

# Unannounced Care Inspection Report 21 June 2016



## Hawthorn Lodge

Address: 277 Killaughy Road, Donaghadee, BT21 0ND

Tel No: 02891883009

Inspector: John McAuley

## 1.0 Summary

An unannounced inspection of Hawthorn Lodge took place on 21 June 2016 from 11:30 to 14:30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were two areas of improvement identified with this domain. These were both recommendations. One recommendation was to revise the safeguarding policy and procedure in line with 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. The other recommendation was to revise the policy on smoking in line with current safety guidelines.

### Is care effective?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to staff and the registered manager knowledge and understanding with residents' assessed needs.

### Is care compassionate?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to discussion with residents and review of care records confirming that action was taken to manage pain and discomfort in a timely and appropriate manner.

### Is the service well led?

There was one area of improvement identified with this domain. This was a recommendation in relation putting in place a matrix detailing dates of mandatory training received by staff. Such a matrix would of ease accessibility of this information.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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>	0	3

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

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

## 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> Isabelle Bustard	<b>Date manager registered:</b> 1 April 2016
<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> 10 plus 3 residents out	<b>Weekly tariff at time of inspection:</b> £494

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with ten residents, one visiting relative, one visiting healthcare professional, two members of staff member and the registered manager.

Six resident views, six representative views and six staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Fire safety risk assessment
- Policy on smoking
- Record of complaints
- Accident and incidents records
- Three staff members' recruitment records

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the Pharmacy inspector. This QIP will be validated by the specialist inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2016

Last care inspection recommendation		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time <b>To be completed by:</b> 14 October 2015	A referral needs to be requested for podiatry services for the identified resident.  <b>Action taken as confirmed during the inspection:</b> This referral was made.	<b>Met</b>

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these levels were subject to 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.

On the day of inspection the following staff were on duty –

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

These levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout and fire safety requirements.

An inspection of two completed induction records and 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.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided.

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. A review of one staff competency and capability assessment was undertaken. This was found to be satisfactory.

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. Three staff members' recruitment records were inspected. These records confirmed that staff were recruited in line with legislation.

Discussion with the registered manager and staff evidenced that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). Discussions with staff evidenced that they were knowledgeable and had a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Inspection of the home's adult safeguarding policy and procedure found that this was due to be revised in line with 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. A recommendation was made for this to be put in place.

An inspection of staff training records confirmed that adult safeguarding training was provided for all staff in accordance with RQIA's mandatory training requirements.

The registered manager reported there had been no safeguarding issues in the home. An inspection of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Discussion with the registered manager and inspection of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices at the time of this inspection.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounge and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was clean and tidy with a good standard of décor and furnishings. The gardens to the home were very well maintained and had good accessibility for residents to benefit from.

Inspection of premises confirmed that there were wash hand basins, supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Inspection of the internal and external environment identified that the home and grounds were safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

A review of the fire safety risk assessment dated 29 February 2016. There were no recommendations made from this assessment. Review of staff training records confirmed that staff completed fire safety training including fire safety drills twice annually. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained.

A policy on smoking was in place. An inspection of this policy found to be very basic in detail and only specified where a resident could and could not smoke. A recommendation was made to review this policy in line with current safety guidelines, particularly in relation to risk assessments and subsequent care planning.

### Areas for improvement

There were two areas of improvement identified with this domain. These were both recommendations. One recommendation was to revise the safeguarding policy and procedure in line with 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. The other recommendation was to revise the policy on smoking in line with current safety guidelines.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of residents. Discussions with staff and the registered manager found that they had knowledge and understanding with residents' assessed needs.

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

The care records reflected multi-professional input into the service users' health and social care needs. Care records contained an individual agreement setting out the terms of residency and the agreement was appropriately signed.

Care 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 key stakeholders. Such systems included pre admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussion with residents and observation of practice evidenced that staff were able to communicate effectively with the residents and other key stakeholders. An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The inspector met with one visiting healthcare professional who visited the home on a frequent basis. The comments received were positive and reassuring in respect of the care provided and relationship with staff and management in the home.

### Areas for improvement

No areas of improvement were identified within this domain.

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

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Discussion with staff and residents, confirmed that residents' spiritual and cultural needs, including preferences for end of life care.

The inspector met with 10 residents in the home at the time of this inspection. In accordance with their capabilities all confirmed that they were happy with their life in the home and their relationship with staff. Some of the comments made included statements such as;

- "I am very happy here. This is a great home"
- "They are all very kind to us"
- "You couldn't wish for any better. They do too much for you"
- "It's a lovely home"
- "I love it here"

The inspector also met with one visiting relative who spoke with praise and gratitude for the kindness and support afforded by staff.

Discussion with residents and review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner. This was observed prevalent with one resident who was frail but with no signs of discomfort or distress.

Discussion with residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Discussion with staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate through discussion; the principles of confidentiality.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection residents were involved in planned activity. Arrangements were in place for residents to maintain links with their friends, families and wider community. This was also recorded within care records.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that 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. Such systems included daily discussions, residents meetings and care reviews meetings.

### Areas for improvement

There were no areas for improvement identified within this domain.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

Discussion with registered manager confirmed that the health and social care 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.

The registered manager confirmed there was a range of policies and procedures in place to guide and inform staff.

Residents/representatives were made aware of the process of how to make a complaint by way of posters displayed in each bedroom and the notice board in communal areas. Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. No complaints have been received.

The registered manager confirmed that arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. This audit is completed on a monthly basis and returned to Trust management.

An inspection of accidents/incidents and 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 the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional



training opportunities relevant to any specific needs of the residents. Such additional training included dementia, care planning and record keeping training. A matrix was not in place detailing dates of mandatory training received by staff. Such a matrix would of ease accessibility of this information in turn adding to governance arrangements. A recommendation was made for this to be put in place.

The registered manager confirmed that there was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. A review of the home's Statement of Purpose confirmed that a defined organisational and management structure, identifying the lines of responsibility and accountability, was in place.

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

Discussion with staff confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

The registered manager confirmed that staff could also access management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

### Areas for improvement

There was one area of improvement identified with this domain. This was a recommendation in relation putting in place a matrix detailing dates of mandatory training received by staff.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Isabelle Bustard the 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 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 The DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 17.1  <b>Stated:</b> First time  <b>To be completed by:</b> 21 September 2016	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.  <b>Response by registered provider detailing the actions taken:</b> <i>Training is scheduled for mid September</i>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> First time  <b>To be completed by:</b> 21 August 2016	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.  <b>Response by registered provider detailing the actions taken:</b> <i>Policy has been up-dated</i>
<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>Response by registered provider detailing the actions taken:</b> <i>Training matrix is now completed</i>

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