



**The Regulation and  
Quality Improvement  
Authority**

**Hawthorn Lodge  
RQIA ID: 1615  
277 Killaughy Road  
Ballyhay  
Donaghadee  
BT21 0ND**

**Inspector: John McAuley  
Inspection ID: IN023835**

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**Unannounced Care Inspection  
of  
Hawthorn Lodge  
  
13 October 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 13 October 2015 from 10:30am to 1:45pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

The standard inspected was assessed as being met. One area of improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

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

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Isobelle Bustard the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Isabelle Bustard	<b>Registered Manager:</b> Isabelle Bustard
<b>Person in charge of the home at the time of inspection:</b> Isabelle Bustard	<b>Date manager registered:</b> 01/04/2005
<b>Categories of care:</b> RC-LD, RC-DE, RC-I, RC-LD(E), RC-MP(E)	<b>Number of registered places:</b> 14
<b>Number of residents accommodated on day of inspection:</b> 12	<b>Weekly tariff at time of inspection:</b> £470

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 25:**        **The number and ratio of management and care staff on duty at all times meet the care needs of residents.**

## 4. Methods/ processes

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

Prior to inspection the following records were analysed: the previous inspection report and quality improvement plan and accident and incident notifications.

During the inspection the inspector met with all the residents, two visiting relatives, two care staff and the registered manager.

The following records were examined during the inspection: duty rotas, two residents' care records and fire safety records.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 9 June 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of requirements and recommendations from the last Care inspection

<b>Recommendation 1</b>  <b>Ref: Standard 20.15</b>	In the format of recording accidents and incidents, there needs to be clearly recorded details of when the resident's next of kin, their aligned care manager and the RQIA were notified of the event.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the accident / incident reports confirmed that the format of recording such had been reviewed and details put in place accordingly.	

**Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.**

## 5.3 Is care safe? (Quality of life)

Staffing levels at the time of this unannounced inspection consisted of:

- 1 x registered manager
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook
- 1 x maintenance man

From our observations of care practices, discussions with staff and review of accident and incident notifications and fire safety records, these staffing levels met the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

We also reviewed the staffing levels on night duty and found these to be adequate.

We reviewed the duty rotas. These confirmed that there was a record of staff working over a 24 hour period and the capacity in which they worked. The hours of duty worked by the cook were not recorded but the registered manager gave assurances that these would be put in place immediately.

The duty rota confirmed that work placement students are not taken into account of the numbers of staff necessary.

All staff that have responsibility of being in charge have been assessed as competent and capable. From our discussions with staff we could confirm that they had good knowledge and understanding of residents' needs.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe.

**Is care effective? (Quality of management)**

The home has a defined management structure as detailed in the Statement of Purpose.

In our discussions with the registered manager, it was confirmed that she had a good knowledge of residents' needs and care prescribed.

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability. Staff also informed us that they would have no hesitation about reporting concerns to management.

Time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability.

A record is maintained of all staff employed. This record includes their name, date of birth, previous experience, and qualifications, starting and leaving dates, posts held and hours of employment.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals they could utilise for the care of the resident.

**Is care compassionate? (Quality of care)**

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised at an unhurried pace. Residents' social and recreational needs were met with planned programme of activity in place.

A relaxed atmosphere was in place.

**Areas for improvement**

This standard was found to be fully met. The overall assessment of this standard considered this to be compassionate, safe and effective.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **Additional areas examined**

### **i.4.1 Residents' Views**

We met with all the residents in the home. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

"I am very happy here"

"They are all good to me"

"No problems"

"We couldn't be cared for any better"

"This is a lovely home to live in".

### **i.4.2 Relatives' Views**

There were two visiting relatives in the home at the time of this inspection. Both spoke in complimentary terms about the provision of care and the kindness and support received from staff.

### **i.4.3 Staff Views**

We met with four staff of various grades, as well as the registered manager. All spoke on a positive basis about the teamwork, morale, workload, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

### **i.4.4 General Environment**

We found the home to be clean and tidy. The décor and furnishings were of a good standard. Facilities were found to be comfortable and accessible for residents to avail of.

The grounds of the home were very well maintained, with good accessibility for residents to benefit from.

### **i.4.5 Care Practices**

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising, well presented dinner time meal was provided for.

One resident was observed to have an issue of assessed need for a referral to a podiatrist. A recommendation was made in respect of this.

#### **4.6 Fire Safety**

We reviewed the home's most recent fire safety risk assessment, dated 21 November 2014. There were no recommendations made from this assessment.

Fire safety training including fire safety drills were maintained on an up to date basis.

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

#### **Areas for Improvement**

There was one area of improvement identified with these additional areas inspected. This was in relation to a referral to podiatry for a resident. However the overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

### **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Isobelle Bustard the Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

#### **6.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

#### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

**Actions taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

**Recommendations**

<b>Recommendation 1</b>	A referral needs to be requested for podiatry services for the identified resident.
<b>Ref: Standard 9.3</b>	Resident agreed to have Podiatry done.
<b>Stated: First time</b>	<b>Response by Registered Person(s) detailing the actions taken:</b>
<b>To be completed by: 14 October 2015</b>	Resident agreed to have Podiatry treatment and agreed to have ongoing Podiatry

<b>Registered Manager completing QIP</b>	Isabell Bustard	<b>Date completed</b>	26.11.15
<b>Registered Person approving QIP</b>	Isabell Bustard	<b>Date approved</b>	"
<b>RQIA Inspector assessing response</b>	John McAuley	<b>Date approved</b>	21.12.2015

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

