



Unannounced Care Inspection Report 13 February 2019



Hawthorn House

Type of Service: Nursing Home (NH)
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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Lyndsay Esler	Date manager registered: Lyndsay Esler – registration pending
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 registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 13 February 2019 from 09.30 to 17.25 hours.

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.

The inspection assessed progress with any areas for improvement identified 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 in relation to staff provision, adult safeguarding, audits and reviews and communication between patients, staff and other professionals.

One area requiring improvement was identified to ensure a robust system is established in order that wheelchairs are adequately cleaned to adhere to infection prevention and control measures to minimise the risk of infection for staff, residents and visitors.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Janice Brown, regional manager, and 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.

4.2 Action/enforcement taken following the most recent inspection dated 21 September 2018

The most recent inspection of the home was an announced enforcement care inspection undertaken on 21 September 2018. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with two patients, small groups of patients in the dining room, five patients' relatives and five staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 4 to 17 February 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 from 1 October to 17 December 2018

- three patient repositioning supplementary care records
- three patient fluid intake supplementary care records
- five patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from 2 July 2018 to 24 January 2019 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 21 September 2018

The most recent inspection of the home was an announced enforcement care inspection. No areas for improvement were identified. Ongoing enforcement action did not result from the findings of this inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 July 2018

Areas for improvement from the last care inspection		
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 this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of the environment within the home and discussion with the regional manager and manager confirmed that this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the new treatment room evidenced that all medicines are stored safely and securely. Medicine trolleys were secured to the wall in the treatment room and the entrance door locked. This area for improvement has been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion and observation with the home manager confirmed that patient information is stored safely in locked cupboards, one on each floor and in a locked room. This area for improvement has been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of three patients' supplementary care records, specifically repositioning records confirmed that they have been completed in a comprehensive, accurate, and contemporaneous manner. This area for improvement has been met.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care records, specifically those used for the purpose of recording patients' fluid intake, are completed in a comprehensive, accurate and contemporaneous manner at all times. There should also be evidence of patients' daily oral intake being meaningfully and regularly reviewed by nursing staff within the care record.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of three patients' fluid intake care records confirmed that they have been completed in a comprehensive, accurate, and contemporaneous manner. Care records evidenced that patients' daily oral intake was meaningfully and regularly reviewed by the nursing staff. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation confirmed that appropriate signage is provided within the home to promote the orientation and individuality of patients. This area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that monthly monitoring reports are completed in a comprehensive, robust and accurate manner at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of Regulation 29 visits from 2 July 2018 to 24 January 2019 completed by senior management confirmed that monthly reports have been completed in a comprehensive, robust and accurate manner. This area for improvement has been met.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 4 to 17 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The manager advised that two registered nurse posts and a deputy manager post has been advertised. She also stated that no Care Home Assistant Practitioners (CHAP) are currently working in the home and that they have been replaced by a registered nurse. A CHAP is a care assistant who has received extra training to support the registered nursing staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with 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; we had no responses within the timescale specified.

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; we had no responses within the timescale specified.

Two patients said:

"Everyone looks after me well and I have no worries or concerns."

"The staff here are great. I haven't any complaints and I'm looked after well."

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Four relatives said:

"Dad needs a lot of care and the staff do a good job."

"I've no concerns about the care as Mum's looked after well."

"My wife was nursed at home before coming here. I've no concerns as she's well cared for."

"The home's very clean throughout, the staff are friendly and the manager is approachable."

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

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. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of 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 manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager is identified as the safeguarding champion lead.

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

We reviewed accidents/incidents records from 1 October to 17 December 2018 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.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

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. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On observation of wheelchairs in the home it was noted that they were not effectively cleaned. This was discussed with the manager. An area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff evidenced that infection prevention and control measures/best practice guidance were adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement was identified in relation to establishing a robust system to ensure all wheelchairs are adequately cleaned.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of patients' weight. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. 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), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. 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. The manager advised that daily 'flash meetings' were held with staff in order to update them on current events and announcements within the home. The regional manager and manager advised that some staff members had asked if communication at the beginning of each shift could be improved as they would like a more thorough handover. The regional manager and manager advised that communication has improved and they plan to meet with staff to review the process to promote effective communication at handover meetings.

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 manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that staff, patient and relatives meetings were held on a quarterly basis. Minutes were available. On the morning of inspection a resident's meeting was observed to be chaired by the patient activity leader.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Staff were responding to patient’s needs and requests promptly and cheerfully. Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients said:

“The chef’s good and lunch is always enjoyable.”

“The food’s good. There’s always a choice and the staff ask us what we would like from the menu.”

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.

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

“We will always remember and value the exceptional care that you gave... It was a great relief that he was happy and safe.”

“Your care and support helped to make a difficult time a little easier for us.”

“We as a family couldn’t have wished for better care for our loved one.”

All patients spoken with commented positively regarding the care they receive and the caring and 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 provided for patients and their representatives across the four domains of care. We had no responses within the timescale specified.

One relative said, “I haven’t a bad thing to say. If Mum wants something else that’s not on the menu they get it for her. The home’s clean and the staff are observant. Communication is good as they will advise me on any changes to Mum’s care. The manager is very approachable and quick to respond to concerns.”

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

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the 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, dignity and privacy, and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. 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/representatives evidenced that the 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 manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the 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 accidents/incidents, and complaints. In addition robust measures were also in place to provide the manager with an overview of the management of wounds occurring in the home.

Discussion with the manager and review of records from 2 July 2018 to 24 January 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.

Discussion with the 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Janice Brown, regional manager and 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall establish a robust system to ensure that all wheelchairs are adequately cleaned.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>On the first Tuesday of every month the Maintenance Man will power wash all the wheelchairs. The night carers each night will then be responsible for the daily decontamination and washing of each wheelchair in the Home to ensure a high standard of cleanliness. The Manager will monitor the decontamination forms and also audit the cleanliness of the wheelchairs on her daily walkaround throughout the week.</p>

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



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