

Inspection Report

7 October 2021



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: Four Season Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Lyndsay Esler Date registered: 21 August 2018
Person in charge at the time of inspection: Ms 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: 24
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 7 October 2021 from 9.30 am to 4.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home at the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All areas for improvement identified at the last inspection were reviewed; two were found to be met and one relating to patient care records was assessed as not met and has been stated for a second time.

One new area for improvement was identified in relation to patients' access to the nurse call bell system.

It was identified that the home had been going through a period of staffing issues. Review of duty rotas and discussion with the manager evidenced that to maintain adequate staffing levels; most shifts were reliant on support from temporary / agency personnel. Even with the staffing pressures considered, the patients looked well cared for in that attention had been paid to personal care and they looked comfortable in their surroundings.

Patients said that living in Hawthorn House was a positive experience and that while they did notice the pressures with staffing they said that staff provided good care. For example, one patient said that they could see staff were very busy at times and recognised that agency staff were used a lot, but said that they continued to get everything that they needed.

Staff were seen to be extremely busy and used regular communication with each other to ensure patients' needs were met. Staff were observed to be polite and warm in manner towards patients.

RQIA were satisfied that the delivery of care provided in Hawthorn House was safe, effective, compassionate and well-led. Action taken to address the areas for improvement will further enhance patient experience and staff practice.

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 the previous areas for improvement issued, 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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Lyndsay Esler, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection seven patients, one relative and five staff were spoken with. No questionnaire or survey responses were received within the allocated timeframe.

Patients spoke highly of staff, describing them as, “so kind and friendly”, “wonderful...helpful”, and “worth the world”. One patient said that, “you couldn’t pay staff enough for the job they do”. Some patients told us how staff provide more than basic care, saying that they enjoy having chats with staff during interventions, or how staff remember things that they liked. For example, one patient said that staff often bring their favourite flowers in to decorate their bedroom.

Some patients said that while staff were always polite and helpful during interactions; some staff often “forget” to place the nurse call bells within reach before they leave the patient’s bedroom. Some patients said that this issue would sometimes lead to long waits for assistance as they were then reliant on staff coming to check on them. Any observations of call bells out of reach were addressed immediately during the inspection.

Some patients commented on recent staffing changes and acknowledged that agency staff are often working in the home. One patient said that they felt comfortable enough to complain if needed and indicated that staff were open to listening and resolving any issues, “they don’t mind at all and we get it sorted”. Overall patients said that they were happy with the care provided in the home.

Patients said that they were happy with the environment and their bedrooms and told us that the home was kept clean. Patients said that they saw staff cleaning on a daily basis and one patient explained that they were very impressed with the frequency and thoroughness of bedrooms being deep cleaned, saying, “even the very walls get cleaned...where else would you get it”.

Patients told us that they were able to choose how and where they spent their time and described the food as “great” and “the best”, with good choice and portion sizes.

Patients said that they were able to have visits from family and friends in the privacy of their bedrooms if they so wished and expressed that they were happy with the visiting arrangements.

The relative described the care and services provided in Hawthorn House as “excellent”, that staff were “great” and that they had no concerns or complaints about the home. They said that the home is always clean and that there is good communication from the home. The relative said that the visiting and care partner arrangements within the home were working well.

Staff, including temporary/agency staff said that they were happy working in Hawthorn House. Agency staff said that they are well briefed in relation to their duties and patients’ needs on each shift. Some staff commented on how nursing and care staff were visibly “tired at times”, but that they witnessed only caring and compassionate behaviour towards patients.

Staff said that they understood their roles and responsibilities within the team and spoke about the importance of providing choice to patients.

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 7 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	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 (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Review of patient records showed gaps in some patients' monthly assessments and care records. This area for improvement has not been met and has been stated for the second time.	

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 robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

Review of governance records showed that established staffs' registration status with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) was monitored monthly by the manager. Staff new to care were supported to complete the NISCC application process.

There were systems in place to ensure staff were trained and supported to do their job. Newly appointed staff were provided with an induction specific to their role and to prepare them for working with patients. Temporary/agency staff confirmed that they were also provided with an induction on their first shift in the home. One agency staff told us that they were partnered with another member of staff which they found helpful.

The manager had good oversight of all staffs' compliance with essential training through a matrix system and training sessions were provided on a variety of platforms from eLearning to practical face to face sessions.

Staff confirmed that they were allocated adequate time at the beginning of each shift for a handover and that a diary was also used to ensure good communication between shifts.

The manager informed us that there had been an increase in staff turnover due to the COVID-19 pandemic and that while a focused recruitment drive was ongoing, most shifts required the use of temporary/agency staff. The manager advised RQIA that in collaboration with the Four Seasons Health Care senior management team the decision was made to temporarily cap the home's occupancy capacity at 25, and while this did not impact on the current occupancy, the home would not accept any new admissions until more stable staffing arrangements could be achieved. The manager confirmed that this temporary arrangement was under regular review with the senior management team.

Review of duty rota records showed that agency staff were used for the majority of shifts, and manager oversight of the duty rotas ensured a skill mix of both temporary and permanent staff on each shift.

Staff were seen to be busy and were observed to communicate clearly and regularly with colleagues to aid the smooth running of the shift and to ensure patients' needs were met. Permanent staff acknowledged the pressures relating to staffing levels and the ongoing pandemic, but said that they worked well as a team and overall enjoyed working in Hawthorn House. Agency staff said that they liked working in the home; they described the permanent staff as friendly and helpful and that they were given clear instruction about what was expected from them. One agency staff who had worked several shifts said that they "wouldn't keep coming back if it was not a good home...the care is good".

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. It was positive to note that staff engaged in meaningful, social conversations directly with patients during interactions, despite being busy.

Some patients acknowledged the turnover in staff and that agency staff were often employed, but expressed that all staff were helpful and polite during interactions. Some patients said that often after interventions with staff in their bedrooms, staff would leave without placing their nurse call bell within reach. This is discussed further in section 5.2.2. Some patients said that on occasions they would have to wait longer than expected for staff assistance and put this down to staff being busy. This was discussed with the manager and it was felt that a new area for improvement, as detailed in section 5.2.2 would address this pattern and that staff would be made aware of patients' feedback.

Patients told us that despite some delays in staff availability that they were very happy living in Hawthorn House. One patient described being "in heaven here", while another patient said that they were "more than happy with my decision to come here".

Patients described staff as "so kind and friendly", "wonderful...helpful", and "worth the world". Patients talked about how much they enjoyed the company of staff and that they felt the staff knew them and their needs well. One patient said that they felt comfortable in the company of staff and said that they could complain to staff with ease and that staff would listen and address the matter without hesitation.

A relative described staff as "great" and said that they had faith that staff knew their jobs well and "coped very well" with the challenges and difficulties they faced. The relative also said that the communication from the home was "excellent", and that they felt well informed about their relative's care.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff confirmed the importance of good communication and in addition to handover meetings at the start of each shift, other communication tools such as a team diary or quick flash meetings were used. Agency staff confirmed that they had adequate time allocated at the start of each shift to inform them of the patients' needs and what was expected from them that day.

Staff were seen to be busy but to provide prompt response to patients' needs. Staff demonstrated knowledge of patients' individual needs and preferences, and were observed to respond to patient cues for assistance, for example, staff were seen to pick up on non-verbal cues that a patient was becoming anxious and provided quick intervention before the patient became distressed.

As stated in section 5.2.1 some patients said that while staff were very helpful during interactions, that often after being assisted staff would leave them without placing their nurse call bell within reach. These occurrences were corroborated with several patients who chose to spend time in their bedrooms during the day and had capacity to use the call bell system, found to be left with the call bell out of reach. This was addressed immediately in all cases. An area for improvement was identified.

Patients looked well cared for in that they were seen to have personal care needs met and those patients who required assistance with mobility or movement looked to be positioned comfortably.

Patients' needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. These care plans included any recommendations made by other healthcare professionals.

Patient assessments should be reviewed at least monthly or more often if any changes occur in a patient's presentation. Updated assessment outcomes then determine the patient's care plan evaluation, which should also be completed at least monthly. Review of records showed that assessments were not reviewed monthly in some cases and care plans were not always updated. This area for improvement was stated for a second time.

Where a patient was at risk of falling, measures were put in place, for example aids such as alarm mats and bedrails were in use. Falls risk was seen to be managed well and those patients assessed as being at risk of falling had care plans in place.

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 verbal encouragement through to full assistance from staff.

Lunch time serving was observed and found to be a pleasant and unhurried experience. Patients told us that they had a choice of where they had their meals with one patient saying that they tended to change their mind most days and that staff always accommodated this.

The dining room was clean and tables were nicely set with condiments and menus. The food on offer reflected the menu apart from one dessert item which had been changed that day due to patient requests. Any changes to the printed menu were documented in the kitchen records.

Patients who chose to have their meal in a location other than the communal dining room had their meals delivered on a tray with the required cutlery, napkins and a food cover.

The food looked and smelled appetising and the portion sizes were generous. One patient was seen to change their mind about their food choice during the meal and requested an alternative snack, which was provided without issue.

Kitchen staff were able to identify which patients required a modified diet and demonstrated an understanding of the different levels, textures, and requirements. Staff said that there was good communication between the catering and care teams. Kitchen staff talked of the importance of having variety for patient choice and said that they had made some changes to the organisation's corporate menu following feedback from patients. It was positive to note this informal consultation with patients and that patient suggestions were taken on board. This good practice was discussed with the head chef and it was agreed that any future consultation would be documented to evidence rationale for any decisions made. This will be reviewed again at the next inspection.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to speech and language therapy (SALT) or dietetics, and any recommendations made were detailed in the patient's individual care plan.

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

Patients told us that while there were sometimes delays with staff attending to them, the care and service delivery was good. One patient said they were “happy...and content with the decision” to move into the home. Patients told us that the food was “great” with one patient saying that the food portions were very generous and “nearly too much...think they are trying to feed me up”.

A relative said that the care was “great” and that they had no concerns or complaints.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included a sample of patient bedrooms, communal lounges, dining room, communal bathrooms, storage areas and the garden. The home was clean, warm, well-lit, free from malodours and welcoming.

Corridors were clean and free from clutter or inappropriate storage. An agency staff member momentarily placed a piece of equipment at a fire door which would have blocked the exit; however, the manager quickly picked up on this on their morning walk-round and addressed the matter immediately. This was discussed with the manager who agreed to reinforce fire exits on the agency staff induction checklist. This will be reviewed at the next inspection.

The most recent fire risk assessment was completed on 16 March 2021 and records showed that any recommendations made by the assessor had been actioned and signed off as complete.

Patients’ bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos, flowers, collectables and sentimental items from home.

Bedrooms and communal areas were found to be suitably furnished and décor was maintained to a good standard and a homely fashion. A homelike ambiance was maintained with displays of photos of patients and pictures on the walls.

A garden room lead to a well maintained garden area which was furnished with a selection of seating and tables and a varied display of plants and flowers.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of visits were maintained for track and trace purposes.

Hand hygiene facilities were available and personal protective equipment (PPE) such as masks were provided to all visitors before proceeding further into the home. Visiting arrangements were in place in keeping with the Department of Health (DoH) visiting with care guidance. The home had an allocated visiting champion who coordinated the bookings.

The home was fully engaged in the planned and regular testing for COVID-19 of all patients, staff and care partners. Visitors were encouraged to take lateral flow tests (LFT) prior to attending scheduled visits.

Staff were seen to practice hand hygiene at key moments and to don and doff PPE correctly.

A record of cleaning schedules was maintained and staff reported that they had sufficient supplies of cleaning materials and PPE.

Patients told us that they saw domestic staff cleaning daily and that they were happy with the standard of cleanliness in the home. One patient explained how they were very impressed with the thoroughness of cleaning and described how their bedroom was deep cleaned periodically, “even the very walls get cleaned...where else would you get it...its marvellous”.

RQIA were satisfied that COVID-19 guidance was being followed, infection prevention and control (IPC) standards were maintained and the home’s environment was well maintained.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how and where they spent their day, for example one patient said that they often change their routine depending on how they feel each day and that staff accommodate their wishes.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of the current DoH guidance. A visiting champion was employed to coordinate all visits from booking schedules through to assisting when needed during the visits. Patients were seen to avail of visits in the privacy of their own bedrooms during the inspection.

Patients told us how they enjoyed seeing family, “delighted to see my grandchildren”, and emphasised how important the easing of some of the restrictions were to them, “my family can visit in my room now...its fantastic and more private and we can look at the lovely views of the trees from my room”.

Written information had been sent to all patients’ next of kin explaining any changes to the visiting guidance and the DoH care partner initiative. A number of relatives had availed of the offer to be care partners and it was positive to hear from the manager and a care partner that this arrangement was working well

All relevant documentation for care partners such as risk assessments and agreements / plans were in place.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. The relative told us that the communication from the home was “excellent” and that the home made good use of any tools available to them such as closed WhatsApp groups. The relative said that the home Facebook page was particularly useful for seeing photos of patients enjoying social activities.

Patients said that they were happy living in Hawthorn House, “I’m in heaven here”, “get everything I need and good home cooked meals”, “see my family”, and “I enjoy chatting with

staff". One patient expressed their gratitude that staff not only knew them well but remembered small things that they liked, "the girls remembered that is like these flowers so they bring me some for my room".

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs practice or the environment.

There had been no changes in the management of the home since the last inspection. Ms Lyndsay Esler became registered manager in August 2018. The manager told us on the day of inspection of planned upcoming changes to the management arrangements within the home and the manager gave assurances that RQIA would be formally notified once definitive arrangements were in place.

Records showed that daily flash meetings took place which ensured any directives from management or updates in guidance were shared with all relevant staff in a timely manner.

There was evidence that a robust system of auditing was in place to monitor the quality of care and services provided to patients. There was evidence of auditing across various aspects of the home, including IPC standards, use of PPE, manager's daily observational walk-rounds, nutrition, record keeping and restrictive practices.

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 appointed safeguarding champion and records showed that all safeguarding discussions regardless of outcome were documented as required.

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

No recent complaints had been received by the home however the manager was able to show that a policy was in place in the event of receiving a complaint and gave assurances that all expressions of dissatisfaction are taken seriously and seen as learning opportunities for continual service improvement. One patient told us that they would not hesitate in speaking with staff if they had a complaint and said that they had every faith that the matter would be handled appropriately, "It's a good place...if I need to complain they don't mind at all and we get it sorted".

Staff commented positively about the manager and said they felt supported in their roles, "Lyndsay is a great manager".

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lyndsay Esler, 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 (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 8 November 2021	The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All Registered Nurses and Home Manager have completed care plan coaching with FSHC Care Quality Team. A monthly care plan audit is completed on 4 care files every month. An action plan is created for any deficits, given to the nursing team to address and quality assured by Deputy and Home Manager. All residents have an aligned named nurse. A monthly care profile audit is completed each month on all resident's care files. A copy of the audit, with highlighted deficits is given to the nursing team to address and quality assured by Deputy and Home Manager.

Area for improvement 2 Ref: Standard 5 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that when patients are in their bedrooms they have call bells within reach. If a patients is unable to summon assistance in this way this should be clearly documented in their individual care plan.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All residents have been reviewed and those identified as not being able to use call bell system, have a care plan in place detailing how staff should monitor these resident's periodically throughout the day and night.</p> <p>Nurse call bell checks are carried out on a monthly basis by maintenance person, to ensure all buzzers are in working order.</p>

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