

Unannounced Care Inspection Report 14 January 2021



Hawthorn Lodge

Type of Service: Residential Care Home
**Address: 277 Killaughy Road, Ballyhay,
Donaghadee BT21 0ND**
Tel no: 028 9188 3009
Inspector: Linda Parkes

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.

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 residential care home registered to provide residential care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Hawthorne Lodge Responsible Individual: Isabelle Bustard	Registered Manager and date registered: Isabelle Bustard 1 April 2005
Person in charge at the time of inspection: Isabelle Bustard	Number of registered places: 14 Category of care RC-DE for 5 residents and category of care RC-LD for 1 identified resident.
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 residents accommodated in the residential home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 14 January 2021 from 11.15 to 17.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

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	1

Areas for improvement and 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with five residents, the manager and four staff. Questionnaires were 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. No staff responses were received within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 4 January 2021 to 17 January 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- compliment records
- complaint records
- five residents' activity plans
- two residents' care records
- residents' weight record book
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2020.

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 5.5 and 5.6 Stated: 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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two residents' care records evidenced that risk assessments and care plans have been regularly evaluated and updated to reflect individuals' current need. This area for improvement has been met.	
Area for improvement 1 Ref: Standard 20.10 Stated: 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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of audits regarding care records and infection prevention and control measures from 9 July 2020 to 23 December 2020 evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check.

The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

Information displayed in the home evidenced that it was laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. It was noted that a poster in the entrance hall was not laminated. This was discussed with the manager who addressed the issue immediately.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 4 January 2021 to 17 January 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Hawthorn Lodge. We also sought the opinion of residents and their representatives on staffing via questionnaires. Six resident questionnaires were returned within the timescale specified. Five residents indicated they were satisfied that care was good, staff were kind and the home was well managed and one resident indicated that they felt safe and the home was well organised.

Cards of thanks were displayed in the home. Comments recorded included:

- "Thank you all so much for all you did for... Your caring affection has been much appreciated by her family and friends."

- “I want to thank you for all the care and attention you showed to my brother. He was very happy and comfortable during the time with you.”

We observed the serving of the lunchtime meal in the dining room. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Residents who preferred to eat in their rooms had meals provided on trays in a timely manner. The daily menu was suitably displayed on a white board in the dining room.

Discussion with residents and staff evidenced that arrangements were in place to meet residents’ social, religious and spiritual needs within the home. Review of five residents’ activity plans evidenced that they were well recorded and that residents had participated in a variety of activities to include knitting, music, reading, hand massage and playing skittles.

A staff member commented:

- “The residents enjoy growing flowers and planting vegetables in the garden when the weather is good. They also enjoy having picnics in the courtyard.”

Five residents spoken with commented:

- “The girls are great. If I would like to have something that’s not on the menu, they will get me it. I’ve no concerns.”
- “All’s ok. The staff and the food’s nice and the place is clean.”
- “I’m ok and have no concerns. The manager and staff are good.”
- “I’m well looked after by all the staff. The manager’s approachable. I have no concerns.”
- “The girls are really good to me and all the residents. Staff check that I’m ok and the food’s good.”

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of two residents’ care records regarding mobility evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

The weight record book for all residents from 17 August 2020 to 30 December 2020 was reviewed and a system was observed to be in place to monitor patients’ weight loss and weight gain.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2020 evidenced that staff had attended training regarding coronavirus awareness, adult safeguarding, dementia awareness, food hygiene, health and safety, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager advised that all staff have completed deprivation of liberty safeguarding (DoLS) level 2 training.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls, care plans and IPC practices including hand hygiene.

We reviewed accidents/incidents records from 15 October 2020 to 4 January 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

The manager commented:

- "I wish to thank the excellent, conscientious staff at Hawthorn Lodge for providing cover and keeping everyone safe during the pandemic."

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between residents, staff and other professionals.

Areas for improvement

One new area of improvement was identified regarding IPC.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and compliance with the use of PPE. Measures had been put in place in relation to compliance in best practice with IPC to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines, however, one IPC concern was identified for improvement.

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 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 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	
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice. Ref: 6.2.1
To be completed: Immediate action required	Response by registered person detailing the actions taken: completed 20.1.21

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



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