The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hawthorn House**

Provider: **Beaumont Care Homes Ltd**

Date of Inspection: **13 January 2025**

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

1.0 Service information

Organisation/Registered Provider:	Beaumont Care Homes Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Miss Rachel Downing
Service Profile – This home is a registered nursing home which provides nursing care for up to 32 patients under and over 65 years of age who require nursing care relating to physical disability, old age, and/or terminal illness. Patient accommodation is over two floors with bedrooms on the ground and first floor. Patients have access to a range of communal areas throughout the home and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 13 January 2025 from 10.20 am to 5.10 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 30 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care 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 four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patient'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

Patients spoken with said that they were happy living in the home with comments like, "it's very good here", "I'm very happy", "I'm content here", and "we are looked after the best."

Patients said that staff were available when they needed assistance and confirmed that their call bells were answered within a reasonable timeframe. Patients described staff as "great" and "wonderful", and told us that staff remembered their likes and dislikes. One patient said "they remember wee things you like and make a point of bringing you things (like particular food items)."

Patients told us that the care was good and spoke about how they were assisted with needs such as mobility. One patient said that this helped them feel "safe."

Patients said that the food was good, with one patient telling us that they had put weight on since moving to the home, and another patient saying that the catering was "better than the Grand Central Hotel."

Patients said that they knew how to raise concerns and that they felt listened to. This is discussed further in section 3.3.2.

Patients said that they were happy with the level of cleanliness in the home and said that family or friends could visit whenever suited them.

Patients gave mixed feedback in relation to activities and having meaning to their day. This was discussed with the manager and is included in the home's quality improvement plan. Further detail can be found in section 3.3.2 of this report.

Following the inspection RQIA received one survey response from a patient. This patient indicated that they were very satisfied with the care and services provided in the home, and commented that Hawthorn House was "on the whole a very good home, very kind and friendly staff."

No visitors were available during the inspection and RQIA received one survey response from a relative following the inspection. This relative indicated that they were either satisfied or very satisfied that the care was safe, effective, and delivered with compassion, and that the service was well led. The relative said that their loved one was "well cared for by pleasant staff in a lovely environment…we appreciate the care."

Staff spoken with said that they were happy working in the home and felt supported in their roles.

No staff survey responses were received 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 patients. There was evidence of robust systems in place to manage staffing.

There was a system in place to monitor staffs' registration with their respective professional bodies; nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Patients 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.

Review of records evidenced that staff participated in a minimum of two supervisions per year. Records showed that there was a system in place to capture staffs' yearly appraisals, however it was established that not all staff had received an appraisal within the last year. An area for improvement was identified.

Discussion with patients and observations confirmed that staff responded promptly to call bells. Staff demonstrated knowledge about individual patients' needs and patients expressed that they had confidence in staffs' ability to provide good care.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Observation throughout the day and discussion with staff confirmed that staff attended safety briefings and 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients confirmed that they had choices throughout the day, from where they spent their time, to what they had to eat and drink. One patient said "I make my own decisions…I say what I want to take part in or opt out of."

Review of records and discussion with patients confirmed that patients were encouraged to share their views about the running of the home. For example, patient meetings were seen as an opportunity for patients to be informed about the running of the home and to share their opinions or suggestions. Review of a sample of meeting records, including staff meetings and patient meetings, found that meetings did not result in a clear action plan. An area for improvement was identified.

Patients also said that they knew how to raise concerns or issues, with some patients saying they would speak to a nurse and some saying they would speak with the manager.

At times some patients may require the use of equipment that could be considered restrictive, such as bedrails. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, potential environmental hazards were managed, patients were encouraged and supported to have appropriate foot wear and to use any mobility aids as recommended by physiotherapy, staff provided support with mobility where required, patient comfort in relation to pain and/or continence needs was managed, and nurse call bells were kept within reach of patients.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 lunch time meal, review of records and discussion with patients, and staff indicated that there were robust systems in place to manage patients' nutrition and mealtime experience. Nursing staff were seen to lead a 'safety pause', and this time was effectively used to review patients' choices, the needs of those patients on modified diets, and a general quick review of how patients were doing.

The home had an activity coordinator employed on a part time basis. The activity coordinator was not on duty on the day of inspection. An activity programme was available and copies of the monthly plan were on display and also delivered to patients' bedrooms. Review of the activity programme evidenced a lack of frequency and variety with organised sessions.

Discussion with staff and patients indicated a shortfall in the equitable provision of activities. For example, staff told us that while they believed the activity coordinator "tries her best…there is not enough activities happening." Some patients told us that they tend to "opt out" of some group sessions because they are not interested in the activity. Some patients said that they occupy themselves by watching television, reading, or doing puzzles. Some patients told us that they sometimes felt "lonely" and that they would like to have company and chat to others. A previously identified area for improvement was not fully met and was stated for a second time.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. A sample of care records were reviewed and it was found that some care plans were well written and person centred and some were not. Governance records showed that care records were audited regularly and any identified deficits were included on an action plan that was shared with the relevant staff. Following discussion with the manager it was agreed that the identified care plans would be reviewed and re-written. This will be reviewed again at the next care inspection.

Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care. Some inconsistencies were noted in relation to amendments within care records. For example, some amendments were dated and signed and some were not. This was brought to the attention of the manager and nursing staff and immediate action was taken to re-write these care plans. The manager confirmed that she would share this learning with all nursing staff to ensure consistency in line with the NMC guidance on record keeping. This will be reviewed again at the next care inspection.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with staff and manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, nurse call system checks, electrical installation checks and water temperature checks.

Fire doors were seen to be free from obstruction and fire extinguishing equipment was accessible. The most recent fire risk assessment was undertaken on 4 March 2024 and any recommendations had been addressed.

Staff were observed to use personal protective equipment (PPE) correctly and to carry out hand hygiene at appropriate times. However, a number of staff were seen to have gel nails/varnish and/or to wear wrist watches. This was not in line with hand hygiene practice standards. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Rachel Downing has been the manager in this home since 20 June 2022.

Patients and staff commented positively about the manager, describing her as supportive and approachable.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

Patients spoken with said that they knew how to report concerns or complaints. A record of complaints was maintained. Review of records and discussion with the manager evidenced shortfalls in relation to obtaining complainant satisfaction following closure, and it was not clear if all expressions of dissatisfaction were captured in the records. An area for improvement was identified.

A records of compliments about the home was kept and shared with staff. A recent card from a relative said "to all the wonderful staff at Hawthorn House, we can't thank you enough for everything you do…you definitely go way over and above the call of duty and we appreciate it very much."

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	0	6*

*The total number of areas for improvement includes one that has been stated for a second time and one that has been carried forward for review at the next pharmacy inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Rachel Downing, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 30 October 2023	The registered person shall ensure patients have a continuous supply of their prescribed medicines. This is in particular reference to patients recently admitted to the home. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 27 January 2025	The registered person shall ensure that the activity provision to all patients is understood to be an integral part of the care process and is planned and delivered to suit the patients' preferences and individual needs. Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: A Resident / Relative Meeting has been scheduled for Thursday 13th March 2025 when activities provision will be discussed and resident's preferences will be incorporated into the activity's planner. These meetings will continue on a quarterly basis and any changes in preferences will be recorded.

	All hours within the activities budget will be utilised to ensure adequate provision of activities will be backfilled with recruitment or Care Assistant hours. A monthly activities planner will be produced in advance with information displayed and distributed to residents to increase awareness of ongoing activities within the Home. The Home Manager will review the Activity Care Records on a monthly basis as part of her monthly review. The Operations Manager will monitor and record progress in this area during the monthly Regulation 29 visit.
Area for improvement 3 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 14 April 2025	The registered person shall ensure that all staff receive an annual appraisal meeting to review their job description and performance, training needs, and to agree personal development plans. Records should be maintained. Ref: 3.3.1
	Response by registered person detailing the actions taken: A programme for the completion of the outstanding 2024 appraisals is underway except for staff who are on absence leave or new starters. This will be completed by 7th April 2025. 2025 Appraisals have also commenced and a planner is in place to ensure all staff are scheduled for an appraisal throughout 2025. The Operations Manager will monitor and record progress in this area during the monthly Regulation 29 visit.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 March 2025	The registered person shall ensure that the records for meetings include a clear action plan, specifying what action is required, who is responsible, timeframe for expected completion, and sign and dated when complete. Ref: 3.3.2
	Response by registered person detailing the actions taken: A generic timebound action plan template has been circulated group-wide and will be utilised to create a time bound action plan. Action plans will be produced following meetings: this will include actions to be taken, by whom and within a specific timescale. Actions will be reviewed and signed off by the Home Manager to ensure completion and to evidence oversight. The Operations Manager will monitor and record progress in this area during the monthly Regulation 29 visit.
Area for improvement 5 **Ref:** Standard 46.11 **Stated:** First time	The registered person shall ensure that staff adhere to best practice with hand hygiene and are bare below the elbow at all times. Ref: 3.3.4

To be completed by: 13 January 2025	**Response by registered person detailing the actions taken:** Clinical supervisions are in progress with all staff in relation to adherence to the Infection Control and Uniform policies - this will be completed with Nursing and Care Assistant staff by 14th March 2025. A Staff Meeting has been arranged for Friday 21st March 2025 when Infection Control and Prevention compliance of hand hygiene and bare below the elbows will again be discussed with all staff. Staff will be made aware of the repercussions of failing to ensure compliance with this area. The Nurse in charge of a shift is to ensure they take appropriate action with staff on commencement of their shift if they are found not to be following policy. This will be monitored by the Home Manager through Walkabouts and Infection Control Audits. The Operations Manager will monitor and record progress in this area during the monthly Regulation 29 visit.
Area for improvement 6 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 13 January 2025	The registered person shall ensure that all expressions of dissatisfaction are captured within the complaints process in order to drive improvements and identify patterns and trends. The complainant's satisfaction status should be recorded along with an indication of how this was determined. Ref: 3.3.5
	Response by registered person detailing the actions taken: During inspection it was identified that the previous complaint management recording mechanism was not completed with the information on whether the complainant was satisfied with the complaint resolution. The complaints policy will be followed in relation to accurate reporting, responses and timeframes. All complaints are now recorded on the RADAR Incident Management System and captures on the Home Manager Monthly Report. RADAR's Work flow page 6 has the following question – "Complaint Resolved to Complainants satisfaction" -provided a Yes or No answer – so the complainant's satisfaction with the complaint resolution will be captured. The Home Manager Monthly Report also captures if the "Complainant Satisfied" The Operations Manager will monitor and record progress in this area during the monthly Regulation 29 visit.

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

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