



The Regulation and
Quality Improvement
Authority

Inspector: Inspector's Name
Inspection ID: IN023053

Hawthorn Lodge
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**Unannounced Care Inspection
of
Hawthorn Lodge**

9 June 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 9 June 2015 from 10:15am to 2:45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area of improvement was identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Registered Manager Isabelle Bustard as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Isabelle Bustard	Registered Manager: Isabelle Bustard
Person in Charge of the Home at the Time of Inspection: Isabelle Bustard	Date Manager Registered: April 2005
Categories of Care: RC-LD, RC-DE, RC-I, RC-LD(E), RC-MP(E)	Number of Registered Places: 14
Number of Residents Accommodated on Day of Inspection: 13	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

Specific methods and processes used in this inspection include the following:

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents, two care staff and the registered manager.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced inspection dated 26 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (3)	<u>Competency and capability assessment</u> In accordance with good professional practice and regulation 20 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005 a competency and capability assessment is required on any person who is given responsibility of being in charge of the home for any period of time during the managers absence. Further work is necessary to ensure that the assessment template includes all management duties which would be expected from the staff member left in charge of the home. Remaining staff that are left in charge of the home to be assessed.	Met
	Action taken as confirmed during the inspection: The competency and capability assessments have been reviewed and put in place accordingly.	
	Requirement 2 Ref: Regulation 19(2) Schedule 4 22	
<u>Visitors Book</u> A record of all visitors to the home, including the names of all visitors is required. The last recorded visit was 21 November 2013.		Met
Action taken as confirmed during the inspection: The visitors book was found to be maintained on an up to date basis.		
Previous Inspection Statutory Requirements		Validation of Compliance

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 28 (2) (c)	<u>Liability Insurance</u> The home's Liability insurance certificate displayed in the hallway reflected an expiry date 31 May 2014. The Manager confirmed that this had been renewed and agreed to forward to RQIA a copy of the renewal certificate on or before 6 February 2015 .	Met
	Action taken as confirmed during the inspection: The certificate of liability insurance was submitted to RQIA as requested.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	<u>Policy Review</u> The home's policy/ procedure on Challenging behaviour requires to be reviewed and revised to ensure best practice guidance in relation to restraint, seclusion and human rights is included.	Met
	Action taken as confirmed during the inspection: The policy and procedure on challenging behaviour has been reviewed and revised accordingly.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 16.1	<u>Safeguarding</u> Review the home's procedures for the Protection of Vulnerable Adults to ensure it contains contact details of relevant personnel/ agencies for staff.	Met
	Action taken as confirmed during the inspection: The procedures for the protection of vulnerable adults have been revised to include relevant contact details.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 24.2	<u>Formal Staff Supervision</u> It was recommended that staff supervision is provided no less than six monthly for all staff that are performing satisfactorily. More frequent recorded supervision for new staff or staff that is not performing satisfactorily is recommended in accordance with Standard 24.2 of The Residential Care Homes Minimum Standards. (DHSSPS) 2011.	Met
	Action taken as confirmed during the inspection: The frequency of staff supervision has been revised accordingly.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 10.4	<u>Care Plans</u> It is recommended that behavioural management plan as recorded within the commissioning trust plan is reflected within general care plans.	Met
	Action taken as confirmed during the inspection: This care plan has been updated to include the behavioural management plan by the commissioning Trust.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 6.3	<u>Care Plans</u> Ensure the care plan is signed by the resident/ representative. Should the resident/ representative be unable to sign or refuse to do so this should be recorded?	Met
	Action taken as confirmed during the inspection: Care plans have been signed for accordingly.	
Previous Inspection Recommendations		Validation of Compliance

Recommendation 6 Ref: Standard 8.0	<u>Care Records/ Evaluations</u> Staff must cease to leave spaces when recording daily evaluation in care records. Action taken as confirmed during the inspection: Progress records are being maintained without spaces between entries.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 7 Ref: Standard 13.1	<u>Activity Policy</u> It is recommended that the policy on Activity dated October 2013 is reviewed and revised to include details of records to be maintained as reflected within the Residential Care Homes Minimum Standards (2011). Action taken as confirmed during the inspection: The activities policy has been revised accordingly. inspection.	Met

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The registered manager provided us an example of how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respect and are provided with support if needed.

The registered manager explained to us that other residents are informed in a sensitive manner of the death of a resident.

The registered manager also explained to us when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant.

The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We inspected a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We inspected five residents, care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home has a policy pertaining to death of a resident. This policy was basic in detail however the registered manager reported to us that this is currently being revised. There is associated guidance available for staff.

Staff have received training in this area of care during their induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected five residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services.

The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy pertaining to continence management . This policy was basic in detail however the registered manager reported to us that this is currently being revised. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

We met with all residents in the home. In accordance with their capabilities, they expressed or 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;

“It’s just like being in my own home”
 “I love it here”
 “They are all wonderful. No complaints”
 “It’s a lovely place to live”
 “Everyone is very kind”.

5.5.2 Relatives’ Views

There were no visiting relatives at the time of this inspection.

5.5.3 Staff Views

From our discussions with staff on duty, they spoke with positive regard to the provision of care, staffing, teamwork, morale, training and managerial support.

Five staff questionnaires were distributed for return.

5.5.4 Accident / Incident reports

A review of these reports from the previous inspection was undertaken. These were found to be appropriately managed. However a recommendation has been made to clearly record in the reports, details of when the resident’s next of kin, their aligned care manager and the RQIA were notified of the event.

5.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents’ bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

The grounds of the home were very well maintained with good accessibility for residents to avail of.

5.5.6 Staff training

A programme of staff training was in place in the best practice in dementia care by the University of Stirling. This is a recognised qualification for staff. Discussions with staff in respect of this were very positive. This initiative is to be commended.

5.5.7 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising well-presented dinner time meal was provided for in a nice conducive setting. Staff support and supervision of this was found to be done with care and sensitivity to residents' individual needs.

5.5.8 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

The home's most recent fire safety risk assessment dated 21 November 2014 was reviewed. There were no recommendations made from this assessment.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There was one area of improvement identified with these additional areas inspected. This was in relation to accident and incident reports.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager Isabelle Bustard as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or [RQIA's office \(non-paperlite\)](#) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan			
Statutory Recommendations			
Recommendation 1 Ref: Standard 20.15 Stated: First time To be Completed by: 10 June 2015	In the format of recording accidents and incidents, there needs to be clearly recorded details of when the resident's next of kin, their aligned care manager and the RQIA were notified of the event.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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