

Inspection Report

18 June 2024



Lawnfield House

Type of service: Residential
Address: 5 King Street, Newcastle, BT33 0HD
Telephone number: 028 4372 6860

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual: Mr Dermot Parsons</p>	<p>Registered Manager: Ms Karen Zeigelmeier</p>
<p>Person in charge at the time of inspection: Karen Zeigelmeier</p>	<p>Number of registered places: 20</p> <p>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</p>
<p>Categories of care: 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 SI – Sensory impairment</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 18</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 20 residents. The home is divided over two floors. Residents have access to a communal lounge, dining area and outside garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2024, from 10.00 am to 4.00 pm by a care inspector.

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

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

RQIA were assured that the delivery of care and service provided in Lawnfield was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

There were no questionnaire responses returned following the inspection.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are amazing”, “it is like a home from home” and “staff are friendly”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 th October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (c) & (d) & (v) Stated: First time	The responsible person shall ensure that they provide adequate means of escape in the event of a fire. This is in relation to ensuring fire escapes are kept clear and free of any obstruction and checks completed by a nominated person as necessary.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a)	The responsible person shall ensure that all items that are hazardous to health are securely stored and managed. This is in reference to bottles of hand sanitiser.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 5.5 Stated: Second time	Action taken as confirmed during the inspection: The responsible person shall ensure that the needs assessments for residents returning to the home for a period of respite are reviewed and updated on their return to the unit. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 6.6 Stated: Second time	Action taken as confirmed during the inspection: The responsible person shall ensure that all residents returning to the home for a period of respite have an individual and up to date comprehensive care plan. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 35.5 Stated: Second time	Action taken as confirmed during the inspection: The registered person shall ensure that all medical devices including hoists and stedyds are cleaned regularly and decontamination records maintained. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 27 Stated: First time	Action taken as confirmed during the inspection: The responsible person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. This is specifically in relation to the following areas; <ul style="list-style-type: none"> • Replacing carpets where needed • Painting of identified areas throughout the home • Replacing items of furniture that are worn 	

	A refurbishment plan should be shared with RQIA for review with the quality improvement plan.	
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met and will be re stated for a second time.</p> <p>Please see section 5.2.3 for further details.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 13.1 & 13.2</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that the home offers a structured programme of varied activities and events that provide positive outcomes for residents and is based on their identified needs and interests.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and that they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, a resident's care plan had not been reviewed following an admission to hospital. Another resident who had a specific physical health need recorded in their assessment, did not have a care plan in place for this. Examination of resident's risk assessments highlighted that some had not been reviewed or updated regularly. Two areas for improvement have been identified.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. However; there was no restrictive practice register in place for the home, despite a number of restrictive practices being used. This is an important method to ensure restrictive practices are being reviewed regularly and that they continue to meet the needs of residents. This was discussed with the manager and an area for improvement has been identified.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. However, these records lacked person centred detail in relation to the level of support provided to residents regarding their emotional health and well-being, activities and visits from professionals. An area for improvement has been identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff ensured that residents were comfortable, had a pleasant experience and a meal that they enjoyed. The food was attractively presented, looked appetising and residents said they enjoyed their meal.

A menu was on display within the dining room but it did not offer a choice of two meals. This was discussed with the manager and an area for improvement has been identified.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings. There were no malodours detected in the home.

It was apparent that work was required in parts of the home to ensure the homes environment is maintained and decorated to a good standard. For example, flooring in the main entrance hallway was badly stained and worn and needs to be effectively cleaned or replaced. Doors, rails and skirting throughout the home were badly damaged and the communal living area required redecoration. An area for improvement has been re-stated for a second time.

Denture cleaning tablets were not securely stored in one resident's bedroom and were potentially accessible to anyone entering the bedroom. This was highlighted to the manager for immediate action and an area for improvement has been identified.

Prescribed medication and topical lotions were accessible in two residents bedrooms. This was highlighted to the manager for immediate action and shared with the RQIA pharmacy inspector. An area for improvement has been identified.

It was noted that one residents bed rail covers were ripped and worn and needed to be replaced. This was brought to the attention of the manager who arranged for the covering to be replaced on the day of inspection.

The call bell system for alerting staff when assistance is required was not sufficient for one resident who was unable to access the system. This was discussed with the manager and an area for improvement has been identified.

Corridors and fire exits were clear from clutter and obstruction. The Fire Risk Assessment for the home was completed on 14 December 2023 and the manager confirmed that all actions have been completed as necessary.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Residents confirmed that they were able to choose how they spent their day. For example; residents could have a lie in or choose to get up early.

Residents spent time in the communal lounge engaging in activities with staff and chatting to each other. Some residents preferred to spend time alone relaxing or watching TV.

Residents spoke positively about the provision of activities in the home and that the activity co-ordinator is “excellent”. Activities offered in the home included outings in the local area, relaxation, arts & crafts, beauty and baking. An activity planner was in place for residents and their representatives to view.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Karen Zeigelmeier has been the Manager of the home since 19 April 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment. Staff told us that the manager is approachable, available and supportive.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The head of service for the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and residents’ meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; however, there was a three-month period where there was no consultation with relatives or representatives of residents. An area for improvement has been identified.

7.0 Quality Improvement Plan/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 Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3	8*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2024</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>This area for improvement in made with specific reference to denture cleaning tablets.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Action has already been taken through verbal reminders to all staff in handover meetings and planned staff sessions to ensure continued vigilance to this aspect of providing care</p>

	<p>services. Medicine cabinets have been identified for purchase in all residents rooms to allow safe storage of these items in a locked space. The Manager or another Senior staff member will check for safe storage arrangements for denture tablets as a part of their routine daily walk round.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure that prescribed medicines are securely stored.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Action has already been taken through verbal reminders to all staff in handover meetings and planned staff sessions to ensure continued vigilance to this aspect of providing care services. Medicine cabinets have been identified for purchase in all residents rooms to allow safe storage of these items in a locked space. The Manager or another Senior staff member will check for safe storage arrangements for prescribed medicines, including creams, as a part of their routine daily walk round.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure that residents relatives and/or their representatives are consulted on their views of the care and services provided in the home during the regulation 29 visits, and records maintained.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: When relatives are present they are asked to provide comments and the most recent visit involved a lengthy interaction with the parents of one resident. Reg 29 visits in this setting rarely involve interaction with family members of friends but on the occasions when there are such visitors they are asked to share views. When there are no family members present during Reg 29 visits up to two family members will be contacted and asked for their input. If no contact has been possible a record will be made of the efforts made to get feedback.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. This is specifically in relation to the following areas;</p> <ul style="list-style-type: none"> • Replacing carpets where needed • Painting of identified areas throughout the home • Replacing items of furniture that are worn <p>A refurbishment plan should be shared with RQIA for review with the quality improvement plan.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>The planned maintenance programme for this home is intrinsically linked to other ongoing and planned works which will likely impact the décor needs of the home. The décor works will be considered as part of this critical and needed updates. Door frames are also part of this scheduling. Replacement carpets for communal reception area are being researched and funding requested. Once received this work will be prioritised. Furniture items which are seen to present an infection control risk or impact other H&S concerns will be removed and were required replaced. External access ramp to front door has now been completed and the addition of an automatic opening and secured front door is currently being worked through by the estates team.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that individual risk assessments are completed to inform the care planning process, updated when necessary and kept under review for the residents.</p> <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure all risk assessments are updated in a timely manner and remain accurate. The new electronic system will also further support this aspect of care services in Lawnfield.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that a restrictive practice register is completed for the home, monitored as necessary and kept under regular review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Completed and was issued to the home for use prior to this inspection. An audit system was previously in place but has been supplemented with the new log. The restrictive practice information, which was available in the home on the day of the inspection, has now been transferred into the new log</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall review the content of residents' progress records and provide guidance to staff completing these records, in order to ensure a full account of the support provided by staff has been recorded as necessary. This should be kept under review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Review completed and staff have been provided guidance by the manager to ensure accuracy and reflective records are in place. Review will be part of the regular monthly auditing process.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure that the menu offers a choice of two options at meal times and records maintained.</p> <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Menus are reflective of the two choices (at least) on offer at all meal times and designed to meet the specialist needs which exist also. Exceptional items offered as a further choice will be recorded as having been provided to the specific resident(s). The home will also review the menu viewing service and will seek to provide a pictorial menu option by 31st October 2024.</p>
<p>Area for improvement 7</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure that the call bell system is reviewed to ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system, a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A suitable protocol for the specific situation identified on this inspection has been implemented and any future special assistance required in the future for new or existing residents will also have a user specific protocol in place.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that when residents and staff meetings are held, records are maintained for each meeting in accordance with standards and good record keeping principles.</p> <p>Minutes should include details of any actions agreed, who is responsible for the action and the date it is to be achieved by.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All records are maintained and where an action has been identified these are detailed on the note/minute of the meeting. The meeting note will include a 'time-bound' list of actions generated by staff meetings with a clear allocation of the action to a staff member or group of staff.</p>

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