

Inspection Report

30 January 2024



Hawthorn House

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Ltd	Registered Manager: Miss Rachel Downing
Responsible Individual: Mrs Ruth Burrows	Date registered: 20 June 2022
Person in charge at the time of inspection: Miss Rachel Downing	Number of registered places: 32
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 29
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 patients. The home is divided over two floors. Patients have access to communal lounges, a dining room and a garden area	

2.0 Inspection summary

An unannounced inspection took place on 30 January 2024 from 9.50am to 4:10pm 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "next to home, it's the next best place for me." and "staff look after me well and the food is gorgeous". Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires or staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

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 30 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that the system for monitoring staffs' professional registration is sufficiently robust to ensure relevant staff do not work unregistered and evidence is maintained of actions taken when anomalies are identified.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that supplementary records are maintained up to date, accurate, and in a contemporaneous manner. This is in relation to but not limited to, repositioning records, bedrail checks, and night checks.	Partially met
	Action taken as confirmed during the inspection: Review of supplementary records evidenced that this area for improvement was partially met. This is discussed further in Section 5.2 and has been stated for a second time.	

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that records pertaining to hydration management are individualised. This is with specific reference to patients whose fluid intake regularly falls below what is recommended for an adult. Daily progress records should evidence review of fluid intake by a nurse.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 28 Stated: First time	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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

The manager told us that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly.

Review of the duty rota, observation of patient acuity and feedback from staff and patients raised concern that the current staffing levels may not be sufficient to meet the current needs of the patients accommodated, particularly during the morning shift. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of care records for a new patient evidenced these had not been developed in a timely manner. This was discussed with the manager and an area for improvement was identified.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Care Plans reflected the patients' needs regarding the use of pressure relieving mattresses. Patients who were less able to mobilise require special attention to their skin care. Review of a patient care record relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent. This was discussed with the manager and this area for improvement was stated for a second time.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records.

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. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs, if required records were kept of what patients had to eat and drink daily.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, communal bathrooms, lounges, dining room, and storage areas. The environment was clean, warm, well lit, and free from malodours. Patients' bedrooms were clean and personalised with items of importance or interest to the patient. Patients confirmed that their bedrooms were cleaned daily and said that they were happy with the level of cleanliness throughout the home.

Observation of the environment identified concerns that had the potential to impact on patient safety; thickening agent was observed unsecured on a meal trolley. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Corridors were clutter free and fire exits were maintained clear from obstruction. It was observed that a fire door at the first floor nursing station was wedged open. A notice was displayed on the door reminding staff of the correct use of fire doors. This was brought to the attention of the Manager and an area for improvement was identified.

The most recent fire risk assessment was undertaken on 3 March 2023 and records showed that any recommendations had been actioned.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Review of the activity board evidenced that there was no up to date schedule of activities. Discussion with patients regarding the activity provision did not provide assurance that activities were routinely delivered. Further review of activity records did not evidence that meaningful activities were routinely offered to patients. This was discussed with the manager and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements for the home since the last inspection with Rachel Downing has been the manager since 20 June 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

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 manager was identified as the safeguarding champion for the home.

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

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	5

* the total number of areas for improvement includes one standard that has been stated for a second time and one standard which is carried forward for review at the next 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 30 January 2024	<p>The registered person shall ensure thickening agents are stored safely and securely at all times.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>When highlighted on the day of inspection, the thickening agents were immediately removed from being accessible to residents. The policy is that thickening agents should be stored in clip lock boxes when not in use. A check was completed and the clip lock boxes were available. The Importance of ensuring thickening agents are kept in the boxes when not in use and in between uses has been discussed at staff meetings held on 20.02.2024 and 22.02.2024. This will be monitored by the Home Manager and Deputy Manager at least 3 times a week during daily walkabouts.</p> <p>Compliance will be monitored by the Operations Manager during the Monthly Regulation 29 visit.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 29 February 2024	<p>The registered person shall ensure that supplementary records are maintained up to date, accurate, and in a contemporaneous manner. This is in relation to but not limited to, repositioning records, bedrail checks, and night checks.</p> <p>Ref: 5.2.1 & 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Importance of maintaining clear, correct and timely supplementary documentation has been discussed at recent care staff meetings held on 22.02.2024 and 06.03.2024. Supervisions on completion of supplementary documentation have been commenced with care staff and remain ongoing. Nursing staff are to review supplementary documentation, and evidence this by their signature on the booklet, information being reflected in progress notes and any issues being recorded on the shift report.</p> <p>Random checks of supplementary documentation will be carried out as part of daily walkabouts, by the Home or Deputy Manager, at least three times per week.</p>

	Further monitoring will be completed by the Operations Manager during the Monthly Regulation 29 visit.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 30 October 2023	<p>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.</p> <p>Ref: 5.1</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.
Area for improvement 3 Ref: Standard 41.1 Stated: First time To be completed by: 30 January 2024	<p>The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels on at all times. The review should take account of but not limited to dependencies of patients and the layout of the building.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following feedback from inspection, the staffing levels in the Home were reviewed in line with current dependency of residents. On the day of inspection all rostered staff were on duty and no staff were absent from work.</p> <p>Dependency levels are reviewed on a monthly basis or more often if a resident's condition changes. The Home Manager will discuss with the Operations Manager if indicative staffing rises above the budgeted staffing levels.</p> <p>The Home Manager will also be mindful of the dependency of the current residents in the Home when reviewing assessments for potential new resident's coming into the Home.</p> <p>Further monitoring will be completed by the Operations Manager during the Monthly Regulation 29 visit.</p>
Area for improvement 4 Ref: Standard 4.1 Stated: First time To be completed by: 30 January 2024	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Nursing staff are provided with the pre-nursing assessment of any new resident prior to admission and it is diarised for nursing staff to begin to prepare the care file.</p>

	<p>The importance of timely completion of assessments and care plans has been discussed at recent nurses meeting held on 01.03.2024.</p> <p>A New Admission Audit will be completed for each new resident on day 5, post admission, by the Home or Deputy Manager. This audit will check that all required assessments and care plans are in place. Any actions resulting from the audit will then be diarised for nursing staff to address. Further monitoring will be completed by the Operations Manager during the Monthly Regulation 29 visit.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2024</p>	<p>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.</p> <p>Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In the current absence of the PAL within Hawthorn, there are staff allocated to co-ordinate activities. The Home Manager has met with these staff and discussed documentation and evaluation of activities.</p> <p>Each resident has an activity and engagement care plan in place which is reviewed on a monthly basis.</p> <p>The likes and dislikes of the residents is recorded and is considered when planning activities.</p> <p>A monthly activities schedule will be prepared for each incoming month, this will be displayed on notice boards and a copy will be given to each individual resident.</p> <p>The records will be reviewed and signed monthly by the Home or Deputy Manager.</p> <p>Activities provision and documentation will also be monitored by the Operations Manager during the monthly Regulation 29 visit.</p>

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