



# **Unannounced Care Inspection Report**

## **13 February 2020**



## **Hawthorn Lodge**

**Type of Service: Residential Care Home**

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

**Tel no: 02891883009**

**Inspector: Norma Munn**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 14 residents who have been assessed as requiring care under the categories listed in section 3.0 below.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hawthorne Lodge  <b>Responsible Individual:</b> Isabelle Bustard	<b>Registered Manager and date registered:</b> Isabelle Bustard 1 April 2005
<b>Person in charge at the time of inspection:</b> Isabelle Bustard	<b>Number of registered places:</b> 14
<b>Categories of care:</b> 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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 12

### 4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 10.00 hours to 14.05 hours.

The inspection assessed progress with all areas for improvement identified in the home 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, training, the environment and the delivery of care.

Two areas of improvement identified during the previous inspection were not fully reviewed during this inspection and have been carried forward to be reviewed at the next care inspection.

Residents described living in the home as being a good experience. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with staff and other residents.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*0	*2

\*The total number of areas for improvement have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Isabelle Bustard, 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 inspection dated 19 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection we met with seven residents, and five staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

- staff duty rotas
- staff training records

- staff supervision and annual appraisal schedule
- care records of two residents
- a sample of governance audits
- RQIA registration certificate

Two areas of improvement identified during the previous inspection were not fully reviewed during this inspection and have been carried forward to be reviewed at the next care inspection.

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 last care inspection dated 19 December 2019

Areas for improvement from the last care inspection		
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 5.5 and 5.6  <b>Stated:</b> First time	The registered person shall ensure that residents' care records evidenced that the risk assessments and care plans have been regularly evaluated and updated to reflect individuals' current need.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of care plans of two residents evidenced that some of the risk assessments and care plans had been reviewed and updated since the previous inspection.  We were informed that a system has been put in place to review all of the care plans for each resident living in the home.  Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.  <b>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure that robust governance systems (auditing) are established specifically regarding residents care records and infection prevention and control measures.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> We were informed that a system has been put in place to carry out a selection of audits to include care records and infection prevention and control.  Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.  <b>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### 6.2.1. Staffing

We reviewed the duty rotas for week commencing 3 February 2020 and week commencing 10 February 2020 and staffing levels were discussed with the manager. The duty rota reviewed accurately reflected the staffing levels discussed. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. We observed staff responding to residents' needs in a prompt and caring manner.

No concerns regarding staffing levels were raised by residents or staff during the inspection.

Following the inspection, no staff members responded to our online survey.

### 6.2.2 Staff training and support

We reviewed the training matrix which was up to date and reflected the training needs within the home. The manager informed us that she is considering investing in a system to improve the recording of training undertaken. We reviewed a selection of staff training records and discussed recent training events that had taken place.

Staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for the residents within the home.

We were informed that all staff had completed level two training in relation to the partial implementation of the Mental Capacity Act (NI) 2005. The manager confirmed that she will be attending level three training regarding the Deprivation of Liberty Safeguards on 25 February 2020 which is organised by the South Eastern Health and Social Care Trust.

The manager has also attended level three safeguarding adults champion training and has booked to attend training regarding the completion of the safeguarding position report on 5 March 2020.

Review of records and discussions with staff confirmed that staff supervision sessions and appraisals were planned throughout the year and carried out at regular intervals.

### **6.2.3 Environment**

The registration certificate and insurance certificate were appropriately displayed in the home's foyer. Further information was displayed on a notice board in the dining room in relation to how to make a complaint, first aid protocols, dietary information and training dates arranged.

Patients' bedrooms, the lounge and dining room were found to be comfortable, clean and tidy. Most of the bedrooms had been individualised with pictures, family photographs and items brought in from home.

### **6.2.4 Infection Prevention and Control**

We observed staff adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs.

We identified some areas where infection prevention and control practices could be improved and these issues were addressed immediately following the inspection.

We advised the manager to develop a hand hygiene audit tool to ensure that staff finger nails are kept short, and staff do not wear false nails, nail varnish or gel nails in keeping with best practice.

### **6.2.5 Residents' views**

The residents we spoke with confirmed they were content living in the home and that staff were kind to them. We observed relaxed and positive interactions between staff and residents throughout the inspection. Specific comments from residents included:

- "Staff are nice. They are not nasty or cheeky."
- "Nice enough place."
- "Spoilt."
- "Good food."
- "It's good living here, I have friends, the food is very good and the girls are good to me."
- "I feel safe here, I am not worried about anything, the food is alright and better than at home."



We spoke with two residents who reported they were feeling cold at night in their shared bedroom. This was reported to the manager who agreed to address this issue during the inspection.

Following the inspection, eight questionnaires were returned by residents who confirmed they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led.

### 6.2.6 Care delivery

Residents were well presented and it was clear that staff had given them time and support to attend to their appearance and personal care. One resident commented that he would like to be shaved more frequently. We discussed this with staff who agreed to address this issue with this individual resident.

We observed residents being treated with dignity and respect; staff supported residents to be independent where possible. Staff provided residents with choice throughout the day including where they wished to eat, what they wished to eat and drink, and how they wanted to spend their time.

Discussion with staff confirmed that a person centred approach underpinned care delivery in the home. Staff were able to describe residents' individual preferences, needs and wishes in detail.

### Areas of good practice

Evidence of good practice was found in relation to staffing, training, the environment and the delivery of care.

### Areas for improvement

Two areas for improvement relating to care records have been carried forward to be reviewed at the next inspection. No further areas for improvement were identified during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.5 and 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2020	The registered person shall ensure that residents' care records evidenced that the risk assessments and care plans have been regularly evaluated and updated to reflect individuals' current need.  Ref: 6.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2020	The registered person shall ensure that robust governance systems (auditing) are established specifically regarding residents' care records and infection prevention and control measures.  Ref: 6.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

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



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