

# Unannounced Care Inspection Report

## 20 June 2017



## Hawthorn House

**Type of Service: Nursing Home**

**Address: 16-16a Hawthornden Road, Belfast BT4 3JU**

**Tel No: 02890473027**

**Inspector: James Lavery**

[www.rgia.org.uk](http://www.rgia.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

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> 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> 30 June 2010
<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 registered places:</b> 32

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2017 from 09.30 to 16.20 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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. No areas requiring improvement were identified in the previous care inspection.

Evidence of good practice was found in relation to governance arrangements for the management of staff; management of accidents and incidents; staff awareness relating to adult safeguarding; the dining experience of patients in keeping with the Care Standards for Nursing Homes (2015) and the ethos and culture of the home which focused on patient outcomes.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations. Areas for improvement under standards included the condition of some internal furnishings impacting infection prevention and control (IPC) standards; practices relating to fire safety and the confidential storage of patient records.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Kerrie Wallace, 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 25 April 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 April 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following 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
- the registration status of the home
- 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
- pre-inspection audit
- the previous medicines management inspection

During the inspection the inspector met with seven patients, nine staff, four patients' visitors/representatives and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 12 to 25 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 25 April 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 11 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16(1)(b)  <b>Stated:</b> First time	The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of care records for three patients and discussion with the registered manager confirmed that records were kept under review as necessary. The home operates a system of 'Primary nursing' whereby identified nurses have responsibility for the monthly review of care records. This in turn is audited monthly by the registered manager.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22.6  <b>Stated:</b> First time	The registered persons should ensure that the falls risk assessment is reviewed in response in changes to the residents' condition and the care plan amended accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and a review of records evidenced that falls risk assessments were reviewed in response to changes in residents' conditions and the relevant care plan amended accordingly. A monthly analysis of all falls was also found to be audited by the registered manager using the home's electronic 'Datix' system.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered provider should ensure that the management of odours in the identified area is reviewed and eliminated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the home environment and discussion with patients, relatives and staff evidenced that there were no persistent problems identified concerning the management of malodours.	

### 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 12 to 25 June 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home and that she had attended updated safeguarding training on 16 June 2017.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. One storage area contained a wall mounted cabinet in which an electrical panel was enclosed. The cabinet was found to be open and unlocked. The door which provided access to the area was also found to be closed but unlocked despite having signage indicating that it should be kept locked. This was highlighted to the registered manager and identified as an area for improvement under standards.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of weaknesses relating to the environment were identified. The units directly under the wash hand basins in seven patient bedrooms were found to be in a state of disrepair and as such could not be cleaned in keeping with best practice guidance for IPC. The bed rail covers in two patient bedrooms along with a crash mat in a third bedroom were also observed to be worn and consequently exposed underlying material. Additionally, four radiator covers were observed to be in a state of disrepair. These deficits were discussed with the registered manager who acknowledged that these areas required attention. An area for improvement under standards was identified. It was noted that two chairs for patient and visitor use within the reception area were renewed during the course of the inspection.

Ongoing observation further identified one area where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified to ensure COSHH regulations were adhered to. The area identified was addressed on the day of inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements for the management of staff; promoting a culture of teamwork within the home and the reporting of notification of incidents to appropriate bodies.



## Areas for improvement

An area for improvement under regulation was identified in relation to compliance with COSHH regulations while two areas for improvement under standards were identified in relation to the internal environment of the home in compliance with IPC standards and best practice and fire safety.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, physiotherapists and speech and language therapists (SALT).

Supplementary care charts, such as repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found. Care records further demonstrated that a range of validated risk assessments were used and informed the care planning process with care plans being written in a patient centred and timely manner.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' care needs; the timely provision of patient care plans; communication between residents, staff and family members.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"The staff are friendly and kind."

"Nurses are good."

"I'm quite content."

"I can't find fault in the food."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the registered manager to be very supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff who were not on duty to complete, 10 for relatives and eight for patients. At the time of writing this report two relatives had returned their questionnaires. Both respondents stated that they were 'Very satisfied' with the care being provided. One respondent wrote:

"The staff show compassion, dignity and respect to my ... and will often go the extra mile for any little requests ... might make."

Observation of the lunch time meal on both the ground floor and first floor evidenced that patients were given a choice in regards to the meals being served. The dining area on the ground floor appeared to be appropriately clean, tidy and spacious. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment while staff attended to their needs in a compassionate and timely manner.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients.

### **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

### **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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff who were spoken with were able to describe their roles and responsibilities.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents. Quality of life (QOL) audits were also completed daily by the registered manager. These quality assurance processes evidenced

that the registered manager engaged in daily, weekly and monthly quality assurance tasks which focus upon service delivery and patient care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

While staff who were spoken with did demonstrate an awareness of the importance of secure record keeping and patient confidentiality, weaknesses were identified in relation to the storage of records. An observation of the reception area evidenced supplementary care records belonging to a patient sitting alongside magazines and in plain view of any visitors to the home. This was highlighted to the registered manager and an area of improvement under standards was identified.

### 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

Areas for improvement under standards were identified in relation to the secure storage of patients' care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kerrie Wallace, 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> Hairdressing room is kept locked when not in use. All staff are aware to keep locked.
<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2017	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> Bedrail covers identified were replaced on the day of inspection. Monthly inspections will continue and those replaced as required.  Property manager requested to arrange replacement of under sink panelling.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that adequate precautions against the risk of fire are taken and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> Store room identified is kept locked. All staff are aware to keep locked.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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><b>Ref: Section 6.7</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff have been informed of Resident information to be kept in designated areas within the home.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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