



Unannounced Care Inspection Report 7 February 2021



Hawthorn House

Type of Service: Nursing Home (NH)

Address: 16-16a Hawthornden Road. Belfast, BT4 3JU

Tel No: 028 9047 3027

Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall (Registration Pending)	Registered Manager and date registered: Lyndsay Esler 21 August 2019
Person in charge at the time of inspection: Lyndsay Esler	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: 26

4.0 Inspection summary

An unannounced inspection took place on 7 February 2021 from 09.35 to 14.25 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

4.1 Inspection outcome

The inspection was undertaken to determine if the home was delivering safe, effective and compassionate care and if the service was well led. There were no areas of improvement identified at the previous inspection.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

There were areas for improvement identified in relation to, infection prevention and control (IPC), control of substances hazardous to health (COSHH), the daily menu, the serving and presentation of meals, and care records.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lyndsay Esler, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with six patients, and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution and one questionnaire was returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 25 January to 14 February 2021
- three patients' care records
- two patients' food and fluid records
- notifications of accidents and incidents
- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection, undertaken on 6 August 2020. There were no areas for improvement identified as a result of the last care and medicines management inspection.

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 25 January to 14 February 2021 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. The manager stated that there had been a high turnover of staff in the past three months. They have employed new staff and are still actively recruiting staff; short fall is being covered by block booked agency staff. There were no concerns raised by staff regarding staffing levels in the home.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The manager confirmed that a competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “The current situation has improved teamwork.”
- “The manager is very approachable.”
- “I love working here. We are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE) including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was clean, tidy, uncluttered and well maintained. There were two areas identified in relation to infection prevention and control (IPC). The soap dispenser in the staff toilet contained alcohol gel instead of soap for handwashing and single use syringes were being washed and reused. These issues were discussed with the manager and an area for improvement was made.

The cleaners store on the ground floor was unlocked. Within this area we identified chemicals that should be kept in a locked area, this is not in compliance with Control of Substances Hazardous to Health (COSHH). This was identified as an area for improvement.

We observed that PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken and records for these were available. Signage outlining the seven steps to hand washing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual patients were met within the home. Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Comments received from patients included:

- “We are well looked after in here.”
- “Everybody is so good.”
- “I am very happy here.”
- “I am very thankful for all the help I get; staff are very pleasant and kind.”

One comment was received for a returned patient questionnaire:

- “I am quite satisfied with the standard of care I receive.”

6.2.4 Care records

Three care records and two food and fluid charts were reviewed. Records included assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to a urinary tract infection and a high erythrocyte sedimentation rate (ESR), wound care, and weight loss. The care records were generally well completed, however a number of areas were noted for improvement:

- in a care record of a patient with a urinary tract infection the care plan had not been discontinued after their course of antibiotics had been completed and the effectiveness of the antibiotic treatment was not fully recorded in the daily progress notes.
- in one care record, the admission assessment and “My Preferences” had not been fully completed.
- a malnutrition universal screening tool (MUST) assessment in another care record was incorrect from October 2020, and the weight chart did not correspond with the weight recorded on the MUST screening tool. The care plan for weight loss had not been updated since December 2020.
- the total of fluids in the food and fluid charts were not always totalled daily .

These areas were discussed with the manager. An area for improvement was made.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. We reviewed the menus, these evidenced that patients were provided with a choice of meal at each mealtime; this included patients who required a modified diet. The daily menu was not displayed in the dining area.

Some of the meals provided looked appetising and were of a good portion size. However the presentation of modified diets could be improved and meals served on a tray in patients

bedrooms. These issues were discussed with the manager and an area for improvement was made.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed that she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. Monthly monitoring reports had been undertaken and were available for review.

We reviewed a selection of quality improvement audits including falls, wounds, the environment and infection prevention and control. These had been updated on a monthly basis.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, infection prevention and control, control of substances hazardous to health, the daily menu and serving and presentation of meals, and care records.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Four areas of improvement were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lyndsay Esler, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Nurses have had supervision regarding the outcome of inspection and syringes were removed from the trolley on day of inspection. The hand gel in the visitors toilet was replaced with Soap and Spot checks continue by Home Manager.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.2.2.</p> <p>Response by registered person detailing the actions taken: All domestic staff will update their COSHH training. A supervision has been undertaken with domestic staff re the importance of ensuring the door is locked at all times. Home Manager will spot check that door is closed and locked.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Supervision has taken place with Nursing staff regarding documentation and going forward compliance will continue to be monitored through an auditing process</p>

Area for improvement 2	The registered person shall ensure that the menu is displayed on a daily basis, and that the serving and presentation of modified meals is improved.
Ref: Standard 12	
Stated: First time	Ref: 6.2.5.
To be completed by: Immediate effect	Response by registered person detailing the actions taken: Supervision has taken place with the kitchen staff regarding the importance of displaying the daily menu. Further training has taken place in relation to Modified diets and improvement will be spot checked by the Home Manager and during the course of the Regulation 29 visit

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care