

Unannounced Care Inspection Report 26 June 2017



Hawthorn Lodge

Type of Service: Residential Care Home
Address: 277 Killaughey Road, Ballyhay, Donaghadee
Tel No: 02891883009
Inspector: John McAuley

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 14 beds with categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Hawthorn Lodge Responsible Individual(s): Isabelle Bustard	Registered Manager: Isabelle Bustard
Person in charge at the time of inspection: Selina Leyland – deputy manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia – for five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability – one identified resident LD (E) – Learning disability – over 65 years	Number of registered places: 14

4.0 Inspection summary

An unannounced care inspection took place on 26 June 2017 from 13:30 to 16:15 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found during this inspection in relation to adult safeguarding, infection prevention and control and the home's environment. There was also good evidence of governance arrangements, quality improvement and maintenance of good working relationships.

One area of improvement was identified in relation to an issue of assessed need having to have a corresponding care plan with a more detailed record of this in the resident's progress records.

Feedback from residents, staff and one visiting relative was all positive in respect of the provision of care, staffing, and the general ambience of the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Selina Leyland, deputy 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with 11 residents, one visiting relative, three staff and the deputy manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Sample of competency and capability assessment
- Safeguarding policy and procedures
- Staff training schedule/records
- Two residents' care files
- Residents' progress records
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 14 March 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time	The registered provider must risk assess all radiators / hot surfaces individually in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: A risk assessment was put in place with subsequent radiator covers put in place for many of these surfaces.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: This policy was reviewed with subsequent appropriate action put in place with risk assessments and care plans.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy 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 and staff.

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

Discussion with the deputy 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 was regularly provided.

The deputy 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 sample of completed staff competency and capability assessments was inspected and found to satisfactory.

The home's recruitment and selection policy and procedure complies with current legislation and best practice. Discussion with the deputy manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The deputy manager confirmed that enhanced AccessNI disclosures would be viewed by the registered manager for all staff prior to the commencement of employment.

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 the names of the safeguarding champions, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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 deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. These risk assessments included assessments for residents who smoke. Inspection of these together with discussion with the deputy manager found there to be satisfactory arrangements in place.

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

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

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy 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 clean and tidy with a nice standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and personalised with photographs, memorabilia and

personal items. The grounds to the home were exceptionally well maintained with good accessibility for residents to avail of, particularly the enclosed courtyard garden.

Inspection of the internal environment identified that the home was kept tidy, 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.

The deputy manager reported that the fire risk assessment was up dated the previous week by the appropriate professional. The report of this was yet to be issued but assurances were given that any recommendations made from this would be dealt with.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

An inspection of two residents’ care records confirmed that these were maintained in line with the legislation and standards. They 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 such as falls, nutrition and manual handling were reviewed and updated on a regular basis or as changes occurred. One issue of improvement was identified in one resident’s care record. This record identified an issue of assessed need of low mood but there was no corresponding care plan for same nor was there an adequate statement of progress recorded regularly about this. Advice was given in respect of this and in particular the potential risks associated with this need. The care record did detail good liaison with the aligned health care professional(s) about this need.

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 evident from staffs 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 deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The deputy 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 residents' progress records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

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

Areas for improvement

One area of improvement was identified in relation to an issue of assessed need having to have a corresponding care plan with a more detailed record of this in the resident's progress records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. One resident was being cared for as such. Discussions with the deputy manager and staff confirmed that appropriate safe, compassionate care was in place in consultation with the visiting healthcare professional(s).

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 in the inspection of care records. Issues such as pain or discomfort had a recorded statement of care / treatment given with effect of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions with residents were found to be polite, warm, friendly and supportive.

The deputy 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.

Observations of practice 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, quality assurance audits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

The inspector met with 10 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, their relationship with staff and the provision of meals. Some of the comments made included statements such as:

- “I love it here. There are no problems”
- “The staff are all friendly and very kind”
- “It’s a wonderful home. They really look after you well here”
- “There is a nice atmosphere here. We all get on well”

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

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 enjoying the company of one another, watching television or resting in their room. One resident was out with family and another at a day care placement. The home had a nice relaxed ambience. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents, one visiting relative and staff, and observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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 leaflets displayed. Discussion with the deputy manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that there were no recent expressions of complaint received.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy 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 as recent training in the care for diabetes. Staff spoke positively about their roles and duties, stating that they felt they were provided with good training, supervision and support to fulfil same.

There was evidence of managerial staff being provided with additional training in governance and leadership. This included the deputy manager's successful completion of the QCF level 5 qualification. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

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 deputy manager identified that she had understanding of the legislation and standards.

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

The deputy 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 deputy manager confirmed that staff could also access line management to raise concerns and that appropriate support would be made available.

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 of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Selina Leyland, deputy 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 3 July 2017	The registered person shall put in place a detailed care plan for the identified issue of assessed need. Subsequent adequate statements of progress need to be recorded regularly about this identified need. Ref: 6.5 Response by registered person detailing the actions taken: CARE PLAN AMENDED TO INCLUDE ISSUE OF ASSESSED NEED. DAILY NOTES RECORDED BY STAFF NOW FOCUS ON ASSESSED NEED.

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