



Inspection Report

Name of Service: Lawnfield House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 25 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Presbyterian Council of Social Witness
Responsible Individual:	Dermot Parsons
Registered Manager:	Jordan Anderson - Acting
Service Profile:	
<p>This home is a registered Residential Care Home which provides health and social care for up to 20 residents. Residents have a range of needs including; learning disability, physical disability, sensory impairment and old age not falling within any other category. The home is divided over two floors and residents have access to a communal lounge, dining room and outside garden.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 25 February 2025, from 9.40 am to 2.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement from the previous care inspection on 18 June 2024 were assessed as having been addressed by the provider. Three areas for improvement were not met and will be stated for a second time. One area for improvement in relation to the maintenance and upkeep of the homes environment will be carried forward to a future inspection to allow the provider more time to make the necessary improvements. Two further areas for improvement in relation to medicines management were not assessed and will be carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 looking after me well", "staff are very helpful" and "staff are nice".

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

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

A review of the staff rota highlighted that it had not been updated with changes due to staff sickness, therefore it was not a true reflection of the staff working on shift. Also, the duty rota was not always in keeping with best practice guidance, for example; red pen was used and errors amended incorrectly. An area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Some residents had a restrictive practice record in place, however a review of these records identified that they had not been kept under regular review. There was also no restrictive practice register in place to over see and manage this aspect of care for residents. An area for improvement has been stated for a second time.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they enjoyed going for walks, bowling, arts & crafts and going to a day centre. An activity planner was in place, however it was not in date; therefore residents and their representatives were unable to determine what activity provision had been organised. An area for improvement has been identified.

Residents told us they enjoyed getting out and about in their local community for coffee, lunch and walks. However; due to issues with the home's transport this has not been as achievable recently. These comments were shared with the regional manager for their review and action.

3.3.3 Management of Care Records

Review of residents' care records identified concerns in relation to the review and update of care plans to ensure they reflected the residents' current care needs. For example; one resident who had district nurse involvement for a skin condition, had no care plan in place to direct care staff on how to manage this aspect of care. Another care plan for a resident requiring a modified diet had not been reviewed in over one year. An area for improvement has been stated for a second time.

In addition to care plans, residents' falls and choking risk assessments had not been reviewed regularly. One resident who had a care plan in place for a modified diet, had no choking risk assessment in place. An area for improvement has been stated for a second time.

The system to monitor residents' weights in the home required review, for example two residents with identified weight loss had no action plan in place to monitor weight loss or gain and it was unclear from the records in place if a referral had been made to the relevant professionals for advice/guidance. An area for improvement has been identified

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. This was discussed with the regional manager for the home and an environmental action plan was shared with RQIA for review. RQIA are satisfied that refurbishment has been identified and an action plan is now in place to address those areas noted during inspection. The previous area for improvement will be carried forward to the next inspection to allow the home more time to complete refurbishment, which will enhance the overall quality of life and lived experience of the residents living in the home.

One fire exit at the back of the building had a number of chairs stored beside it, potentially creating an exit difficulty in the event of a fire. This was brought to the attention of the staff who arranged to have it cleared. An area for improvement has been identified.

It was noted that one raised toilet seat was rusted and could not be effectively cleaned. This was brought to the attention of the regional manager who arranged for it to be removed.

It was also noted that a number of items of equipment were being stored underneath the stairs, this included broken items that required removal. This was brought to the attention of the regional manager who agreed to remove these items.

3.3.5 Quality of Management Systems

There has been a change in management of this home since the last inspection. Mr Jordan Anderson has been Acting Manager of the home since 26 November 2024.

Residents and staff commented positively about the manager and wider management team, describing them as helpful and supportive.

The home was visited each month by a representative of the registered provider to consult with residents, relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and available to view.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	9*

* the total number of areas for improvement includes three standards that have been stated for a second time and one regulation and three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie Gibson, Regional Manager 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 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (18 October 2024)</p>	<p>The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered 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 obstruction and checks are completed by a nominated person as necessary.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There is an allocated Fire Warden on duty on each shift and they complete documented daily and nightly checks to ensure that all fire escapes are clear and free of obstruction.</p> <p>The Manager completes checks of all fire escapes during the daily walk around.</p> <p>The maintenance officer also completes weekly/monthly regulated fire safety checks which includes ensuring that fire exits are clear.</p> <p>All staff have completed Fire Warden training and are aware of their responsibilities to ensure fire safety within the Home</p>

	The Regional Manager will continue to review fire safety during regulation 29 visits.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 27 Stated: Second time To be completed by: 1 December 2024	<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: 2.0 & 3.3.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 10 Stated: First time To be completed by: Immediate and ongoing (18 October 2024)	<p>The registered person shall ensure that the management of “when required” medicines prescribed for distressed reactions is reviewed to ensure that detailed care records are in place to direct care and that the reason for and outcome of each administration is recorded.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Standard 12.10 Stated: First time To be completed by: Immediate and ongoing (18 October 2024)	<p>The registered person shall ensure that the management of thickening agents is reviewed to ensure that care records are in place to direct staff and that records of prescribing and administration which include the consistency level are maintained.</p> <p>Ref: 2.0</p>

	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.4</p> <p>Stated: Second time</p> <p>To be completed by: 1 April 2025</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: 2.0 & 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A restrictive practice register has been compiled by the Home Manager which details all restrictive practice measures in place for each resident.</p> <p>A monthly audit is in place which will be completed by the Home Manager to ensure that this remains accurate and up to date.</p> <p>This will be checked at least quarterly by the Regional Manager as part of Regulation 29 visits.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 1 April 2025</p>	<p>The registered person shall ensure that care plans are kept under review and amended as changes occur to accurately reflect the needs of residents.</p> <p>Ref: 2.0 & 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All care plans for each individual are in the process of being reviewed and updated by the Home Manager and the Keyworker, with a view that these will be completed by 6th June 2025.</p> <p>In the event of a change to a resident's needs the senior in charge will ensure that the care plan is updated to reflect the change and that this is communicated to all staff.</p> <p>Each resident has an allocated keyworker who will ensure that they complete a monthly review of their key residents care plan to ensure that the care plan remains up to date and reflective of any change in residents needs. A new template is being introduced to more effectively reflect this.</p>

	<p>The Home Manager will complete care plan audits and will audit one care plan each week.</p> <p>Care plan audits will also be completed by the Regional Manager during Regulation 29 visits.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 1 April 2025</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: 2.0 & 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager and identified keyworker are currently reviewing each resident's needs to ensure that all identified risks have an appropriate risk assessment in place, with a view that this will be completed thoroughly for each resident by 6th June 2025.</p> <p>Each individual keyworkers complete a monthly review of all risk assessments in place to ensure that they remain appropriate and up to date.</p> <p>The Home Manager will audit the risk assessments in place when they are completing weekly care plan audits.</p> <p>Risk assessments will be reviewed by the Regional Manager when they are completing care plan audits during Regulation 29 visits.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that changes are made to the rota in a timely way to ensure an accurate record is maintained of staff working in the home. The rota must be legible and maintained as per good record keeping principles.</p> <p>Ref: 3.3.1</p>

	<p>Response by registered person detailing the actions taken: The rota will be maintained on a daily basis by the Manager to ensure that it remains legible and is reflective of staff working in the Home. In the event that the Manager is not on duty this will be checked by the Senior in Charge.</p> <p>In the event that a staff member is absent the rota will be amended immediately by the Senior in Charge or Manager and they will ensure that replacement staff are added onto the rota to ensure safe staffing levels, and appropriate staff mix, are maintained.</p> <p>Any amendments to the rota will be made only by the Manager or the Senior in Charge.</p> <p>This will be monitored by the Regional Manager as part of Monthly monitoring visits .</p>
<p>Area for improvement 8 Ref: Standard 13.4 Stated: First time To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that the programme of activities is kept up to date so that residents and their representatives know what is scheduled.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: There is an activity planner in place which is updated by the activity coordinator on a daily basis.</p> <p>In the absence of the Activity Coordinator the Senior in Charge will ensure that the activity planner is updated as required.</p> <p>The Home Manager will check this during the daily walk around of the Home.</p> <p>The activity planner will be checked by the Regional Manager during Regulation 29 visits.</p>
<p>Area for improvement 9 Ref: Standard 9.3 Stated: First time To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that residents weights are continually monitored and recorded and if concerns are identified that onward referral or advice is sought from the relevant professionals and clearly documented in the resident's records.</p> <p>Ref: 3.3.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>There is a schedule in place to ensure that all residents are weighed on at least a monthly basis or more frequently if required. Compliance with the schedule will be monitored weekly by the Manager.</p> <p>In the event that there is a concern about a resident's weight loss, the resident's care plan will be updated to reflect this change in need, with a clear action plan in place.</p> <p>Professional medical advice will be sought as required in the event of a concern in relation to weight loss or gain which will be fully documented in the resident's records.</p> <p>The Manager will complete a monthly audit to ensure that residents' weights are being checked and recorded and that appropriate follow up is being actioned as required.</p> <p>This will also be reviewed by the Regional Manager when completing care file audits as part of Regulation 29 visits.</p>
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