



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 19 February 2019



Lawnfield House

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

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 20 persons in the categories of care cited on the home’s certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway (Registration Pending)	Registered Manager: See box below
Person in charge at the time of inspection: Patrick Kerr, manager	Date manager registered: Patrick Kerr - Acting- no application required
Categories of care: Residential Care (RC) I - Old age not falling within any other category SI – Sensory impairment. 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	Number of registered places: Total number of 20 places. The variation application has been granted on the basis that the accommodation is provided for residents in accordance with the letter dated 21/6/2013. RC - SI for 2 places only.

4.0 Inspection summary

An unannounced inspection took place on 19 February 2019 from 12.15 to 15.20.

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

The inspection assessed progress with any areas for improvement identified during 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 communication between residents and staff and of the quality and variety of meals provided.

The home is commended that there were no areas requiring improvement identified.

Residents said that they had good relations with staff and that they enjoyed the food.

Staff said that the quality and variety of the meals is 'excellent' and that there is good communication between staff and residents.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents and staff during the inspection

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patrick Kerr, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with four residents, the manager, one care staff and the chef.

The following records were examined during the inspection:

- supervision records for four staff
- 2019 supervision schedule template
- policy and procedure folder
- care records for two residents
- the menu
- records of cooking and heating temperatures
- records of kitchen fridge and freezer temperatures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

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 most recent inspection dated 10 January 2019

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

6.2 Review of areas for improvement from the last care inspection dated 16 July 2018

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
Area for improvement 1 Ref: Regulation 15 (1) (e) Stated: First time	The registered person shall ensure that no resident is admitted to the home outside of the categories of care in which the home is registered with RQIA. The registered person shall ensure that arrangements are made with the commissioning trust regarding the placement of one resident within a suitable placement.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager; arrangements had been made in respect of the identified resident.	
Area for improvement 2 Ref: Regulation 14.4 Stated: First time	The registered person shall ensure that when verbal threatening abuse from one resident to another is notified to the organisations safeguarding champion and the commissioning trust's safeguarding team.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager who reported that there had been no issues of this nature since the last care inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that the provision of formal individual staff supervision is recommenced with schedules developed and records retained.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of four staff files and a supervision schedule for 2019 and discussions with the manager.	
Area for improvement 2 Ref: Standard 20.2 Stated: First time	The registered person shall ensure that a bed rail risk assessment undertaken is recorded within the template as appended within the home's Use of Bed Rail policy (2016).	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of two resident's care records and discussions with the manager.	
Area for improvement 3 Ref: 6.2 Stated: First time	The registered person shall ensure: <ul style="list-style-type: none"> • where required the use of bed rails is reflected within care plans including the measures in place to minimise the risk of injury • staff refrain from leaving gaps between daily evaluation notes 	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of two resident's care records and discussions with the manager.	
Area for improvement 4 Ref: Standard 20.12 Stated: First time	The registered person shall ensure a follow up action plan is developed to address the residents suggested improvements. The action plan should be included within the survey report.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of the action plan.	

Area for improvement 5 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that the frequency of staff meetings are held on at least a three monthly basis.	Met
	Action taken as confirmed during the inspection: The manager reported that since the last inspection a meeting with all staff had been undertaken on 1 October 2018; minutes were not available for review. In discussion, the manager reported that he intended to hold separate staff meetings with senior staff, care staff, domestic staff and kitchen staff in the next few weeks. Following the inspection, the manager reported that a full staff meeting had been held on 18 February 2019 facilitated by senior managers within the organisation; minutes had not been received. The manager also advised that a staff meeting for senior care staff had been held on 6 March 2019 and also with care assistants on 8 March 2019. Assurances were given by the manager that all minutes will be obtained in a timely manner and staff meetings will be scheduled for every three months during 2019.	
Area for improvement 6 Ref: Standard 21.3 Stated: First time	The registered person shall ensure that an index is provided within the policy files identifying the sections of named policies and procedures.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the policy and procedure files.	

6.3 Inspection findings

Part of the lunch-time meal was observed. Staff provided assistance and encouragement to inform residents that lunch was ready and to make their way into the dining room. Residents appeared to be looking forward to the meal which was provided at a conventional time. There was a relaxed and friendly atmosphere as residents took their places in the dining room.

The dining room was clean and well lit and there was sufficient space around the tables to afford residents and staff ease of movement. The tables were set with condiments and table cloths which improved the overall ambience of the room and experience for residents. The manager advised that the layout of the tables had been changed to afford residents more interaction with one another. Suitable crockery, cups and glasses were provided to meet the needs of residents and residents had the choice to use clothes protectors.

Discussion with the chef, staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.

Discussion with the chef and staff confirmed that they were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff and training was being arranged through the trust. A colour IDDSI chart was available in the kitchen and in the office for staff reference.

The lunch consisted of vegetable roll, champ and baked beans with fresh fruit salad and ice-cream for desert. The chef advised that occasionally he provides an alternative to the menu to enhance variety and this had been done today. Variations are accommodated and the chef reported that one resident had received beef sausages and fish cakes today; a choice is also offered to those on therapeutic or specific diets. The chef reported that he had found a recipe for diabetic shortbread to meet a resident's preference. The chef spoke about efforts that had been made to improve the variety of finger food including mini pizzas. Discussions with staff confirmed that there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during the serving of the lunch evidenced that staff and the chef were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance.

Staff providing assistance were attentive towards residents, demonstrated a person centred approach and compassion in their manner. Throughout the lunch, staff discretely prompted residents, sought feedback from residents about their meal and offered more drinks and 'seconds'.

Discussion with staff, the chef and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff and the chef advised that menus and snacks are provided for special occasions for example, Easter, Christmas and birthdays.

Residents reported that they were consulted with and their views taken into account regarding the menu. The chef advised that residents had said that the menu had too many mince dishes; the menu had subsequently been reviewed and some mince dishes had been replaced with alternatives such as chicken and pepper in a cream sauce and home-made chicken goujons.

The chef reported that he receives information from care staff about the nutritional requirements, likes and dislikes of residents booked in for a respite stay a month in advance. This information informs food ordering and the variety of variations available.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

A review of two residents’ care records and discussion with staff confirmed that residents’ weight is monitored at suitable intervals. Where a resident’s appetite is reduced or is excessive a record is kept and reported to the manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. The manager confirmed that the home is well supported by dieticians.

Discussion with the chef confirmed that menus are rotated and had been revised twice in the last six months, taking into account seasonal availability of foods and residents’ views. The chef reported that the menu would be revised again to reflect the spring season.

Feedback received from residents and staff during and following the inspection

Residents said that they had good relations with staff, that they were happy with the food and the home environment. One resident said that she attends a day centre three days during the week and the home provides a packed lunch and a dinner is kept for her in the evening.

Comments received from residents included:

- “They (staff) are all lovely. I couldn’t say a bad thing.”
- “It’s (food) brilliant. I really enjoy the food when I’m here. Jim is a really good cook and they are always willing to accommodate you if you don’t like something. Tonight I’m having a toastie rather than what’s on. Lunch today was nice, it always looks nice on the plate. Even before breakfast they will make you a cup of tea. I had one this morning at seven thirty. It starts the day off.”
- “They (staff) are good.”

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the quality and variety of meals were ‘excellent.’ Staff spoke positively in regard to the manager being approachable.

A comment received from staff included:

- “It’s (the quality and variety of the meals) excellent. He (the chef) takes time with every client and comes up with loads of ideas for food for residents who are off their food.”

Areas of good practice

Areas of good practice were identified in regard to the quality and variety of meals provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)