

# Unannounced Care Inspection Report 14 March 2017



## Hawthorn Lodge

**Type of service: Residential care home**  
**Address: 277 Killaughy Road, Donaghadee, BT21 0ND**  
**Tel No: 028 9188 3009**  
**Inspector: John McAuley**

## 1.0 Summary

An unannounced inspection of Hawthorn Lodge took place on 14 March 2017 from 11:00 to 13:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to adult safeguarding, infection prevention and control and the home's environment.

One area of improvement was identified in relation to risk assessment of radiators/hot surfaces. One recommendation from the previous inspection was stated for a second time.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 June 2016.

## 2.0 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> Aileen Hollyoak senior care assistant then Isabelle Bustard	<b>Date manager registered:</b> 1 April 2006
<b>Categories of care:</b> 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>Number of registered places:</b> 14

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with twelve residents, three care staff, one visiting relative and the registered person/manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection Dated 26 September 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 September 2016</p>	<p>The registered provider should revise / update the home's safeguarding policy and procedure to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the subsequent establishment of a safeguarding champion in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> This policy and procedure has been revised and updated.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2016</p>	<p>The registered provider should review the policy on smoking in line with current safety guidelines, particularly in relation to risk assessments and subsequent care planning.</p> <p><b>Action taken as confirmed during the inspection:</b> This policy needs further detailed revision in line with current safety guidelines, particularly in relation to risk assessments and subsequent care planning.</p> <p>This recommendation will be stated for the second time.</p>	

<b>Recommendation 3</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time <b>To be completed by:</b> 21 July 2016	The registered provider should put in place a matrix detailing dates of mandatory training received by staff. Such a matrix would of ease accessibility of this information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This matrix has been established and put in place.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff also confirmed that mandatory training and supervision was regularly provided. A schedule for mandatory training and staff supervision was maintained.

The registered manager and staff 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; records of competency and capability assessments were retained.

The registered manager confirmed no staff have been recruited since the previous inspection and therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Staff refresher training in infection prevention and control was planned for the following week. 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.

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 home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of. The grounds to the home were very well maintained and had good accessibility for residents to avail of.

There were a number of radiators in communal areas of the home which were excessively hot to touch. These posed as a risk if residents were to lie against same in the event of a fall. A requirement was made for all radiators/hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The registered manager reported that home had an up to date fire risk assessment in place and that the report of this had yet to be issued but that all recommendations were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills on an up to date basis. Records were retained of 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 regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area of improvement was identified in relation to risk assessment of radiators/hot surfaces.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

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

An inspection of three residents' care records was undertaken. This confirmed that these were maintained in line with the legislation and standards. These records 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 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.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced by staff knowledge and understanding of residents’ individual needs and prescribed care.

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

Records were stored safely and securely in line with data protection.

The registered manager confirmed 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, residents’ meetings, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

An inspection 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 for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

The inspector met with twelve residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, the provision of care and their relationship with staff. Some of the comments made included statements such as;

- “I love it here”
- “They couldn’t be any nicer to us”
- “It’s a lovely home”
- “The meals are wonderful”

One resident was in frail health at the time of this inspection but appeared comfortable and appropriately cared for.



The inspector also met with one visiting relative who voiced satisfaction with the provision of care and the kindness and support received from staff.

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

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by inspection of progress records with issues of assessed need such as pain or discomfort having a recorded statement of care/treatment given and effect(s) of same.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents together with observations of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, suggestion box, residents’ meetings and day to day contact with management.

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were comfortably enjoying the company of one another or watching television or resting in their bedrooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The registered manager confirmed 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.

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



Residents' Guide and displayed information on same. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Review 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. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with staff and inspection of staff training records confirmed that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

Discussion with the registered person/ manager identified that she had understanding of her role and responsibilities under the legislation.

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

Inspection of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27(2)(t)</p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 14 June 2017</p>	<p>The registered provider must risk assess all radiators / hot surfaces individually in accordance with current safety guidelines with subsequent appropriate action.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A new risk assessment has been carried out and we are currently implementing a programme fitting covers where necessary.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 22.2</p> <p><b>Stated: Second time</b></p> <p><b>To be completed by:</b> 14 April 2017</p>	<p>The registered provider should review the policy on smoking in line with current safety guidelines, particularly in relation to risk assessments and subsequent care planning.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Smoking Policy has been revised.</p>

*\*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\**

RQIA

13 MAY 2017

Regulation



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