



Unannounced Enforcement Care Inspection Report 22 August 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 22 August 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 two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulations were in relation to the delivery of safe effective care to patients, specifically those patients requiring diabetic management or oxygen therapy, and staffing arrangements. The date of compliance with the notices was 22 August 2018.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000012 issued on 11 July 2018

FTC ref: FTC000011 issued on 11 July 2018

Evidence was available to validate compliance with the Failure to Comply Notice FTC000011. These findings are discussed further in section 6.3.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000012. However, there was evidence of significant improvement and progress made to address the required actions within this notice. Following the inspection, RQIA senior management held a meeting on 22 August 2018 and a decision was made to extend the

compliance date a period of one month. Compliance with the notice must therefore be achieved by 21 September 2018.

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lyndsay Esler, manager, and Ruth Burrows, regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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
- two failure to comply notices

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

- discussions with the manager, regional manager, nursing and care staff
- an analysis of two patients' care records
- a review of auditing processes relating to care records
- the staff roster for the period 25 July to 22 August 2018
- staff training records since the previous care inspection
- governance records relating to staff supervision/appraisal

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 9 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

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 Notices 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: FTC000011

Notice of failure to comply with Regulation 20 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 20 –

(1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

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

- The registered person shall ensure that at all times staff are rostered in sufficient numbers with the required skill mix to meet the assessed needs of patients.
- The registered person shall ensure that nursing staff delegate tasks and duties to care staff that is within their scope of competence while ensuring that the delegated task has been carried out to the required standard.
- The registered person shall ensure that any deficits in relation to staff knowledge and competence in relation to the care of patients with diabetes and those in need of oxygen therapy are addressed through training and/or supervision, commensurate with their roles and responsibilities.

- The registered person shall ensure that the manager has oversight of the care delivery to patients and there is evidence that any concerns are addressed promptly.
- The registered person shall ensure that a schedule is in place to ensure that all staff receives formal supervision and appraisal.

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

A review of the staff roster for the period 25 July to 22 August 2018 and discussion with the manager/staff confirmed that staff had been rostered in sufficient numbers with the required skill mix to meet the assessed needs of patients. The manager and nursing staff both commented that the provision of two registered nurses throughout the day rather than only one had made a significant improvement to managing and implementing the delivery of care to patients. One care staff stated that working within the home was "... much better ... can spend time with the residents." Another care staff member also stated "... definitely improved ... staffing levels have gone up."

Observation of both nursing and care staff throughout the building also evidenced that nursing staff delegated tasks and duties to care staff that were within their scope of competence while ensuring that the delegated tasks had been carried out to the required standard. Care staff who were spoken with stated that they felt well supported in their role by nursing staff and the manager.

Discussion with the manager/staff and a review of staff training records confirmed that additional training had been provided to staff in relation to the management of diabetic patients on 24 July 2018. Training in relation to the management of patients requiring oxygen therapy had also been provided for staff on 16 August 2018. The manager confirmed that arrangements had been implemented to ensure that any staff who missed one of these training sessions were requested to attend a repeat training session. As there were no patients requiring oxygen therapy during the inspection, staff were spoken with in relation to the management of such patients. Staff demonstrated a good understanding of how to manage a patient receiving oxygen therapy. The management of diabetic patients is discussed further below.

The manager confirmed that there was a schedule in place to ensure that all staff receive formal supervision and appraisal. The manager stated that all staff had received an appraisal by their respective head of department and that specific supervision sessions in relation to diabetic management, oxygen therapy management and accountability had also been conducted with staff. Discussion with the manager provided assurance that there was effective oversight of the care delivery to patients and that any concerns would be addressed promptly.

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 not available to validate compliance with this Failure to Comply Notice, as detailed below.

Observation of nursing staff and a review of medicines records evidenced that diabetic medications had been administered in a timely manner and had been recorded accurately and contemporaneously in both the care and medicines records. However, review of the medicines records did highlight one occasion whenever a patient was not administered diabetic medication due to nursing staff awaiting delivery of the medicine to the home. While review of the patient's care record and discussion with staff provided assurance that the patient remained comfortable and was effectively managed until the diabetic medicine was available and administered again, it was noted that the patient's G.P. had not been informed of this omitted drug administration in keeping with the home's relevant policies and the patient's own care plans. The need to ensure that nursing staff liaise promptly with the multidisciplinary team when required, was highlighted.

Review of one patient's care records and supplementary medicines records confirmed that blood glucose readings had been completed in a timely manner and had been documented accurately and contemporaneously. Care plans within this patient's care records were noted to be person centred care and reflective of the patient's current needs.

As there were no patients within the home during the inspection who required oxygen therapy, nursing and care staff were spoken with in relation to how they would manage such a patient, in keeping with the scope of their role and responsibilities. All staff who were spoken with demonstrated a good awareness of how to effectively manage such patients. Nursing staff further demonstrated effective understanding of how oxygen supplies were ordered/stored as required. Nursing staff also confirmed the need for such patients to have person centred and comprehensive care plans in place.

Observation of and discussion with nursing/care staff provided assurance that staff effectively communicated with one another in relation to managing the care needs of patients. Staff stated

that they were required to attend a handover meeting at the beginning of each shift. Staff further confirmed that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients and one another.

Discussion with the manager and a review of governance records evidenced that there was a system in place to audit patients' care records and that these had been completed effectively in order to quality assure care delivery to patients.

While there was evidence which confirmed that there was significant improvement in relation to the delivery of safe and effective care to patients, specifically those patients requiring diabetic management or oxygen therapy, it was noted that there had been one occasion when nursing staff had not liaised promptly with the multidisciplinary team, as discussed further above. Consequently, following the inspection, a decision was made by RQIA to extend the compliance date in respect of this notice a period of one month. Compliance with the notice must therefore be achieved by 21 September 2018.

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 FTC000011.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000012. However, there was evidence of significant improvement and progress made to address the required actions within the notice. Following the inspection, a decision was made by RQIA to extend the compliance date a period of one month. Compliance with the notices must therefore be achieved by 21 September 2018.

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 Notices 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>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>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 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*



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