



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN017912
<b>Establishment ID No:</b>	1257
<b>Name of Establishment:</b>	Hawthorn House
<b>Date of Inspection:</b>	25 September 2014
<b>Inspector's Name:</b>	Mr Gavin Doherty

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Hawthorn House
<b>Address:</b>	16-16a Hawthornden Road Belfast BT4 3JU
<b>Telephone Number:</b>	9047 3027
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care
<b>Registered Manager:</b>	Mrs Kerrie Barnes
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Kerrie Barnes
<b>Other person(s) consulted during inspection:</b>	Mr Stevie McCormick
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	32 NH-I, NH-PH, NH-PH(E), NH-TI
<b>Date and time of inspection:</b>	25 September 2014 from 10:30 – 12:30
<b>Date of previous inspection:</b>	16 August 2011
<b>Name of Inspector:</b>	Mr Gavin Doherty

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

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

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patient's private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Mrs Kerrie Barnes, Home manager and Mr Stevie McCormick, Estates manager.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Hawthorn House is a 32 bedded purpose built Nursing Home situated in private grounds off Hawthornden Road in the Stormont area of East Belfast. There is a good car park within the grounds of the home. Public transport facilities are nearby and are convenient to shopping areas and community services. The home is a purpose-built residence which provides accommodation and services on 2 floors. All bedrooms are single with en-suite facilities. Day rooms comprise 2 day / dining rooms on the ground floor. Bath / shower rooms and WCs are accessible to all communal and bedroom areas throughout the home.

## **8.0 SUMMARY**

Following the Estates Inspection of Hawthorn House on 25 September 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in five requirements and three recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Mrs Kerrie Barnes, Mr Stevie McCormick and the Home's staff throughout the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 16 August 2011 have been substantially addressed. However two recommendations have been restated as outlined below.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27(2)(b)	Ensure the current program for the refurbishment and redecoration of the bedroom en-suites continues without delay. Bathroom 41 was noted as being in a poor state of repair and should be refurbished and redecorated. (This is in hand).	The final phase of the en-suite refurbishment is now in progress. Further redecoration and new flooring have been provided in the communal areas of the home.  Bathroom 41 confirmed as being refurbished.	Requirement fulfilled.
2	Regulation 14 (2)(b)	Ensure that the remedial works identified during the recently completed tree survey are carried through to completion. (This is in hand).	The remedial works have been completed and further external works are now in progress.	Requirement fulfilled.
3	Regulation 14 (2)(a)(c)	The home's fixed electrical installation was inspected in April 2011. However, the report was not available in the home on the day of the inspection. Confirmation that this inspection found the electrical installation to be in a satisfactory condition should be provided, along a completion certificate for any remedial works required.	Letter provided during inspection confirming that the remedial works had been completed and the installation was in a satisfactory condition.	Requirement fulfilled.

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
4	Regulation 14 (2)(a)(c)	In accordance with current infection control best practice, ensure that all shelving and worktops throughout the home have a non-porous or suitably sealed surface which is easily cleaned.	It was confirmed during the inspection that all surfaces had been suitably sealed.	Recommendation fulfilled.
5	Regulation 14 (2)(a)(c)	The most recent service of the thermostatic mixing valves indicated that several of these valves had failed. These valves should be replaced.	The most recent inspection report was unavailable in the home at the time of the inspection.	Recommendation restated in section 9.3.2 below and in the attached Quality Improvement Plan.
6	Regulation 14 (2)(a)(c)	Consideration should be given to the provision of an electrical hook up, which would allow the easy connection of an emergency portable electrical generator in the event of a power cut.	No further action taken at the time of this inspection	Recommendation restated in section 9.3.4 below and in the attached Quality Improvement Plan.

**9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 9.2.1 There was good evidence of maintenance activities within the home, and the home appeared clean and well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection many of the home's communal areas were being redecorated and this ongoing commitment to the quality of the premises is to be commended. The driveway leading to the property has also been resurfaced and now provides a good quality level surface. However, one issue was identified for attention by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.
- 9.2.2 Grounds maintenance is underway to cut back trees and bushes along the perimeter of the home and improve the quality of the external space. Ensure that this work is taken through to completion and that the pathways are maintained level and clear of debris and moss. The path at the patio area was noted as being uneven surrounding a manhole cover. This defect should be made good. (Item 1 in the attached Quality improvement plan)

**9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***

- 9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. A current legionella risk assessment was in place, and suitable control measures appear to have been implemented and are suitably maintained. The hoists and goods lift within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 13 April 2011 and is in a 'satisfactory' condition. Portable appliance testing was undertaken in January 2014 and no failures were identified. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department on 9 May 2014. However, several issues have been identified for attention by the registered manager. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.
- 9.3.2 The most recent certificate for the servicing of the thermostatic mixing valves installed throughout the home was unavailable for inspection. Mr McCormick stated that these valves had been serviced in 2014 and agreed to forward a copy of the report to RQIA to confirm. (Item 2 in the attached Quality improvement plan)

9.3.3 Consideration should be given to the provision of an electrical hook up, which would allow the easy connection of an emergency portable electrical generator in the event of a power cut. (Item 3 in the attached Quality improvement plan)

9.3.4 Information regarding:

- the servicing and/or validation of the installed washer disinfectant, and
- the deep clean of the Kitchen Extract System

was not available for inspection within the home. Mr McCormick agreed to forward details of the same to RQIA to confirm.

(Item 4 in the attached Quality improvement plan)

9.3.5 The raised plinth in the Laundry was in poor condition and should be recovered or suitably sealed in accordance with current infection control best practice. (Item 5 in the attached Quality improvement plan)

9.3.6 If the sink unit in what is now the 'Activity Store' is redundant, then consideration should be given to its removal along with all associated redundant pipework. Otherwise, it is essential that this outlet is included on the home's schedule of 'infrequently used outlets' and is flushed regularly in accordance with the risk assessment for the control of legionella bacteria in the home's water systems. (Item 6 in the attached Quality improvement plan)

#### **9.4     *Standard 36: Fire safety - Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

9.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken on 13 June 2014 and the significant issues recorded are currently being implemented. Records inspected during the inspection demonstrated good attention to fire safety matters. However, two issues have been identified for attention by the registered manager. These are detailed below and in the section and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The inspection certificate for the quarterly inspection of the Home's fire alarm and detection system was not available for inspection within the home. Confirmation should be provided that a current inspection certificate is in place, that any remedial works required as a result of this inspection have been completed and the installation is in a 'satisfactory' condition. (Item 7 in the attached Quality improvement plan)

9.4.3 Ensure that the significant findings from the most recent fire risk assessment are fully implemented within the stipulated timescales. (Item 8 in the attached Quality improvement plan)



## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Kerrie Barnes and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

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

## Quality Improvement Plan

### Announced Estates Inspection

### Hawthorn House Nursing Home

**25 September 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

## **NOTES:**

The details of the quality improvement plan were discussed with Mrs Kerrie Barnes and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

Announced Estates Inspection to Hawthorn House Nursing Home on 25 September 2014

**Assurance, Challenge and Improvement in Health and Social Care**

**Standard 32 – Premises and grounds**

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b)	Ensure that the current grounds maintenance work is taken through to completion and that the pathways are maintained level and clear of debris and moss. The path at the patio area was noted as being uneven surrounding a manhole cover. This defect should be made good. (9.2.2 in the Report)	24 Weeks	

**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Standards Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2	32.8	Forward a copy of the most recent certificate for the servicing of the thermostatic mixing valves installed throughout the home as agreed during the inspection. (9.3.2 in the Report)	12 weeks	
3	32.8	Consideration should be given to the provision of an electrical hook up, which would allow the easy connection of an emergency portable electrical generator in the event of a power cut. (9.3.3 in the Report)	24 Weeks	

Announced Estates Inspection to Hawthorn House Nursing Home on 25 September 2014

**Assurance, Challenge and Improvement in Health and Social Care**

**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14 (2)(a),(c)	Forward certification / Information regarding: <ul style="list-style-type: none"><li>the servicing and/or validation of the installed washer disinfector, and</li><li>the deep clean of the Kitchen Extract System</li></ul> (9.3.4 in the Report)	12 weeks	
5	Regulation 14 (2)(a),(c)	The raised plinth in the Laundry was in poor condition and should be recovered or suitably sealed in accordance with current infection control best practice. (9.3.5 in the Report)	12 Weeks	
Item	Standards Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6	32.8	Consideration should be given to the removal of the sink unit in the 'Activity Store', along with all associated redundant pipework. Otherwise, it is essential that this outlet is included on the home's schedule of 'infrequently used outlets' and is flushed regularly in accordance with the risk assessment for the control of legionella bacteria in the home's water systems. (9.3.6 in the Report)	12 Weeks	

Announced Estates Inspection to Hawthorn House Nursing Home on 25 September 2014

**Assurance, Challenge and Improvement in Health and Social Care**

**Standard 36 - Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27(4)(d)(iv)	The inspection certificate for the quarterly inspection of the Home's fire alarm and detection system was not available for inspection within the home. Confirmation should be provided that a current inspection certificate is in place, that any remedial works required as a result of this inspection have been completed and the installation is in a 'satisfactory' condition. (9.4.2 in the Report)	8 Weeks	
8	Regulation 27(4)(a)	Ensure that the significant findings from the most recent fire risk assessment are fully implemented within the stipulated timescales. (9.4.3 in the Report)	Timescales stipulated in the Fire Risk Assessment	

Announced Estates Inspection to Hawthorn House Nursing Home on 25 September 2014

**Assurance, Challenge and Improvement in Health and Social Care**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)