The Regulation and Quality Improvement Authority

Inspection Report

29 July 2021

Hawthorn Lodge

Type of service: Residential
Address: 277 Killaughey Road, Ballyhay, Donaghadee, BT21 0ND
Telephone number: 028 9188 3009

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Hawthorn Lodge **Registered Person/s OR Responsible Individual** Mrs Isabelle Bustard	**Registered Manager:** Mrs Isabelle Bustard **Date registered:** 1 April 2005
Person in charge at the time of inspection: Ms Leigh-Anne McCauley, Deputy Manager	**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 care home on the day of this inspection:** 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 14 persons. Resident bedrooms are located over two floors. Residents have access to the communal lounge, the dining room, the garden and the enclosed patio area.	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2021 at 11:50 am to 5:25 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought 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 in relation to care delivery and maintaining good working relationships.

Eight new areas for improvement have been identified in relation to the availability of records, risk management, staff registration, staff training/induction and record keeping.

It was noted during the care inspection that improvements were required in regard to governance arrangements, risk management and record keeping which raised concerns that the quality of care and service within Hawthorn Lodge falls below the standards expected. These findings were shared with the deputy manager at the conclusion of the inspection and the manager post inspection.

As a result of these concerns Mrs Isabelle Bustard, Responsible Individual and Registered Manager and Ms Leigh-Anne McCauley, Deputy Manager were invited to attend a teleconference meeting with RQIA on 12 August 2021. Information was requested by RQIA for details of the completed/planned actions to drive improvement and to ensure concerns raised at the inspection have been addressed. RQIA will continue to monitor and review governance arrangements, risk management, record keeping and the quality of services provided in the home.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Leigh-Anne McCauley, deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five residents individually, small groups of residents in the dining room and lounge and three staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received eight completed questionnaires from residents, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. The following comments were recorded:

"Staff are very good and care is brilliant''.
"I am very well looked after and staff are always there when I need them''.
"The girls are kind and I have no complaints''.
"Everything is good''.
"As far as I am concerned the staff couldn't do more''.
"Very happy at Hawthorn and staff and care are good''.

No questionnaires were received from relatives or staff within the timescale specified.

A staff member spoken with commented:

"I've been here seven years and I've no issues at all''.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Hawthorn Lodge was undertaken by the pharmacist inspector.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 29 April 2021</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</td><td>Validation of compliance</td></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Regulation 13 (4)

Stated: First time</td><td>The registered person shall ensure that personal medication records are accurately maintained.</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</td><td>Validation of compliance</td></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Standard 31

Stated: First time</td><td>The registered person shall ensure that two staff routinely perform an accuracy check and sign handwritten entries on personal medication records and medicine administration records.</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</td></tr>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The deputy manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager’s hours, and the capacity in which these were worked, were clearly recorded.

We discussed staff training. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

However, staff training records were unavailable to view. This was discussed with the deputy manager who advised she had no access to the records and an area for improvement was identified.

Following the inspection this was discussed with the manager. On 9 August 21, the manager provided RQIA with information on staff training from 12 January 2021 to 8 August 2021. Review of the staff training matrix confirmed that during this time, staff had received training in a range of subjects including moving and handling, first aid, adult safeguarding, infection prevention and control (IPC), dementia awareness, control of substances hazardous to health (COSHH), Covid -19 awareness and fire safety.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were unsure if they had completed DoLS training but were confident that they could report concerns about resident's safety and poor practice. Records requested regarding DoLS training for staff were unavailable to view. An area of improvement was identified.

Correspondence received by RQIA, from the manager, on 10 August 2021 confirmed that DoLS training has been arranged for staff to attend in September 2021.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I have no concerns. The staff are good and there's always enough staff on duty''.

Cards of thanks were received by the home. The following comment was recorded:

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

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner. However, availability of records requested on inspection and staff training regarding DoLS, will be further improved, through compliance with the areas for improvement highlighted.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents' individual likes and preferences were reflected throughout the records.

Review of care records for two residents regarding nutrition evidenced that there were deficits in documentation in order to direct the care required and reflect the assessed needs of the resident. Information held was noted to be conflicting or not reflective of current recommendations by the speech and language therapist (SALT). Both residents' files contained information that required to be archived. An area for improvement was identified.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation. Care plans were in place for the management of bed rails.

It was noted that a care plan was not in place for the use of a pressure relieving mattress for one identified resident. The mattress was observed to be set incorrectly in relation to the resident's weight. An up to date record of the resident's weight was unavailable to review. This was discussed with the manager, post inspection, who advised it had been difficult for staff to check the resident's weight.

Correspondence from the manager on 5 August 21 confirmed that arrangements had been made for the district nurse to visit the home to check the resident's weight and to set the pressure relieving mattress accordingly. An area of improvement was identified.

Review of one resident's repositioning chart who required to be repositioned every four hours, with the assistance of two staff, showed that at times only one staff signature was recorded. This was discussed with the deputy manager who advised she would address the matter with staff to ensure that two staff were providing assistance with the resident's repositioning regime. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Record keeping was discussed further at the meeting with RQIA and assurances were provided as to how this was to be monitored, reviewed, evaluated and addressed.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the lunchtime meal for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Tables were nicely set with condiments and fresh flowers. Staff had made an effort to ensure residents were comfortable throughout their meal. The daily menu was on display with a choice of meal and the food served was attractively presented and smelled appetising. There was a variety of drinks available.

Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner and residents who preferred to eat in their room had meals provided on trays in a timely manner. Residents said that they enjoyed lunch.
Three residents spoken with commented:

"I'm spoilt. The staff and the food's good. It's very clean here and I've no issues at all''.

"I couldn't get any better than the girls here. They are very attentive and I couldn't do without them. The food's lovely''.

"I'm happy here and I have no concerns at all''.

In summary, no concerns were identified regarding the resident dining experience and care delivery. However, record keeping and care planning in order to meet residents' individual needs, will be further improved, through compliance with the areas for improvement highlighted.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the external and internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Review of a selection of records for June and July 2021, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The deputy manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting arrangements were managed in line with DoH and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their own room and staff were observed supporting residents to make these choices.

Discussion with staff and residents evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Staff spoken with advised that residents enjoyed a range of activities such as gardening, art and music. Colourful pictures painted by residents were displayed in the lounge.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

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

It was observed that the manager's office on the first floor was accessible and unlocked. It has access to an open balcony that overlooks the dining room below. A risk was identified regarding a possible trip/fall hazard that could cause significant harm. This was discussed with the deputy manager who advised she would arrange for the office door to be locked. RQIA received assurance from the manager, post inspection, that she would ensure that the office door is locked at all times if unattended. An area for improvement was identified.

Records of how the service monitors the registration status of care staff with the Northern Ireland Social Care Council (NISCC) were unavailable to view. This was discussed with the deputy manager who advised she had no access to the records. Information requested was reviewed and it was noted that one staff member's registration had lapsed. Correspondence from the manager on 5 August 21 confirmed that a process was in place and assurance was provided that all staff had been registered with NISCC. An area of improvement was identified.

Staff who are newly appointed are required to complete a structured orientation and induction programme to ensure they are recruited correctly to prepare them to work with residents and to protect residents as much as possible.

Review of records for a new staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment and was ongoing.

However, a physical health declaration was unavailable to view. Information received by RQIA, on 5 August 2021 from the manager evidenced that the physical health declaration had been completed and signed by the staff member. A second, new staff member advised us that although induction had commenced and was ongoing, a written training and development plan was not in place. This was discussed with the manager, post inspection, and an area for improvement was identified.

This was discussed further at the meeting with RQIA and assurances were provided as to how this was to be addressed.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. Staff were aware of how to raise concerns when needed.

Discussion with the deputy 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 care plans and infection prevention and control (IPC) practices including an environmental cleanliness audit.

The deputy manager advised that resident meetings and staff meetings were held on a regular basis. Minutes of a recent staff meeting in June 2021 were unavailable to view. This was discussed with the deputy manager and an area regarding the availability of records requested on inspection, was identified as advised in section 5.2.1.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. However, it was noted on review that one accident/incident had not been recorded in the accident book. This was discussed with the deputy manager who advised it was an oversight and that she would address the matter. This was discussed further at the meeting with RQIA and assurances were provided that this matter had been addressed.

Review of the complaints book evidenced that no complaints had been raised since before the last care inspection and that systems were in place to ensure that complaints were managed appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Discussion with the deputy manager and staff confirmed that there were good working relationships. However, attention to governance arrangements and risk management, will be further improved, through compliance with the areas for improvement highlighted.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

As a result of this inspection two areas for improvement have been carried forward for review at the next inspection and eight new areas for improvement have been identified in relation to the availability of records, risk management, staff registration, staff training/induction and record keeping. Details can be found in the Quality Improvement Plan included.

Following the meeting arranged with RQIA on 12 August 2021, information was submitted as to how the home would address the deficits identified. Correspondence from the manager provided assurance that several improvements have been addressed. These included some areas that have been highlighted regarding governance arrangements. This will be reviewed at the next inspection.

This service will be further enhanced with compliance in the areas of improvement identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing care in a caring and compassionate manner.

Thank you to the residents and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011).**

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

*The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Leigh-Anne McCauley, Deputy Manager as part of the inspection process and with Mrs Isabelle Bustard, Responsible Individual and Registered Manager post inspection. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (4)

Stated: First time

To be completed:
With immediate effect</td><td>The registered person shall ensure that personal medication records are accurately maintained.

Ref: 5.1</td></tr>
<tr><td>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 19

Stated: First time

To be completed:
With immediate effect</td><td>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA.

Ref: 5.2.1</td></tr>
<tr><td>Response by registered person detailing the actions taken:
mma system has been put in place to ensure records are available at all times</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Regulation 14 (2) (c)

Stated: First time

To be completed:
With immediate effect</td><td>The registered person shall ensure that unnecessary risks to the health and welfare or safety of residents are identified and so far as possible eliminated.

Ref: 5.2.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
risk assessments were reviewed and up-dated.</td></tr>
<tr><td rowspan="2">Area for improvement 4

Ref: Regulation 9 (2) (c)

Stated: First time

To be completed:
With immediate effect</td><td>The registered person shall ensure that all staff in a caring role, are registered with an appropriate professional body and that records are kept to reflect this.

Ref: 5.2.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
the staff member whose registration had lapsed was renewed as soon as it was identified.</td></tr>
</table>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed:** With immediate effect	The registered person shall ensure that two staff routinely perform an accuracy check and sign handwritten entries on personal medication records and medicine administration records. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 1 October 2021	The registered person shall ensure that all employed staff receive training in Mental Health Capacity – deprivation of liberty safeguards (DoLS). Ref: 5.2.1
	Response by registered person detailing the actions taken: training was booked for 23 Sept 21.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that each resident has an individual and up-to-date comprehensive care plan to reflect the residents' current needs. Information that is not current is required to be archived. Ref: 5.2.2
	Response by registered person detailing the actions taken: a process to archive information has commenced; care plans have been reviewed and up-dated.
Area for improvement 4 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that advice is sought from the local Trust's primary health care services regarding the pressure relieving mattress setting, for one identified resident, in order that the mattress is set in accordance with the resident's weight and the manufacturer's guidance. This should be documented in the resident's records. Ref: 5.2.2
	Response by registered person detailing the actions taken: this has been adressed by district nursing calculating the weight and re-calibrating the bed accordingly.

Area for improvement 5 **Ref:** Standard 9.2 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the health and social care needs of an identified resident are fully addressed. This relates specifically to assessed care intervention regarding repositioning. Ref: 5.2.2
	Response by registered person detailing the actions taken: advice was sought from district nursing and implemented.
Area for improvement 6 **Ref:** Standard 23 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that staff are trained for their roles and responsibilities and that records are kept. Ref: 5.2.5
	Response by registered person detailing the actions taken: training matrix is available for all staff

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

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