The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lawnfield House

Provider: Presbyterian Council for Social Witness

Date of Inspection: 7 September 2026

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:	Mrs Caroline Yeomans
Registered Manager:	Mrs Donna Ennis – not registered
Service Profile – This home is a registered residential care home which provides health and social care for up to 20 residents. The home provides care for residents living with learning disability, physical disabilities, sensory impairment and for those needing general residential care. Residents bedrooms are located over two floors in the home. The lounge and dining room are located on the ground floor. The home has an external garden for residents to enjoy.	

2.0 Inspection summary

An unannounced care inspection took place on 7 September 2026, from 9.15 am to 3.00 pm by two care inspectors.

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 14 January 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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. Staff described positive teamwork within the home and told us that the manager was supportive, approachable and readily available to provide guidance when needed.

Residents were observed to be relaxed, comfortable and content in their home environment, and staff interactions were warm, positive and respectful.

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 twelve areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. One area for improvement in relation to care records was not met and has been subsumed into a regulation. Three areas for improvement relating to medicines management were not assessed and these will be reviewed 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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. Resident's comments included "staff are nice and friendly", "I enjoy the activities" and "the staff are looking after me well".

Staff spoke positively about the provision of care within the home and their roles in supporting residents, describing a supportive working environment and a commitment to meeting the needs of residents living in the home.

There were no questionnaire responses returned following the inspection.

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.

The staff duty rota was generally satisfactory. However, further enhancements and management oversight were required to ensure that the rota was consistently maintained in accordance with good record-keeping principles. The details were discussed with the management team and will be reviewed at a future inspection.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover process provided clear and timely information to support the delivery of safe, person centred care.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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 breakfast meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

However, concerns were identified during the breakfast in relation to staff hand hygiene practices. Staff were observed moving between tasks, including handling waste bins while wearing gloves, without consistently removing and replacing gloves or undertaking appropriate hand hygiene between tasks. This had the potential to compromise infection prevention and control measures and increase the risk of cross-contamination. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents' assessments of need were not consistently reviewed and updated when changes in their needs occurred. For example, changes in relation to dietary requirements and falls risk were not consistently reflected in the relevant assessments. This reduced assurance that assessments accurately reflected residents' current needs and provided an appropriate base line for their current care and support needs. An area for improvement has been identified.

While improvements were noted in the quality of resident's care plans, inconsistencies remained between associated care records. In particular, discrepancies were identified between falls risk assessments and corresponding falls care plans. This was also noted between care plans and recommendations provided by Speech and Language Therapy (SLT) in relation to modified diets. An area for improvement previously made in relation to care records has not been met and is subsumed into a regulation.

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.

Observation of the homes environment identified that work was ongoing and still required in parts of the home to ensure the environment was maintained and decorated to a good standard. The environmental action plan was shared with RQIA for review. RQIA are satisfied that this plan is being continuously monitored by management in the home and kept under regular review.

A fire door providing access to an office containing confidential information was observed to be propped open. This presented a potential risk to fire safety and the security of confidential information. Two areas for improvement have been identified.

Minor issues were identified in relation to the condition and cleanliness of some equipment used by residents. For example, a steady was observed to require better cleaning, and the foam handle was damaged. This was discussed with the management team who agreed to action and will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Donna Ennis has been the manager of the home since 23 July 2026.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, although audits had been completed and actions identified, there was limited evidence of actions being signed off in a timely manner. An area for improvement has been stated for a second time.

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. However, a review of these records highlighted that the views of residents, staff and relatives had not been consistently sought. An area for improvement has been identified.

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	4*	6*

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

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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing (18 October 2024)	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^{o}C. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall ensure that resident's assessment of need is kept under review and updated when there are any changes to residents' needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: The acting registered manager completes and records an audit of a care file each week to ensure the assessment of need is being kept under review. Senior care staff have been allocated as keyworkers to ensure the assessment of need is reviewed and updated when there are changes to a residents needs. The regional manager audits two care files during the monthly monitoring visit, this acts as an additional auditing tool to ensure the assessment of needs is updated and kept under review.
Area for improvement 3 **Ref:** Regulation 16 (1) (b) **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall ensure that resident's care plans are updated with any changes in resident's assessed needs, this is including but not limited to dietary requirements and identified falls risk. Ref: 3.3.3
	Response by registered person detailing the actions taken: The acting registered manager completes and records an audit of a care file each week to ensure the care plans are up to date and reflect the residents assessed need. Senior care staff have been allocated as keyworkers to ensure a consistent approach to the reviewing and updating of the care plans. The regional manager reviews two care files each month during the monthly monitoring visit providing additional oversight with care plans being kept up to date, reviewed and reflective of the residents needs.

Area for improvement 4 **Ref:** Regulation 27 (4) (d) (i) (v) **Stated:** First time **To be completed by:** 7 September 2026	The registered person shall ensure that the practice of wedging or propping of fire doors is ceased immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The acting registered manager has advised all staff that fire doors are not to be propped open.The senior office door that was identified during the inspection has had the door release fixed to ensure that the door is not propped open and will automatically release with the sounding of the fire alarm.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 10 **Stated:** First time **To be completed by:** Immediate and ongoing (18 October 2024)	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. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 12.10 **Stated:** First time **To be completed by:** Immediate and ongoing (18 October 2024)	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. Ref: 2.0
	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.

Area for improvement 3 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 1 October 2026	The registered person shall ensure that audits are completed consistently to identify deficits and action plans are developed to drive the necessary improvements. The manager should retain oversight of the audit process to ensure the necessary improvements are made. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: The compliance manager has reviewed all governance audits, these are now clear within the audit action plan that all identified actions are added to the overall service action plan, which capture the actions taken to resolve the identified deficits.
Area for improvement 4 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 7 September 2026	The registered person shall ensure that staff consistently adhere to effective hand hygiene practices in accordance with infection prevention and control procedures. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting registered manager and senior staff team are reminding all staff during the handovers to adhere to hand hygiene practices. The acting manager and senior staff are monitoring hand hygiene pratcices daily, to ensure compliance.
Area for improvement 5 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 7 September 2026	The registered person shall ensure that records in the home are managed securely in accordance with data protection and GDPR. Ref: 3.3.4
	Response by registered person detailing the actions taken: The acting registered manager has spoken with all senior staff on the importance of ensuring the senior office door is closed and files placed in the filing cabinent when they are leaving the senior office area.
Area for improvement 6 **Ref:** Standard 20.11 **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall ensure that the monthly monitoring report for the home consistently includes the views of residents, staff and residents representatives. Ref: 3.3.5
	Response by registered person detailing the actions taken: The responsible individual has held discussions with the regional managemnet team around the importance of ensuring views of residents, staff and representaives are being recorded during the monthly monitoring visits.

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