monthly, means of escape checked fortnightly and fire alarm systems were checked weekly. All aspects of fire safety equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

During this inspection the home's arrangements in respect of meals and mealtimes were examined. Inspection of the kitchen found that it was spacious, clean, well equipped and well maintained and that foodstuffs were properly stored. Kitchen staff had training in food hygiene. Care staff had training in first aid and in swallow awareness.

Inspection of care records identified that records were kept of meals eaten by individual residents if concerns were present and that a suitable risk monitoring tool was used, where appropriate. Weights were monitored and there was liaison with residents' GPs, dieticians and/or Speech and Language Therapists (SALT) etc. when required.

Discussion with care staff and with the cook confirmed that dietician / SALT recommendations for therapeutic diets were present and were followed. The cook was able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing, were diabetic or who had food allergies. Observation of the lunch and evening meal services evidenced that care staff assisted residents with feeding, where necessary.

Areas for improvement

One area for improvement was identified. This was in regard to the development of a policy relating to risk assessment and risk management for individual residents and for the home.

Number of requirements	0	Number of recommendations	1
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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. 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.

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. Discussion with staff confirmed that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection. It was noted, however, that there was no policy relating to the creation, storage, maintenance, disposal and access to records. A recommendation was made in this regard.

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 accidents and incidents (including falls, outbreaks), 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. Staff confirmed that regular residents meetings were held.

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.

In respect of the dining experience, it was noted that the menu was displayed in suitable format and meal times were regular. Choices were available at each mealtime and suitable alternatives provided. Snacks and drinks were regularly made available and additional snacks were provided on request. Inspection of care plans identified that the personal food choices and preferences of residents were noted and that risk assessments were completed, where appropriate.

Observation of the lunch and evening meal service identified that the dining room provided an attractive environment in which to eat. Tables were laid with good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Discussion with the cook identified that the kitchen operated at the same level over all seven days and that all food was freshly cooked on the premises.

The registered manager advised that most residents had a preference for taking breakfast in the dining room but that residents could choose to take meals in their own rooms. Residents advised the inspector that they were very satisfied with the quality, quantity and presentation of the food in the home.

Areas for improvement

One area for improvement was identified. This was in regard to the development of policies and procedures relating to the management of records.

Number of requirements	0	Number of recommendations	1
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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.

A range of policies and procedures was 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 residents in a timely and appropriate manner. This was further evidenced by the review of care records where care plans were in place for management of pain, trigger factors, prescribed medication, care of chronic pain etc.

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. 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. 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, for example, there were satisfaction comment cards used for those residents who had used the short break service and residents' meetings and annual reviews for longer term residents.

The registered manager, residents and/or their representatives 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. Staff were able to describe how residents' confidentiality was protected.

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.

Longer term residents were 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. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. In December, there were many activities, outings and events arranged for those people who were accommodated at Lawnfield House.

Residents spoken with during the inspection made the following comments:

- “I feel safe here and I cannot fault anyone. It is very homely and friendly. I know that if I need help with anything, I will get it.”
- “I enjoy the company and I feel the mixed age group makes me feel safe.”

In respect of the dining experience, individual food choices and preferences were established and recorded upon admission to the home. Residents were consulted with on a regular basis regarding the menu; menus and menu planning also formed part of the regular residents meetings and feedback regarding the catering arrangements was sought in the comment cards completed by residents following short break stays.

Discussion with the cook, staff and residents confirmed that menus were provided for special occasions, Easter, Christmas, Halloween etc. The cook was kept informed of the birthdays of residents and cake was baked and presented to the resident with candles. Discussion with a resident’s representative confirmed that hospitality was extended to families and visitors.

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
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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 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, the welcome pack provided to residents on admission to Lawnfield House for short break stays and by posters on display within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints and that they had received training in this area.

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 during staff team meetings and in individual staff supervision, where appropriate. 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 during the last care inspection 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 residents, for example, professional boundaries, Human Rights, equality, care planning, continence management and swallow awareness.

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 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. Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s 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 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.

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.

With regard to meals and mealtimes, there was a take away menu policy in place. The registered manager and cook confirmed that the menu was revised twice annually and that a three weekly menu rotation was in place. Satisfaction surveys were undertaken in regard to the menu and the quality of the food in the home. There was a good system of communication between care staff and catering staff to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

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
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms 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	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: New policy has been devised</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that a policy is developed in relation to the creation, storage, maintenance, disposal and access to records.</p> <p>Response by registered provider detailing the actions taken: This policy will be finalised by March 2017.</p>

Please ensure this document is completed in full and returned via the webportal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews