



Unannounced Care Inspection Report 6 February 2019



Hawthorn Lodge

Type of Service: Residential Care Home
**Address: 277 Killaughy Road, Ballyhay,
Donaghadee BT21 0ND**
Tel No: 028 9188 3009
Inspector: Heather Sleator

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 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 residential care home registered to provide care and accommodation for 14 persons, in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Hawthorn Lodge Responsible Individual: Isabelle Bustard	Registered Manager: Isabelle Bustard
Person in charge at the time of inspection: Isabelle Bustard	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 14 Category of care RC-DE for 5 residents and category of care RC-LD for 1 identified resident.

4.0 Inspection summary

An unannounced care inspection took place on 6 February 2019 from 09.30 to 14.15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need and the relationship between residents and staff. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under regulation in relation to the completion of an annual quality report which should be made available to resident, residents' representatives and other relevant parties.

An area for improvement was identified under the care standards and was in relation to implementing a more robust and systematic approach to the auditing of accidents and incidents which have occurred.

An area for improvement has been stated for a second time regarding the auditing of infection prevention and control measures in the home.

Residents described living in the home in positive terms; refer to Section 6.6 for further information. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*2

*The total number of areas for improvement include one standard which have been stated for a second

Details of the Quality Improvement Plan (QIP) were discussed with Isabelle Bustard, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report,
- the returned QIP,
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with the registered manager, 12 residents, two staff, and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. There were no questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents, complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: First time To be completed by: 12 November 2018	The registered person shall devise and put in place a programme of infection prevention and control audits, with subsequent appropriate action. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: A review of documentation in respect of infection prevention and control (IPC) evidenced that whilst work had commenced in developing an IPC audit it was not complete or in use.	

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The review of the staff duty rota evidenced that there were always at least two members of staff on duty. Residents and staff spoken with did not raise any concerns regarding the staffing arrangements.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

The registered manager advised that no staff were recruited since the previous inspection; therefore staff files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

In discussion with the registered manager, it was stated that there had been no adult safeguarding referrals from the time of the previous care inspection in September 2018. A review of accident and incidents notifications, care records and complaints records confirmed that there were no issues that would have necessitated a referral to the adult safeguarding team.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of locked front and back doors, CCTV within internal environment (medicine cabinet only) and externally; one resident had been assessed as needing bed rails and the management of smoking materials. The home was registered with Information Commissioners' Office (ICO) in respect of the CCTV. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

It was established that one resident smoked. A review of the care records of this resident identified that risk assessment and corresponding care plan had been completed in relation to smoking.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

However, an area for improvement has been identified at the previous care inspection of September 2018 regarding IPC compliance audits. There was evidenced that work had commenced in developing an IPC audit but this had not been fully completed. This area for improvement was partially met and has been rested for a second time in this report.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean, comfortable and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were present in the home.

The home had an up to date fire risk assessment in place dated 20 June 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "This place is a godsend." (Relative)
- "Staff are very good; they'd do anything for you." (Resident)

There were no completed questionnaires returned to RQIA from residents, residents' visitors/representatives and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments including manual handling, bedrails, nutrition, falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

We observed the serving of the midday meal in the dining room. Residents had time to relax and enjoy their meal and those who required the support of staff were sensitively assisted. There was a choice of meal and each resident was served their preference. Fluids, again of the residents' choice, were available.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. However, a more robust and systematic approach to the auditing of accidents and incidents should be established, a thematic review should be completed to help identify any possible trends or patterns and enable staff to minimise these. This has been identified as an area for improvement under the care standards.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly residents' meetings and monthly staff meetings, and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. The home retains a domestic and family like atmosphere. This was confirmed by a resident who stated, "I can turn to any of the staff, and they're always here for me."

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports, the annual satisfaction survey report and resident meeting minutes. There were also a number of information leaflets available for residents, their representatives any other interested parties to read. The registered manager stated that an annual quality report had not been completed. The need for this was discussed with the registered manager who was also advised to ensure that the report reflected consultation with residents and/or their representatives. This has been identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

An area for improvement under regulation was identified regarding the completion of a quality report on an annual basis.

An area for improvement under the care standards was identified in relation to a robust and systematic approach to the auditing of accidents and incidents which occur.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents and their representatives expressed their satisfaction with all aspects of the care and support afforded by staff to the residents. Discussion and observation of care practice and

social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. Staff discussed how they encourage and support residents in daily living tasks and how they were aware that in, for example; aspects of clothing, nutrition and activities it was residents personal choice and preference at any given time.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and a suggestion box. As the number of residents that live in the home is fairly small (14), a familiar and family like atmosphere was present. The environment of the home also mirrors the domestic atmosphere.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff coordinate activities based on the residents' preferences with one member of staff leading the arts and craft type activities which are greatly enjoyed. Again due to the smaller number of residents a lot of individual time and attention is given to residents.

Residents, staff, and residents' visitors/representatives spoken with during the inspection made the following comments:

Residents

- "They've (staff) more time for more me here than where I used to live."
- "Very happy here."
- "The girls are great."
- "The food is more homely here."
- "The food's pretty good."
- "I'm 110 per cent happy here."
- "Staff are very good and would do anything for you."

Relatives

- "Its fantastic here."
- "Staff are great, very welcoming."
- "This home is first class."

Staff

- "Everyone gets on very well, we work together."

There were no completed questionnaires returned to RQIA from residents, residents' visitors/representatives and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. One complaint had been recorded from the previous care inspection in September 2018. The records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received for example; thank you letters and cards and there are systems in place to share these with staff.

There was evidence of managerial staff being provided with additional training in governance and leadership with one member of staff currently completing Level 5 management training. The registered manager advised that there was a system (staff meetings) to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Reports of the visits by the registered provider as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were not present as the registered manager is also the registered provider and is in the home on a daily basis.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. One staff member commented, "Everyone gets on very well, we work well together."

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isabelle Bustard, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 17 Stated: First time To be completed by: 30 April 2019	The registered person shall ensure a quality report is written and made available on an annual basis. The report should include the outcome of any consultation with residents and residents' representatives. Ref: 6.5 Response by registered person detailing the actions taken: Completed and in place.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35.1 Stated: Second time To be completed by: 18 March 2019	The registered person shall devise and put in place a programme of infection prevention and control audits, with subsequent appropriate action. Ref: 6.2 Response by registered person detailing the actions taken: Completed and in place.
Area for improvement 2 Ref: Standard 20.2 Stated: First time To be completed by: 18 March 2019	The registered person shall implement a robust and systematic approach to the auditing of accidents and incidents which have occurred. Ref: 6.5 Response by registered person detailing the actions taken: Completed and in place

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



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