



# Unannounced Care Inspection Report 12 December 2019



## Lawnfield House

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

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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> 8

### 4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 10.00 hours to 15.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, the culture and ethos of the home, training and activities.

Areas requiring improvement were identified including governance and audits, infection prevention and control, the home environment, medication management and review of risk assessments.

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 others/ with staff.

Comments received from residents 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, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*4

\*The total number of areas for improvement include two standards and one regulation which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Kerr, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 12 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, 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.

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

- staff duty rotas from 5 to 19 December 2019
- staff training records
- three residents' records of care
- complaint records
- staff recruitment records
- compliment records
- a sample of governance audits

- accident and incident records from 13 September to 11 December 2019
- monthly quality monitoring reports from September to November 2019
- a sample of medication records
- RQIA registration certificate
- records of checks of staff registration with the Northern Ireland Social Care Council

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, partially met, or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 12 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) and (c) <b>Stated:</b> First time	The registered person shall inform RQIA that all wardrobes in residents' bedrooms are secured to the wall.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Wardrobes checked throughout the home confirmed that they were all attached to the walls apart from one which the resident did not want attached. This was documented and signed in the residents records	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Recruitment records inspected; and discussion with the manager confirmed that this area for improvement had been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The record of NISCC registration checks was inspected and found to be up to date and reviewed regularly by the manager.</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>The registered person shall ensure that an accurate record of all falls, accidents and incidents in respect of each resident is maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the record of falls, accidents and incidents maintained in respect of residents showed that this has been maintained and was up to date and accurate.</p>		
<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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The record of complaints was found to be well maintained with documented evidence of actions taken.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17(1)</p> <p><b>Stated:</b> First time</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><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records and discussion with the manager confirmed that some systems had been implemented or reinstated since the last inspection. However, this area for improvement has not been met in full and has been stated for a second time. Refer to section 6.6 for details.</p>		



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that the date of opening is recorded on all medicine containers to facilitate audit and disposal at expiry.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the medicine containers showed that the date of opening was not recorded for a number of medication containers which were in use in the medication trolley. This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of residents' medication records identified that an inhaled medication was not signed as administered on two occasions which confirmed that this area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23 (1)  <b>Stated:</b> First time	The registered person shall ensure that the manager receives a formal induction to the role of manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of induction records confirmed that the manager had received a formal induction for the role of manager.	

## 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.**

Residents looked well and were appropriately dressed. Clothing was clean and personal care had been attended to. Residents unable to express their opinions were found to be relaxed and comfortable.

The home was warm, well lit, free from malodours and generally well-presented throughout. The home had been decorated for Christmas and was bright and cheerful. Corridors were tidy and fire exits were free from obstruction. Some of the furniture in the sitting rooms and residents bedrooms was chipped and torn, walls required painting, water taps in one bathroom and the bath lift were broken. An area for improvement was made.

In relation to infection prevention and control measures we saw that equipment was stored in a number of bathrooms which had a toilet and one toilet seat was cracked. In addition we found two commode chairs which required to be either cleaned or replaced and the personal protective equipment stations were in the bathrooms. Details were discussed with the manager and an area for improvement was made.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents' dependency levels. A review of the duty rota from 2 to 13 December 2019 confirmed that the planned staffing levels were maintained. No concerns were raised regarding staffing levels during discussion with staff on the day of inspection. The hours worked by the manager were clearly recorded on the rota.

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staff levels via questionnaires. None were returned.

Staff had a good knowledge of residents' individual needs and were seen to provide appropriate and safe care. Residents were assisted with snacks and drinks throughout the day and supported with care needs.

Staff also demonstrated a good knowledge of adult safeguarding procedure and how to report concerns or poor practice.

We reviewed three residents care records and found them to accurately reflect the residents' needs. There were care plans and risk assessments in place. However several risk assessments had not been reviewed for over one year. This was discussed with the manager and an area for improvement was made.

A record of all training completed by staff was maintained in the home and was kept up to date by the manager. The records confirmed that mandatory training was provided and completed by all staff members. Staff spoken with also confirmed that training was carried out regularly.



## Areas for improvement

The following areas were identified for improvement, infection prevention and control measures, review of risk assessments and the maintenance of the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.4 Is care effective?

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

Throughout the inspection we saw that there was a relaxed atmosphere in the home and quiet music played in the background. Interactions between staff and residents were observed to be respectful, caring and kind. Residents were relaxed and comfortable and those spoken with confirmed that they received good care and staff were friendly and quick to respond to their needs.

Residents were assisted to attend their daily activities including a planned visit for morning coffee at a local coffee shop. Residents confirmed that activities were planned for every day. An activities board with the daily activities planned was seen in the foyer.

We observed a resident having a snack on return from their activities. The staff member supporting the resident chatted in a pleasant and friendly way discussing their day. Residents confirmed to us that the food was very good and you can get something different to the planned menu if you want it.

There was good communication noted between staff with discussion about residents' daily routines and support. Staff confirmed there was good effective team work; staff knew their roles and responsibilities. Staff told us that if they had any concerns about residents' care or staff practice they would raise these with the manager.

Discussion with staff confirmed they were knowledgeable about resident needs and they were observed to be responding to residents needs in the most appropriate way. Staff were observed to be providing the right care in the right place to each resident.

Residents' records were noted to be stored confidentially and written in a respectful way. Care records also confirmed that other healthcare professionals were consulted with or visits arranged as required. For example, GPs and district nurses.

## Areas for improvement

No areas for improvement were identified within this domain.

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

**6.5 Is care compassionate?**

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

We saw that residents were treated with dignity and respect with staff taking their wishes and preferences into account when serving snacks. Staff were responsive to residents’ needs and this was evident throughout the inspection. Residents were observed to be involved with activities in the local community including attending coffee mornings.

Care records reviewed confirmed that residents had been involved in decisions regarding their care and consent had been obtained for use of their photographs.

There had been no complaints recorded since the last inspection and we saw some lovely examples of compliments from resident and their relatives including:

“Thanks you for your kindness and looking after me.”

“Thank you for the fun and laughter.”

“Sincere thanks to a devoted and caring staff.”

Residents were observed to be offered choices and preferences regarding their clothing, snacks or meals and their participation in activities.

Residents’ individuality and choice was also evident in the personalisation of their bedrooms. For example, a number of residents had decorated their bedrooms with their own personal belongings and furniture.

We also provided questionnaires for patient and family members; none were returned.

Any comments from residents 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 within 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.**

There has been no change of manager since the last inspection and the manager confirmed that the home was operating within its registered categories of care.

We reviewed the record of quality monitoring visits undertaken by the provider's representative. These visits were undertaken monthly and in accordance with Regulation 29. An action plan was included in each report and the actions identified were completed appropriately.

We reviewed a sample of governance records to ensure robust mechanisms were in place to regularly review the quality of care provided to residents. Although we saw that some monthly audits were being completed, a number were not completed including audits of care plans, infection prevention and control and moving and handling practices. An area for improvement had been made in this regard in September 2019. This is now stated for a second time.

A record of all accidents, incidents and injuries in the home was maintained and any required to be reported to RQIA were received.

We saw that the interactions between the manager, staff and residents was friendly, caring and professional. Staff informed us that the manager was very supportive and they were happy working in the home.

We also invited staff to provide comments via an online questionnaire; none were received.

### Areas for improvement

There were not new areas for improvement identified within this domain.

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

## 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, 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>	
<b>Area for improvement 1</b>  <b>Regulation:</b> 17(1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 January 2020	<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: 6.1 and 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Alongside the introduction of infection control and accident reviews, a care plan audit check list and regular review of care has been introduced to include peer review by the senior care staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2020	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents. This is in relation to storage of equipment or other items such as PPE dispensers in bathrooms where there is a toilet a broken toilet seat and the two identified commode chairs.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            PPE dispensers have been secured around the corridors, the broken toilet seat replaced and commode chairs removed from the bathroom</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> immediately from the date of inspection	<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: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            All staff involved in medication administration have refreshed their understanding of the medication policy and procedure. Signatures and date of opening on all non blistered medication is now consistent.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</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: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> There is revised medication documentation in each residents medication record which senior care staff now use.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard N15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>The registered person shall ensure that furniture in the sitting rooms and residents' bedrooms are repaired or replaced, that as required walls are painted, water taps in one bathroom and the bath lift are repaired or replaced.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Furniture which was chipped or torn has been removed. Areas of bedrooms which require painting or attention when furniture (eg wardrobes) is removed or moved has been undertaken and will be an ongoing routine. The broken bath lift has been removed and the water tap in the one identified bathroom will be replaced by 24<sup>th</sup> February 2020, but it is not in use currently. A review of the lounge area has been undertaken- many residents are permanent wheelchair users now and the additional space from the removal of some furniture has eased their movement and greater use of this communal area.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that risk assessments for residents are reviewed on a regular basis or when any change occurs.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All risk assessments for the permanent residents have been reviewed and updated and any changes will also be reflected in the care plan audit check. Any residents returning for short term respite stays will be reviewed and refreshed prior to their admission into Lawnfield.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**





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