



# Unannounced Care Inspection Report 12 September 2019



## Lawnfield House

**Type of Service: Residential Care Home**  
**Address: 5 King Street, Newcastle BT33 0HD**  
**Tel No: 02843 726 860**  
**Inspector: Lyn Buckley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 20 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Board of Social Witness  <b>Responsible Individual:</b> Lindsay Conway	<b>Registered Manager and date registered:</b> Patrick Kerr – acting manager since May 2018
<b>Person in charge at the time of inspection:</b> Patrick Kerr - manager	<b>Number of registered places:</b> 20
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years SI – Sensory impairment	<b>Total number of residents in the residential care home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 12 September 2019 from 10.30 to 15.30 hours. This inspection was undertaken by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	*3

\*The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Kerr, manager and with Lindsay Conway, responsible individual by telephone on 26 September 2019, 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.

#### 4.2 Action/enforcement taken following the most recent inspections

The most recent inspection of the home was an unannounced care inspection undertaken on 19 February 2019. No areas for improvement were identified and no further actions were required to be taken.

An unannounced medicines management inspection was undertaken on 10 January 2019. As a result of this inspection two areas for improvement were made. These were not reviewed during this inspection and are carried forward for review at the next inspection. Refer to the quality improvement plan (QIP) for details.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance issues, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 2 to 15 September 2019
- staff training records and training planner for 2019
- one staff recruitment and induction records

- complaint records
- compliment records
- a sample of governance audits
- accident and incident records from 1 June 2019
- reports of monthly monitoring visits by the registered provider from 1 January 2019
- RQIA's registration certificate.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 19 February 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned staffing levels for the home. Staff confirmed that the planned staffing levels were met and that staffing levels could be altered to ensure residents' needs were met. We reviewed a sample of the staff duty rota from 2 to 15 September 2019. These confirmed that the planned staffing levels were achieved and that any short notice leave was 'covered'. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for residents and that they received regular training to ensure they had the skills to provide care and to help keep residents safe. For example, all staff had completed recent adult safeguarding training and staff spoken with were clear and confident of how and to whom they reported poor practice. Review of staff training records confirmed that staff were expected to complete mandatory training and any other training planned.

Residents spoken with said that they were well cared for and that staff were caring and kind. Comments made to the inspector included:

"Great place, I love it here..."

"Staff are caring and kind."

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staffing levels via questionnaires. We received one response. The person indicated that they were very satisfied that their care was safe, that there was enough staff, that they felt protected from harm and that they could talk to staff if they had any concerns.

We saw that residents' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to residents during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a resident who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness. The sofas in the main lounge were covered with various throws and rug; the overall effect was very pleasant and homely. However, the throws covered worn seating which could not be effectively cleaned as the covering had cracked and was flaking away from the cloth lining. Discussion with the responsible individual confirmed that the sofas were to be replaced as part of an overall refurbishment programme. We will review this during our next inspection.

General infection prevention and control (IPC) measures were in place. We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe.

We saw in one bedroom that the wardrobe was not secured to the wall. The manager confirmed that the room had recently been painted and he would ask the maintenance person to secure the wardrobe. It was also agreed that the manager would confirm, by email, that all other wardrobes in the home were secure. This was not received and an area for improvement was made.

We requested one staff recruitment record to confirm that staff were recruited safely. We were informed that personnel records were maintained at the organisation's head office. While RQIA acknowledge that with larger organisations this is usually the case, pre-employment checks such as references and Access NI confirmation should be reviewed and approved by the manager of the home prior to the commencement of employment and a record of this review should be maintained in the home. Details were discussed with the manager and an area for improvement was made.

Checks relating to the registration of care staff with the Northern Ireland Social Care Council (NISCC) were reviewed. All care staff working in residential care homes are required to register and maintain their registration with NISCC. We saw that a checking system was in place and completed regularly by administrative staff. However, there was no evidence that the manager completed a review to assure himself that all care staff were registered or in the process of registering with NISCC. We also asked that the manager confirm that a named staff member was registered with NISCC, prior to them commencing their first shift; this was not received. An area for improvement was made.

### Areas for improvement

Areas for improvement were identified in relation to the securing of wardrobes to the wall, recruitment practices and review of the care staff registration with NISCC.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	3	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We spoke with residents regarding the delivery of care. Residents confirmed that they received the right care at the right time and that staff were caring and kind. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to residents' care needs, for example, what to do when a resident refused a meal, had a fall and how to relieve pressure on the skin for those residents who were at risk of developing a pressure ulcer. It was also evident that staff knew their residents wishes and preferences and that there was mutual respect between residents and staff.

We observed the serving of the lunchtime meal. The mealtime experience was relaxed and staff were assisting residents appropriately and responding to requests for assistance or to change the meal choice. Residents said that they enjoyed their meals. Residents could choose to eat in the dining room, their bedroom or in one of the lounge areas.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about a resident's care or a colleague's practice, they could raise these with the manager or with the senior management team. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

We invited staff to complete an online questionnaire. We did not receive any responses.

It is important that where choice and control are restricted due to a resident's understanding, that these restrictions are carried out sensitively and in line with good practice. This is so that residents feel respected, included and involved in their care; or when necessary that decisions are made in the best interests of the resident. When we spoke with staff they had a good knowledge of residents' abilities, their level of decision making or understanding and their specific care needs. Staff were aware of the principles of consent.

### Areas for improvement

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

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

**6.5 Is care compassionate?**

**Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

When we arrived in the home the majority of residents were preparing to go on a shopping trip to Newry. Regular shopping trips and days out are organised and made possible because the home have their own transport. Those residents not going out were seen to enjoy the company of each other and the remaining staff. Some residents choose to stay in their bedroom while others relaxed in the lounge or foyer areas watching television or having a hand massage and manicure.

Staff spoken with said that they provided good care and that their residents were treated with dignity and respect. Observations of resident and staff interactions confirmed this was the case.

Residents told us that they were receiving good care from friendly, caring, respectful staff. A variety of activities were organised for each day and residents could choose to attend, or not, if they preferred.

We also reviewed compliments/cards received which included the following statements:

“Staff are the best, they are willing to do whatever makes your stay as enjoyable as possible.”  
 “Staff should be well looked after as they go over and beyond.”  
 “Thank you for all your kindness looking after me...I enjoyed it.”

We also provided questionnaires for residents and family members; one was returned. The person indicated that they were very satisfied that care was safe, effective, and compassionate and that the home was well led. They also recorded the following comment:

“Amazing staff, always give their best, it really is home from home.”

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

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

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



## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Since the last care inspection in February 2019 there have been no changes to the management arrangements for the home; but a new responsible individual for the organisation has been registered with RQIA.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to residents.

The manager confirmed that there had been no falls or incidents in respect of residents since the last notification to RQIA in August 2019. We asked to review the residents' accident and incident records. We were informed there was no accidents/incident book for residents, only for staff. The reasons for this were discussed in detailed and the manager was advised to recommence the use of the accidents/incident record for residents and an area for improvement was made.

We discussed the management of complaints. The most recent monthly monitoring visit in August 2019 had identified the need to record a specific complaint. However, no central record of complaints was maintained. It was evident, from discussion, that complaints were not viewed or defined as "any expression of dissatisfaction". This definition of a complaint is in keeping with regional guidelines from DoH and the need to have a central record of complaints ensures the traceability of actions taken to address complaints; and to assist the home in improving the residents' experience. An area for improvement was made.

During discussion it was evident that a robust system of governance needed to be implemented and/or re-established. While weekly information was provided to head office and the monthly monitoring visits were undertaken; detailed records for residents' falls, accidents, incidents and complaints were not maintained. In addition, staff practices such as hand hygiene audits were not undertaken and the regular auditing of other systems and processes such as the NISCC registration and pre-employment checks, identified in section 6.3, were absent. An area for improvement was made.

It was acknowledged that the manager engaged in an open and honest conversation regarding governance arrangements and accepted the inspection findings. During conversation it became clear that the manager had not received a formal induction into his role. He had received manager's self-assessment materials and a date had been planned for training; but an induction had not been delivered despite him being in post for a considerable period of time. An area for improvement was made.

The responsible individual's monthly quality monitoring reports from 1 January 2019 were available in the home.

### Areas for improvement

Areas for improvement were identified in relation to management falls and complaints records, implementation of robust governance systems and the completion of the manager's induction.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Kerr, manager and with Lindsay Conway, responsible individual, by telephone on 26 September 2019, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall inform RQIA that all wardrobes in residents' bedrooms are secured to the wall.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All wardrobes were checked and attached to the wall of the bedrooms, except one resident who had her own wardrobe in her room and did not wish to have it attached to the wall. A risk assessment was drawn up and signed by both parties as per regulation 14(c) (unnecessary risks to the health, welfare or safety of residents are identified and eliminated in so far as possible)</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019.</p>	<p>The registered person shall ensure there is evidence maintained in the home that pre-employment recruitment checks have been reviewed and approved by the manager.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Recruitment is managed by central personnel. Pre employment checks are completed centrally and a summary list sent to the home prior to staff start date.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the NISCC registration of care staff is reviewed regularly by the manager and that a record of the review and any actions required are maintained in the home.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A check list of NISCC registrations for all staff including a summary audit form has been revised. All expiry dates will be reviewed regularly by management and is now active within the home</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (1) (a); Schedule 3 ((3) (j) and (o)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action</p>	<p>The registered person shall ensure that an accurate record of all falls, accidents and incidents in respect of each resident is maintained.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A falls, accident folder including relevant forms has been revised, is now active within the home and going forward will be reviewed regularly by management</p>

required	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (11)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that a central record of complaints is maintained, in accordance with the regulation, to ensure the traceability of actions taken to address complaints and to assist the home in improving the residents' experience of their stay in the home.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A central record of complaints has been revised is now active within the home and going forward will be reviewed regularly by management.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing, at appropriate intervals, the quality of care and other service provision for and in the home.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> New documentation for regular audits ( e.g. hand washing, medication management ) has been revised and will be reviewed regularly. In addition a random sample of residents have been sent a questionnaire on quality issues which will be summarised on these returns</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2019</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicine containers to facilitate audit and disposal at expiry.</p> <p>Ref: 4.2</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2019</p>	<p>The registered person shall ensure that the necessary improvements are made in the standard of maintenance of the personal medication records and medication administration records.</p> <p>Ref: 4.2</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the manager receives a formal induction to the role of manager.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A refreshed induction plan has been drawn up, shared with the acting home manager and will be completed within 1 month</p>
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*\*Please ensure this document is completed in full and returned via Web Portal*



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