



Unannounced Care Inspection Report 9 September 2019



Hawthorn House

Type of Service: Nursing Home
Address: 16-16a Hawthornden Road, Belfast, BT4 3JU
Tel No: 02890473027
Inspector: Linda Parkes

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 registered nursing home which provides care for up to 32 patients who require nursing care.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Lyndsey Esler – 21 August 2019
Person in charge at the time of inspection: Lyndsey 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: 30

4.0 Inspection summary

An unannounced inspection took place on 9 September 2019 from 09.25 hours to 16.40 hours.

This inspection was undertaken by the 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.

Evidence of good practice was found throughout the inspection in relation to staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that fire exits are kept clear and are free from obstruction, the recruitment process of staff, regarding infection prevention and control (IPC) best practice and the maintenance of a safe and healthy working environment.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Lyndsey Esler, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 28 June to 13 August 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46.2 Stated: First time	The registered person shall establish a robust system to ensure that all wheelchairs are adequately cleaned.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, observation of wheelchairs throughout the home and review of daily cleaning records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 2 to 15 September 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. She advised that two registered nurse posts to cover night duty, two full time care assistant posts and the position of cook have been advertised. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Review of the recruitment file of a member of staff evidenced that it was not maintained in accordance with relevant statutory employment legislation. Records were unavailable on the day of inspection to evidence that enhanced Access NI checks were sought, received and reviewed prior to the staff member commencing work. A copy of the enhanced Access NI checks was received by RQIA after inspection confirming it had been reviewed prior to the staff member commencing work. Gaps in the employment history were observed and reasons for leaving employment were not explored or recorded during the recruitment process for the member of staff. This was discussed with the registered manager. An area for improvement was identified.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Hawthorn House. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned and indicated they were very satisfied that there are enough staff to help.

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated they were very satisfied that staff had 'enough time to care'.

One returned questionnaire included the following comment: "I find the staff very helpful, always obliging and Lyndsey (registered manager) is very quick to follow up anything that we need sorted, for example an optician or dental appointment."

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 20 April to 13 July 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The bin in the visitor's rest room was observed to be in disrepair. This was discussed with the registered manager who advised via email following the inspection, that the bin had been replaced. A hand sanitiser dispenser on the ground floor was noted to be broken. This was discussed with the registered manager who advised that a new one had been ordered to replace it. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

In an identified bathroom on the ground floor it was observed that the edging strip on the bath was protruding and broken and could cause a potential health and safety risk to patients and staff in the home. This was discussed with the registered manager who advised via email following the inspection, that the strip had been fixed.

In identified bathrooms pull cords were observed to be uncovered and could not be effectively cleaned regarding best practice in infection prevention and control (IPC) measures. This was discussed with the registered manager and an area for improvement was identified.

On inspection of the first floor it was noted that the room housing the boiler was unlocked which could cause a potential health and safety risk to patients and staff within the home. This was discussed with the registered manager and an area for improvement was identified.

An identified fire exit on the ground floor was observed to have a hoist stored that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. This was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of the patients in the home. An area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and the home's environment.

Areas for improvement

Areas for improvement were identified to ensure that fire exits are kept clear and free from obstruction, the recruitment process of staff, regarding infection prevention and control (IPC) best practice and the maintenance of a safe and healthy working environment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Observation of two patient repositioning charts and one patient food and fluid chart evidenced that they were well maintained.

Review of one patient's records in relation to wound management and one patient's records regarding modified diets was undertaken during the inspection. Both records evidenced that care planning was reflective of patients' needs and the multidisciplinary team recommendations to direct staff in the provision of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The registered manager advised that daily 'flash meetings' were held with staff in order to update them on current events and announcements within the home. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

On the morning of inspection it was observed that staff responded quickly and appropriately when an emergency call bell was activated to assist a patient who required medical attention.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were

observed assisting patients with their meal appropriately, in an unhurried manner. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed in a suitable format and showed what was available at each mealtime.

Three patients commented:

"Lunch is very good."

"Lovely."

"The meal is very nice."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for your superb care and support."

"We would like to express deep appreciation and gratitude for all the wonderful care you gave to mum. Knowing how happy mum was at Hawthorn House gave us great comfort."

During the inspection the inspector met with seven patients, small groups of patients in the dining room and lounges, four patients' relatives and six staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Hawthorn House. Patients who could not verbalise their feelings in respect of their care were observed to be

relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Two questionnaires were returned and both indicated they were very satisfied that care is compassionate.

Four patients commented:

"The staff are all very good. I've no concerns"

"I'm very happy here. Lyndsey (registered manager) and the staff are good."

"The staff are generally good. If I had a concern I would speak to Lyndsey who would sort it out."

"They're all very nice. I have no complaints."

Three patients' representatives commented:

"It's a super place. I can't speak of it more highly. The home manager and the staff are patient."

"I've no concerns. It's well run."

"I'm happy with the care. Mum's always well turned out. Communication is good and I'm kept informed of any changes."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A group visiting were observed singing in the lounge and a member of the group played a guitar. Patients were encouraged to join in the singing of familiar songs and appeared to be enjoying the gathering.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been no change in management arrangements. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices.

Discussion with the registered manager and review of records from 28 June to 13 August 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lyndsey Esler, registered 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 27.4 (c) Stated: First time To be completed: Immediate action required	The registered person shall ensure fire exits are kept clear and are free from obstruction. Ref: 6.3
	Response by registered person detailing the actions taken: A fire exit check was put in place for Carers on duty to complete at 8am and 8pm. The person completing the tasks is delegated each morning. This gives ownership to the staff working on the floor to ensure fire exits are not obstructed. The HM during daily walkabouts checks the fire exits also.
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 38 Stated: First time To be completed: Immediate action required	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. Gaps in employment history and reasons for leaving employment should be explored and recorded and Access NI details should be available for the inspector to view on request. Ref: 6.3
	Response by registered person detailing the actions taken: An audit of all personnel files to be undertaken, to ensure that the HM is fully aware of any gaps and then can act to rectify the situation. Going forward the HM will have more oversight of this area during the pre-employment phase.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that pull cords throughout the home are covered in order to minimise the risk of infection for patients and staff. Ref: 6.3
	Response by registered person detailing the actions taken: All pull cords have been covered with plastic covers. This will be monitored as part of the infection control audit.

<p>Area for improvement 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that safe and healthy working practices comply with legislation in relation to reducing the risk of potential harm or injury to patients and staff in the home, by ensuring that areas containing heating systems are appropriately secured.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Boiler room doors are now checked daily by the Home Manager or designated person as part of the Daily walk about audit.</p>
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Please ensure this document is completed in full and returned via Web Portal



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