



Announced Enforcement Care Inspection Report 21 September 2018



Hawthorn House

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

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 provider 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): Maureen Claire Royston	Registered Manager: See box below
Person in charge of the home at the time of inspection: Lyndsay Esler	Date manager registered: Lyndsay Esler - application received - "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 announced inspection took place on 21 September 2018 from 09.05 to 13.30 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 assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to the delivery of safe and effective care to patients, specifically those patients requiring diabetic management or oxygen therapy. The date of compliance with the notice was extended to the 21 September 2018.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000012 issued on 11 July 2018

Evidence was available to validate compliance with the Failure to Comply Notice FTC000012. These findings are discussed further in section 6.3.

The findings of this report will provide Hawthorn House 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	0

This inspection resulted in no areas for improvement being identified. Ongoing 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- one failure to comply notice

The following records/discussions were examined/conducted during the inspection:

- discussions with the manager, regional manager, nursing staff
- an analysis of two patients' care records
- a review of two patients' medication records / supplementary diabetic records

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 August 2018

The most recent inspection of the home was an announced enforcement care inspection. No areas for improvement were identified.

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

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 11 July 2018. The areas for improvement from the last care inspection on 5 July 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000012

Notice of failure to comply with Regulation 13 (1) (a)(b) of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 13 –

- (1) The registered person shall ensure that the nursing home is conducted so as–*
- (a) to promote and make proper provision for the nursing, health and welfare of patients;*
 - (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following eight actions were required to comply with this regulation:

- The registered person shall ensure that diabetic medications are administered in a timely manner and recorded accurately and contemporaneously in the care and medicines records.
- The registered person shall ensure that blood glucose readings are completed in a timely manner and documented accurately and contemporaneously.
- The registered person shall ensure that all patients requiring diabetic management have person centred care plans in place to direct their care and that these are reflective of their current needs.
- The registered person shall ensure that oxygen therapy is administered safely and effectively.
- The registered person shall ensure that all patients requiring oxygen therapy have holistic, person centred care plans in place to direct their care and that these are reflective of their current needs.
- The registered person shall ensure that the staff team communicate effectively to meet the assessed care needs of patients.
- The registered person shall ensure that nursing staff liaise promptly with the multidisciplinary team when required and take appropriate and timely action in response.
- The registered person shall ensure that a system is in place to audit patients' care records and that these are completed effectively in order to quality assure care delivery to patients.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

The majority of actions required to comply with regulation were evidenced during the previous enforcement care inspection on 22 August 2018. However, evidence had not been available during that inspection to validate compliance with this Failure to Comply Notice, specifically, that the registered person shall ensure that nursing staff liaise promptly with the multidisciplinary team when required and take appropriate and timely action in response. Evidence was examined during this inspection in regards to that action and is discussed below.

A review of the care record for one patient who required oral medication for diabetes management evidenced that comprehensive and person centred care plans were in place with regards to the management of diabetes. The care record also provided clear direction to nursing staff in relation to which members of the multiprofessional team should be contacted, when and under what circumstances. Daily progress records for the patient highlighted that staff had recently contacted the patient's General Practitioner (G.P.) in a timely manner and in compliance with the patient's care plans following nursing staff monitoring the patient's diabetic condition. While review of a supplementary multiprofessional team communication sheet contained within the patient's care records highlighted that it had been used to document other contact with the multiprofessional team on the same date, the G.P. contact was not recorded there. This was discussed with the manager and regional manager and it was agreed that nursing staff should ensure a consistent approach when recording multiprofessional contact. It was also agreed that it would be beneficial for nursing staff to record multiprofessional contact in both the daily progress record and multiprofessional team communication sheet.

The care records for a second patient who required oral medication for diabetes management were also reviewed. Person centred and detailed care plans were evident and provided nursing staff with clear direction in regards to which members of the multiprofessional team should be contacted, when and under what circumstances. An analysis of the patient's supplementary medication records highlighted that the patient's diabetic condition was being closely and regularly monitored by nursing staff. While contact with the multiprofessional team had not been necessary during the previous week, discussion with two nursing staff and the manager provided further assurance that they possessed a good understanding of when the multiprofessional team should be contacted.

Discussion with the manager and regional manager also confirmed that there was effective oversight of care delivery to patients and that any concerns would be brought to the attention of the multiprofessional team in a prompt manner if necessary.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 5 July 2018. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 11 July 2018.

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 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 registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> <p>To be completed by: 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>Ref: 6.7</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.5</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2018</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection</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>Ref: 6.6</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.7</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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