



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 12 September 2018



Hawthorn Lodge

Type of Service: Residential Care Home

Address: 277 Killaughy Road, Ballyhay, Donaghadee, BT21 0ND

Tel No: 028 9188 3009

Inspector: John McAuley

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 in 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 – up to five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability – one identified resident LD (E) – Learning disability – over 65 years	Number of registered places: 14

4.0 Inspection summary

An unannounced care inspection took place on 14 September 2018 from 10.30 to 14.20 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 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 adult safeguarding, staff recruitment, care records and management of complaints and incidents. Good practice was also found in relation to communication between residents, staff and other interested parties, governance arrangements and the home's environment.

One area requiring improvement was identified. This was in respect of devising and putting in place a programme of infection prevention and control audits.

Feedback from residents was in accordance with their capabilities was all positive and complimentary.

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	0	1

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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 15 March 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 13 residents, four staff and the registered manager.

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. No questionnaires were returned within the agreed timescale.

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

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff competency and capability assessments
- staff training schedule and training records
- two staff files
- two residents' care files
- complaints and compliments records
- audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, NISCC registration
- infection control records
- equipment maintenance records
- accident, incident, notifiable event records
- evaluation report from annual quality assurance survey
- legionella risk assessment
- fire safety risk assessment

- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- individual written agreements
- programme of activities
- policies and procedures

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 15 March 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2018

There were no areas for improvements made as a result of the last care inspection.

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. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A sample of two records of induction were inspected and found to be maintained appropriately.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. The schedule of this was inspected.

Discussion with the registered manager and staff member confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A staff competency and capability assessment was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure was in compliance with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Samples of two staff members' recruitment files were inspected and these were found to be appropriately maintained.

Inspection of staff recruitment files confirmed that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff with the last update of training undertaken on 24 January 2018.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

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. An inspection of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The home's 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 door, fall alarm mats and bed rails. In the care records inspected these restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were also described in the Statement of Purpose and Residents' Guide.

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 on 6 April 2017 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.

IPC compliance audits were not undertaken. This has been identified as an area of improvement to be devised and put in place. In doing so action plans as appropriate need to be developed to address any deficits noted. These audits need to include hand hygiene and the environment.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of decor and furnishings being maintained. Of the sample of residents' bedrooms viewed these were found to be individualised with photographs, memorabilia and personal items.

The catering and laundry facilities were found to be organised and well maintained. Food safety training had been provided to staff on April 2018.

Inspection of the internal and external environment identified that the home and ground were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

The grounds of the home were exceptionally well maintained.

There were no obvious hazards to the health and safety of residents, visitors or staff.

No malodours were detected in the home.

The home had an up to date Legionella risk assessment in place dated 17 July 2018 and it was reported by the registered manager that no recommendations were made from this assessment.

It was established that two residents smoked. An inspection of one of these resident’s care records identified that a risk assessment and corresponding care plan was in place pertaining to this risk.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Inspection of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date with the most recent check being on 23 August 2018.

The home had an up to date fire risk assessment in place dated 20 June 2018. There were no recommendations made as a result of this assessment.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, staff recruitment and the home’s environment.

Areas for improvement

One area of improvement was identified in respect of devising and putting in place a programme of infection prevention and control audits.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of a sample of two residents’ care records was undertaken. This confirmed that care records 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 such as

manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

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 inspected were observed to be signed by the resident's representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. A staff member was able to describe in detail how the needs, choices and preferences of individual residents were met within the home. The staff member then talked about how this knowledge and understanding of needs had a positive impact on care, with for example issues of anxiety and distress.

A varied and nutritious menu is in place which meets the individual and recorded dietary needs and preferences of the residents. The dining room and tables were nicely presented and facilitated. The dinner time meal was found to be appetising and nicely presented. Feedback from residents regarding the provision of meals was all positive.

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.

Discussion with the registered manager confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. At the time of this inspection one resident was reported to be receiving this area of care from district nursing services.

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, accidents and incidents (including falls, outbreaks), complaints and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were warm, supportive and friendly.

An inspection of a sample 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.

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

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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 advised that consent was sought in relation to care and treatment.

Discussions with residents and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were observed to be polite, friendly, warm and supportive. There was found to be a nice rapport between residents and staff. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. For example this was observed with sensitivity on how verbal information was taken.

Discussion with residents and staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Residents also confirmed that they felt they 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.

Discussion with residents and a staff member confirmed that residents were enabled and supported to engage and participate in meaningful activities. Photographs of activities and crafts were displayed. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met all the residents at the time of this inspection. In accordance with their capabilities all confirmed/indicated their contentment with the provision of care, the kindness and support received from staff, the provision of meals, activities and events and the general atmosphere in the home. Some of the comments made included statements such as;

- “The staff are all lovely here and all very kind”
- “It couldn’t be any better”
- “Just lovely here. No complaints”
- “I love it here. Everyone is wonderful”
- “The food is great. Beautiful meals and you always get what you like”.

Added to this discussions with one member of staff referred comments to how the care was kind and compassionate and that she would have no hesitation if her family member was to be cared for in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and staff and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain 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.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure 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 the registered manager confirmed that she was knowledgeable about how to respond to complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. 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. No expressions of dissatisfaction were reported to or been received from the previous inspection. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

The home's accident, incident and notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Inspection of staff training records and schedule confirmed that mandatory training was being maintained on an up-to-date 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.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place. The proprietor advised that staff could also access management to raise concerns and that staff would be offered support and it would be welcomed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one areas of improvement identified during this inspection is 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 12 November 2018</p>	<p>The registered person shall devise and put in place a programme of infection prevention and control audits, with subsequent appropriate action.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We are putting together a falls audit and infection control audit to sit alongside quality and dementia audits.</p>
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Please ensure this document is completed in full and returned via Web Portal



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