



The Regulation and  
Quality Improvement  
Authority

Hawthorn House  
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BT4 3JU

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**Unannounced Care Inspection  
of  
Hawthorn House  
  
20 January 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 20 January 2016 from 10.15 to 15.15.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 02 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Dr Maureen Claire Royston	<b>Registered Manager:</b> Kerrie Wallace
<b>Person in Charge of the Home at the Time of Inspection:</b> Kerrie Wallace	<b>Date Manager Registered:</b> 01 June 2010
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 32
<b>Number of Patients Accommodated on Day of Inspection:</b> 29	<b>Weekly Tariff at Time of Inspection:</b> £648 - £668

### 3. Inspection Focus

The inspection sought to determine if the following standards have been met:

**Standard 23: Prevention of Pressure Damage**

**Standard 4: Individualised Care and Support**

**Standard 21: Health Care**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, four care staff, two nursing staff, four patient's representatives and one visiting professional.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- complaints records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection dated 10 September 2015. The completed QIP was returned and approved by the finance inspector.

#### 5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection on 02 June 2015.

No requirements or recommendations were made in the last care inspection.

### **5.3 Standard 23 Prevention of Pressure Damage**

A review of three patient care records confirmed that pressure damage risk assessments had been carried out for all residents. There was evidence of individualised care plans for patients who were identified as having a high risk for pressure damage. A review of two care records of patients who had pressure ulcers confirmed that risk assessments and care plans were completed. Wound assessments were regularly completed and there was evidence of tissue viability nurse involvement, as deemed appropriate. Discussion with the registered manager and the review of care records confirmed that all Grade 2 pressure sores were reported to the Health and Social Care Trusts, in line with guidance and protocols.

### **5.4 Additional Areas Examined**

#### **Care Records**

A review of three care records pertaining to patients, who were recently admitted to the home, identified that the patient risk assessments and care plans had not been updated on admission. This was discussed with the registered manager and a recommendation was made.

#### **Lay assessor comments**

The inspector was accompanied by a lay assessor throughout the morning of the inspection. The lay assessor spoke with patients, relatives and staff throughout all areas of the home and assisted patients to complete questionnaires where relevant. Comments made during feedback were very positive in general regarding the overall environment of the home and the care provided. However, the lay assessor also commented that the patients spoken with had described how staff did not have the time to listen to them and that they did not feel that they were consistently treated with respect and dignity. Specific areas from lay assessor feedback were conveyed to the registered manager to address. RQIA were satisfied with the manager's response.

#### **Staffing**

Review of duty rotas for nursing and care staff confirmed that staffing levels were generally in keeping with the planned staffing levels discussed with inspectors. Discussion with staff and the registered manager confirmed that short notice absences were being managed in keeping with the home's protocol. Comments made by patients, patients' representatives and staff, regarding the home being understaffed were discussed with the registered manager, who was aware of the staff's views. A review of the duty rotas confirmed that there had recently been a change made to the afternoon shift to address the matter.

#### **Staff, patients and patients' representative comments**

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

## Staff

'It's great really'  
 'I am very happy, I have no concerns.'  
 'I am very happy with the (manager's) response to any concerns.'  
 'The nurses are doing paperwork all the time and don't help the carers.'  
 'It can be short-staffed at times - not too often.'

## Patients

'(The staff) are very good here. They are better than most.'  
 'I don't think there could be any improvement.'  
 'I am happy enough, but I have my ups and downs.'  
 'If there is anything, I particularly want, I can speak to the (manager).'  
 'I get all my meals and I am well looked after.'  
 'I have very few visitors - I am lonely.'  
 'I don't have (any visitors) coming.'  
 'I am far away from friends and family.'  
 'You learn to look after yourself in these places.'

Three patients stated that the home had been recently understaffed and that the staff did not have time to listen to them. One patient described the staff as being 'tired or weary'.

## Patients' representatives

'The home is professionally run. The staff understand the need to be kind to the patients living there.'  
 'Even the most trivial thing, relating to (my relative) is communicated to me.'  
 'My (relative) is completely dependent on the staff. Any issues we have had were quickly sorted out.'  
 'I don't think my (relative) would be better cared for anywhere else.'  
 '(The staff) are very good here. They are better than most.'  
 'I have no (negative) comment on the care.'

One patient's representative commented that the home was quite often short-staffed.

## Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. One identified patients room was observed to be malodorous. This was discussed with the manager who agreed to address the matter.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 17 March 2016	The registered manager should ensure that all relevant risk assessments and care plans are completed/updated within five days of admission to the home.  <b>Ref: Section: 5.4</b>  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> As per policy Residents' care files will be completed/ reassessed on readmission, manager to monitor
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<b>Registered Manager Completing QIP</b>	K Wallace	<b>Date Completed</b>	3.3.16
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	08.03.16
<b>RQIA Inspector Assessing Response</b>	Aveen Donnelly	<b>Date Approved</b>	04/04/2016

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**