Inspection Report

11 January 2023

Hawthorn House

Type of Service: Nursing Home
Address: 16-16a Hawthornden Road. Belfast, BT4 3JU
Tel No: 028 9047 3027

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

1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Ltd **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Miss Rachel Downing **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:** 30
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 11 January 2023 from 9.45 am to 5.45 pm 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, warm, and well lit, with adequate furnishings and well maintained décor.

Patients were well presented in their appearance and spoke in positive terms about living in Hawthorn House. Patients unable to voice their opinions were observed to be comfortable in their surroundings. Comments made by patients and staff are included in the body of this report.

Staff were seen to be polite with patients, visiting professionals, and each other.

Staff attended to patients' needs in a timely manner and demonstrated knowledge about patients' needs, preferences, and routines. There was a good working relationship between staff and management.

Areas for improvement identified at the last care inspection were assessed as met. Three new areas for improvement were identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC), documentation pertaining to patient hydration management, and supplementary records.

RQIA were assured that the delivery of care and services provided in Hawthorn House was safe, effective, and compassionate, and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 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

During the inspection we spoke with six patients, three staff, and one visiting professional. No questionnaire or survey responses were received within the allocated timeframe.

Patients spoke positively about their experience of life in the home; they told us that staff were "very friendly", and "more than good", and described the care as "excellent".

Two patients commented that while staff were “very good”, they observed staffing to be sometimes “short on the ground.” These patients said that they sometimes had to wait longer than anticipated for staff availability. This was discussed with the Manager who confirmed that staffing levels had recently been reviewed and increased that week with the introduction of a twilight shift each day. Observations on the day of inspection and discussion with staff evidenced that this was working well and that there were enough staff on duty to meet patients’ needs.

Patients said that they enjoyed the activities on offer and confirmed that they could choose how they spent their time. Patients said that the food was good and that the home was kept clean.

The visiting professional told us that staff demonstrated a good understanding of patients’ capabilities and needs and were informative. The visiting professional said that they had confidence that staff followed specialist recommendations.

Staff said that they were happy with the current staffing arrangements in the home and that they were happy working in Hawthorn House. Staff told us that they felt supported in their roles and that the Manager was consistent and approachable.

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 07 October 2021		
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:** Second time	The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 **Ref:** Standard 5 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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.

There was a system in place to monitoring relevant staffs' professional registration with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). This system was checked monthly by the Manager. Deficits were identified with the monitoring of care staffs' registration with NISCC resulting in one member of staff having to be removed from the duty rota until the matter with their registration was resolved. The Manager made contact directly with NISCC during the inspection and was working with NISCC and the employee to expedite the matter. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety, and adult safeguarding. Training was delivered in the form of eLearning and face to face. The Manager had oversight of staff compliance with essential training courses. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Records showed that nursing staff completed competency and capability assessments yearly under the supervision of the Manager. Topics included medication management, wound care, and taking charge of the home in the absence of the Manager.

Staff said that there was good teamwork and that they felt supported in their role. Staff said that they were satisfied with the staffing levels in the home and expressed that the introduction of a twilight shift each day had improved the delivery of care. Staff spoke positively about communication between staff and management and said that they felt listened to.

Two patients commented that staff were very good but that they observed staff to be very busy and "short on the ground." These patients said that this would sometimes lead to a delay in staff availability. Both patients stressed that staff were pleasant and polite and they expressed sympathy for staffs' workload.

These comments were shared with the Manager who confirmed that staffing levels had been reviewed and adjusted to meet patients' needs. Staffing arrangements remain under regular review by the Manager.

The majority of patients spoke positively about their experience of life in the home; they told us that staff were "very friendly", and "more than good", and described the care as "excellent." One patient said of staff, "they would do anything for you and if you don't like something they move heaven and earth to get it right".

Observation of the delivery of care evidenced that patients' needs were met by the levels of staff and skill mix on duty. 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 visiting professional told us that staff demonstrated a good understanding of patients' needs, followed any specialist recommendations, and communicated professionally. The visiting professional said that they always felt welcomed in the home and that they had no concerns about Hawthorn House.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients and to allocate duties for that shift. Staff said that they were afforded ample time for handover meetings and that there was good communication between teams and between staff and management.

Staff were seen to be busy but to provide prompt response to patients' needs. Staff demonstrated knowledge about patients' individual needs, preferences and routines. It was observed that the atmosphere was pleasant and welcoming, and interactions between staff and patients were seen to be warm and compassionate.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. It was positive to note that patients and relatives where appropriate, were involved in the planning of care.

Patients who were less able to mobilise require special attention to their skin care. Staff were seen to assist patients with limited mobility to change their position regularly. Supplementary care records, such as repositioning charts, bedrail checks and night checks were found to be inconsistently maintained, with gaps in recording ranging from several hours through to interventions during entire shifts not being recorded. An area for improvement was identified.

Patients who were assessed as being at risk of skin breakdown had a care plan in place directing staff on frequency of repositioning and detailed any specialist equipment in place such as airflow mattresses. Wound care records were well maintained and there was evidence of onward referral where required to Tissue Viability Nurse (TNV) specialist.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

For example, the use of walking aids, suitable footwear, and patient areas were maintained clutter free. Staff were seen to assist and encourage patients with their mobility. There was evidence of specialist involvement from physiotherapy and Occupational Therapy (OT), and staff were seen to follow specialist recommendations. Examination of records and discussion with nursing staff and a visiting professional confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the breakfast and lunchtime sittings were observed. Patients were seen to choose where they preferred to have their meals, with some using the communal dining room and some choosing to dine in their bedrooms. The atmosphere during both sittings was relaxed and unhurried.

Staff were seen to offer a choice of drinks and to assist those patients who required help. The lunch time menu had two options and staff were seen to assist patients earlier in the day to select their preferences. Patients and staff confirmed that alternative meals could be arranged if a patient did not like what was on offer that day. The food was attractively presented and portion sizes were generous. Patients said that the food tasted good and that there was good variety.

Review of catering records showed that meals were planned out on a three week rotation and the chef confirmed that patient consultation occurred each time a new three week planner was being developed.

Staff said that they were made aware of patients' nutritional needs to ensure that recommendations made by Speech and Language Therapy (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Supplementary care records were in place to record what some patients ate and drank daily. Some inconsistencies were identified with regard to documentation of hydration management. For example some patients did not routinely meet the recommended fluid target intake for an adult. Discussion with nursing staff evidenced competency in assessing for signs of dehydration and an awareness of individual patients' baseline fluid intake. However this was not always detailed in the care records. For example, care plans did not specify that individual patients had a lower than average baseline, care plans did not detail what action should be taken if/when a patient veers from their baseline, and fluid intake was not consistently totalled in the daily progress notes to evidence that intake had been reviewed by a nurse. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

Patients told us that they were happy with the care and services provided in Hawthorn House with one patient describing the care as “excellent.” Patients confirmed that they could exercise choice, with one patient stating “they don’t force anyone to do anything…it’s always your choice or what you like to do.”

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.

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. This was brought to the attention of the Manager who took immediate action and removed the wedge. A notice was displayed on the door reminding staff of the correct use of fire doors. This was not witnessed at any other fire door. The Manager agreed to review the use of fire doors in the whole home and to ensure that any fire doors that are required by staff to be held open during their duties should be fixed with the appropriate door opening mechanism and connected to the home’s fire alarm system. This will be reviewed at the next inspection.

The most recent fire risk assessment was undertaken on 13 March 2022 and records showed that any recommendations had been actioned.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visitors to the home were encouraged to practice hand hygiene and hand sanitizer and masks were available at the entrance, and any outbreak of infection was reported to the Public Health Authority (PHA).

There was ample supply of Personal Protective Equipment (PPE) strategically placed throughout the home. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could pick and choose what organised activities they participated in, or could sit up late to watch television or have a lie on in bed in the mornings. Patients told us that staff encouraged them to express their wishes with regards to choice.

The activities coordinator was on leave at the time of the inspection and patients expressed that they missed the coordinator when they were not around and looked forward to organised sessions.

There was evidence of good communication with patients as most were able to talk about recent sessions and each bedroom had a leaflet delivered informing patients of upcoming events, such as a 'Brew Monday' session inviting patients to come along and try different types of teas from around the world.

Notice boards displayed photos of patients and staff enjoying activity sessions and there was evidence of patients' arts and crafts on display.

Patients confirmed that they could avail of visits from family and friends in communal areas or in the privacy of their own bedrooms. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Patients also said that they could have contact with family via telephone or that staff would assist with video calls if they wished. Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

5.2.5 Management and Governance Arrangements

There had been a change to the management arrangements for the home since the last inspection with Rachel Downing appointed as Manager on 13 December 2021 and registered with RQIA on 20 June 2022. The Manager said they felt supported by senior management and the organisation.

Staff 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.

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.

Patients spoken with said that they knew how to report any concerns and said they were confident that management would handle any issues appropriately, "I could complain if I had any issues…I would say to any of them (staff)..."

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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

Staff commented positively about the Manager and the wider management team and described them as supportive, approachable and always available for guidance. Staff said "Rachel is great…she listens and takes what we say on board".

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 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 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 were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 21 (1) (b) **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Monthly NISCC checks are carried out to monitor registration status of all care staff. Appropriate action will be taken with staff that do not keep registration up to date. As part of induction process, the home manager/ administrator will assist new staff to apply for NISCC registration, this will be recorded on induction form as evidence of completion. Staff will not be permitted to finish probationary period without being registered. Compliance will be monitored during the monthly Reg 29 monitoring visit..
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:**	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. Ref: 5.2.2

With immediate effect	**Response by registered person detailing the actions taken:** Supervision sessions are being completed with all care assistants to reiterate the importance of contemporaneously completing supplementary documentation. The Nursing staff are to have oversight of these documents on a daily basis and sign them once checked. The Manager/Deputy will review sample of supplementary charts as part of their governance checks. Compliance will be monitored through daily walkabouts and the monthly monitoring visit.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 January 2023	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: GP's are to be contacted for those residents with a poor fluid intake, to discuss the resident's individual fluid management care and when the GP will want to be contacted if the daily set target is not met within a specified number of days. Details of the discussions will form the basis of the resident's individual fluid and nutrition care plan and will be monitored through daily progress notes and handover reports. Compliance will be monitored via the Manager as part of the governance audits and via the completion of the monthly reg 29 visits.

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

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