



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 13 December 2019



## Hawthorn House

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

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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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Lyndsay Esler – 21 August 2019
<b>Person in charge at the time of inspection:</b> Lyndsay Esler	<b>Number of registered places:</b> 32
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32

### 4.0 Inspection summary

An unannounced inspection took place on 13 December 2019 from 10.00 hours to 16.30 hours.

This inspection was undertaken by the care inspector.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of care homes, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Patients in nursing homes have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Staff had a good knowledge of the needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care took into account personal choice and independence for patients.

No areas for improvement were identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and staff.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lyndsay Esler, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 September 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 relating to this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 their views of the home. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

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

The following records were reviewed during the inspection:

- duty rota information for all staff from 2 December 2019 to 22 December 2019
- incident and accident records
- two staff recruitment records
- two patient care records, including food and fluid intake charts
- a sample of governance audits/records
- complaints records
- adult safeguarding records
- the monthly monitoring reports for October and November 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	The registered person shall ensure fire exits are kept clear and are free from obstruction.	<b>Met</b>
<b>Ref:</b> Regulation 27.4 (c) <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> During the inspection fire exits were noted to be clear and free from obstruction.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	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.	<b>Met</b>
<b>Ref:</b> Standard 38 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> From recruitment records reviewed it was identified that staff had been recruited in accordance with relevant statutory employment legislation and mandatory requirements. There was evidence that gaps in employment history had been reviewed. Evidence of Access NI checks was available for review.	
<b>Area for improvement 1</b>	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.	<b>Met</b>
<b>Ref:</b> Standard 46 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> During the inspection it was identified that the majority of pull cords had been covered. However, it was noted that two still required to be covered. This was discussed with the registered manager and actioned immediately.	

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During the inspection it was identified that areas containing heating systems were locked.	

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

We reviewed staffing arrangements within the home. The home is currently managed by the registered manager who was registered in August 2019; they demonstrated that they were knowledgeable in relation to their responsibilities with regard to the regulations. The registered manager is currently being assisted by a support manager from within the organisation. Discussions with the registered manager and staff evidenced that there was a clear organisational structure within the home. The registered manager coordinates a team of registered nurses and senior care workers, care workers, housekeeping and kitchen staff.

Discussions with the registered manager and staff, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of patients and relatives during the inspection identified that they had no concerns with regards receiving the appropriate care and support.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

The registered manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. A review of the staffing rota from 2 December 2019 to 22 December 2019 evidenced that the planned staffing levels were adhered to. The duty rota accurately reflected the staffing levels discussed with the registered manager during inspection. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff; it was felt that this supports the home in ensuring continuity of care. Staff described how ensuring continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. It was identified that a number of senior care workers are due to commence employment in the home.



Staff could describe their roles and responsibilities. In discussion patients and relatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Staff demonstrated that they had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Interactions between staff and patients were observed to be compassionate, caring and timely. Patients were offered choice; staff provided care in a manner that promoted privacy, dignity and respect. Patients consulted spoke positively in relation to the care provided to them in the home. 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. Call bells were noted to be answered promptly.

### **6.2.2 Environment**

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

The entrance areas and a number of shared areas were noted to be well decorated, clean and uncluttered. A number of areas throughout the home had been decorated for the festive period. Patients' bedrooms were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. There were no malodours detected in the home. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for patients and their visitors. Audits had been conducted reviewing IPC compliance with best practice and hand hygiene.

### **6.2.3 Care records**

Care records viewed during the inspection were noted to be retained in a well organised and secure manner. The review of care records for two patients identified that they were comprehensive and individualised; they included details of patient's choices and preferences. The records viewed included relevant referral information received from a range of HSCT representatives and in addition included risk assessments, safety assessments and care plans.

Care plans viewed were noted to provide a detailed account of the specific care required by individual patients. Staff record daily the care provided to patients. Staff stated that they aim is to support patients to be as independent as possible.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. Discussions with staff, relatives and patients, and observations made provided assurances that care is provided in an individualised manner.



There was evidence of regular communication with representatives within the care records. A review of the care provided is facilitated at least annually in conjunction with relevant representatives. Staff described the need for regular reviews to ensure that the needs of patients were being appropriately met and risks identified.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. The inspector discussed with the registered manager the benefits of recording accurately on the food/fluid record the specific times when food and fluids are offered to patients and they refuse. The registered manager stated that they would inform all staff of the need to ensure that this information is recorded.

#### **6.2.4 Dining experience**

We observed the serving of the midday meal. The dining room was clean and uncluttered and table settings were noted to be well presented with appropriate table coverings, napkins, condiments and cutlery. Food served was well presented and discussion with some patients evidenced that they enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Food was covered when being transferred from the dining room to patients who were not eating in the dining room. The menu was displayed in a suitable format. A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu.

#### **6.2.5 Activities**

The inspector observed a varied range of activities available to patients in the home especially in relation to the festive period. Activities, such as art, music and crafts were part of the weekly programme. Activities are arranged and coordinated by the homes activities coordinator.

#### **6.2.6 Complaints**

A review of complaints received evidenced that complaints had been managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 and other relevant legislation. Complaints are audited monthly. Patients and relatives confirmed that they were aware of the home's complaints procedure. A copy of the complaints procedure was available in the home in a variety of formats. Patients/representatives indicated that they were confident that any concern raised by them would be managed appropriately.

#### **6.2.7 Adult safeguarding**

A review of adult safeguarding information and discussions with the registered manager provided evidence that no referrals had been made in relation to adult safeguarding since the last care inspection. Adult safeguarding is reviewed as part of the monthly quality monitoring process. Discussions with the registered manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. A safeguarding champion was identified for the home.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

### 6.2.8 Incidents

A review of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There are systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited to assist the home in highlighting trends and risks and to identify areas for improvement.

### 6.2.9 Consultation

During the inspection we spoke to five patients, small groups of patients in the dining room or lounge areas, a number of patient relatives and three staff. Patients and relatives provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

#### Patient's comments

- "Happy here, staff are good."
- "Food is good; get too much."
- "I am happy enough; staff answer the buzzer quickly."
- "I have no concerns."
- "Staff are very good; \*\*\*\* (staff member) is a lovely wee girl, young but great."
- "Really good, settled."

#### Staff comments

- "Care is good, staff are caring."
- "Good wee home."
- "Amazing place."
- "Residents are well cared for; their freedom should not be taken away."
- "Patients have choice."
- "This is an amazing place to work."
- "Patients have good food choices; we will run to the shop to get them something of their choice if needed; we like to get them to eat."

#### Relatives' comments

- "No issues, very happy. "
- "Staff attentive."
- "Previously a concern with food and fluid intake; staff keep a record."

The relatives of one patient who had raised a concern confirmed that the matter had been appropriately addressed and indicated that they had no further concerns. They stated that they would have no hesitation in speaking to the registered manager or staff if they had a concern/issue. Patients stated that staff were approachable, friendly and listened to them; they stated that they had no concerns in relation to staff attitude or the care provided to them.

Discussion with the registered manager and staff provided evidence that there were systems in place to obtain the views of patients, their representatives and staff on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the registered manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

**6.2.10 Governance Arrangements**

The registered manager provided evidence that robust systems were in place to monitor and report on the quality of nursing and other services provided. The inspector viewed audits completed monthly that are in accordance with best practice guidance in relation to infection prevention and control, dependency levels, wound management, restrictive practice, medication, complaints, incidents/accidents and adult safeguarding.

The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The inspector reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan is generated to address any areas for improvement. The records indicated engagement with patients, and where appropriate their representatives. The reports available were noted to include details of the review of the previous action plan, review of patient care records, staffing arrangements, accidents/incidents, adult safeguarding referrals, weight loss, wound management and complaints.

Copies of the reports were available for patients, their representatives, staff and trust representatives.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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