

Primary Announced Care Inspection

Service and Establishment ID: Hawthorn Lodge (1615)

Date of Inspection: 26 January 2015

Inspector's Name: Priscilla Clayton

Inspection No: IN021062

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Hawthorn Lodge
Address:	277 Killaughy Road Ballyhay Donaghadee BT21 0ND
Telephone Number:	028 91883009
Email address:	hawthorn.lodge@btconnect.com
Registered Organisation/ Registered Provider:	Isabelle Bustard
Registered Manager:	Isabelle Bustard
Person in charge of the home at the time of inspection:	Isabella bustard
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
Scale of charges (per week):	As per commissioning trust contract.
Date and type of previous inspection:	10 July 2014, Secondary Unannounced Inspection
Date and time of inspection:	Primary Announced Inspection 26 January 2015
Name of Inspector:	Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- *Discussions with the registered manager/registered provider*
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	13
Staff	3
Relatives	None visited
Visiting Professionals	None visited

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	9	3

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of Service

Hawthorn House Residential Care Home is situated between the towns of Newtownards and Donaghadee. The home is a two story facility which is registered with RQIA to accommodate up to a maximum of fourteen residents within identified categories of care. The residential home's registered person / manager is Isabelle Bustard who is registered with RQIA since 2005.

The home comprises of one communal lounge and dining room which is adjacent to the well equipped kitchen. With the exception of one bedroom, which is located on the first floor, all other bedrooms are located on the ground floor level. A conservatory is located off the large lounge. The majority of residents' rooms have their own front door leading out unto a well maintained secure patio area. Storage area and laundry are also on this floor. A number of communal sanitary facilities are available throughout the home.

Staff office accommodation is situated on the upper floor as is one resident's bedroom.

The home is appropriately furnished and decorated throughout.

Well maintained attractive garden areas surround the home with lawns, numerous shrubs and flowers grown. Various seated areas are available for residents.

A gardener is employed to maintain the garden and general maintenance of this attractive homely residential care home

The home is registered to provide care for a maximum of fourteen residents under the following categories of care:

Residential care (RC)

RC – I (Old age not falling into any other category)

RC – LD (E)

RC - LD for one identified resident

MP - (E) - Mental disorder excluding learning disability or dementia – over 65 years

RC – DE

Conditions of registration

LD –Learning Disability for one identified resident.

DE - Dementia for five identified residents (mild to moderate).

8.0 Summary of Inspection

The primary announced care inspection of Hawthorn Lodge was undertaken by Priscilla Clayton on 26 January 2015 between the hours of 10.30am and 4.10pm. Isabella Bustard, registered manager / registered provider was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. Review of documentation, observations and discussions demonstrated that all with the exception of one requirement and two recommendations had been fully addressed. The detail of the actions taken by the manager can be viewed in the section 9.0 of the report.

Prior to the inspection the registered manager completed and returned to RQIA a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents behaviour. Responses to residents were appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

The home had a policy and procedure in place which requires to be reviewed and revised to ensure best practice guidance in relation to restraint, seclusion and human rights is included.. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort and to date has never been necessary. Residents' care records outlined their usual routine, behaviours and means of communication on how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Hawthorn Lodge was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Records of activities were maintained.

Recommendations made related to review / revision of Activity policy / procedure and the inclusion of the duration of activity to be recorded in activity records. The evidence gathered through the inspection process concluded that Hawthorn Lodge is substantially compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff on duty. Three questionnaires were also completed and returned to RQIA by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No issues or concerns were raised or indicated.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. .

Care Practices

The atmosphere in the home was friendly and welcoming. Staff was observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory

A number of additional areas were also considered. These included data information regarding care reviews, management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the report.

Three requirements and seven recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager / registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 July 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (3)	<p><u>Competency and capability assessment</u></p> <p>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.</p> <p>(Ref: 10.3)</p>	Discussion with the manager and examination of competency and capability assessment evidenced that assessment had been developed and undertaken. However, further work is required to ensure all duties, for the day to day running of the home, requires to be included in the template. The remainder of staff who would be in charge of the home requires to be assessed.	Substantially compliant
2	Regulation 30	<p><u>Notification</u></p> <p>The registered manager is required to notify RQIA of any accident occurring in the home.</p> <p>(Ref:10.7)</p>	Examination of the homes records of accidents / incidents and those received at RQIA evidence that six had not been received. This was discussed with the manager who had e-mail receipt from RQIA of notifications received. The matter was discussed with the incident team at RQIA and electronic issue via the home's computer was raised as the notifications submitted were incomplete and resubmission was requested. This matter has now been resolved.	Compliant

3	Regulation 15 (1) (e)	<p><u>Category of care</u></p> <p>The registered manager must ensure that the home is registered for the category of care appropriate to resident's needs.</p> <p>The registered manager is required to submit a further variation application for the accommodation of two residents with DE.</p> <p>A care management review in regard to appropriateness of placement of one resident is required.</p> <p>(Ref 10.2)</p>	<p>Variation to registration was submitted to RQIA and approval granted for five residents (DE).</p> <p>Care management review had taken place as required.</p>	Compliant
4	Regulation 19 (2) Schedule 4. 22.	<p><u>Visitors book</u></p> <p>There was no visitors' book available for visitors to sign on entering the home. This record is must be retained in keeping with fire safety recommendations and regulation 19 (2) Schedule 4.22.</p> <p>(Ref: 10.7)</p>	<p>The visitors' book was available in the hallway. However this had not been signed since 21/11/13. The manager agreed to display a small notice on the table to remind visitors to sign.</p>	Working towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 16.1	<p><u>Safeguarding</u></p> <p>Review the home's procedures for the Protection of Vulnerable Adults to ensure it contains contact details of relevant personnel/agencies for staff.</p> <p>Ref: 8.0</p>	<p>Examination of the homes policy / procedure evidenced this was dated 16/08/14</p> <p>It is recommended that the flow chart for reporting / referral to the designated officer is included.</p>	Substantially compliant
2	Standard 16.2	<p><u>Staff induction programme</u></p> <p>Review the home's staff induction policy to ensure it includes details relating to the Protection of Vulnerable Adults.</p> <p>Ref: 8.0</p>	<p>Detail had been included in the induction policy shown to the inspector.</p>	Compliant
3	Standard 20.8	<p><u>Resident register</u></p> <p>It was recommended that a central resident register is established and retained.</p> <p>(Residential Care Homes Minimum Standards. Appendix 1).</p>	<p>The register, which is being held electronically, was viewed and considered to be in compliance with regulation.</p>	Compliant

4	Standard 24.2	<p><u>Formal staff supervision</u></p> <p>It was recommended that staff supervision is provided no less than six monthly for 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.</p> <p>Ref: 10.6</p>	Discussion and examination of records retained evidenced that three staff had not received formal supervision.	Working towards compliance
5	<p>Standard 25.4</p> <p>Standard 25.2</p>	<p><u>Staffing</u></p> <p>It is recommended that the registered manager carries out a review of the staffing arrangements and appropriate ancillary staff is employed to undertake the household duties currently carried out by care staff. The appointment of a cook to prepare and serve breakfast and evening meal is necessary as these duties are currently undertaken by care staff.</p> <p>The appointment of senior care staff for each shift should be established. Ref: 10.3 of this report. (Ref: Staffing guidance for residential care homes).</p>	<p>Discussion with the manager, staff and examination of duty roster and resident dependency levels evidenced that care staffing levels were deemed to be satisfactory. Care staff from the care team on duty, no longer undertakes household duties or cooking.</p> <p>The manager explained she had advertised for ancillary staff with no applications received. In the meantime additional hours were being worked by employed care staff but not those roistered in the daily care team.</p> <p>The deputy manager and Identified staff undertake senior duties although the senior care title is not used in the home.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment As we only have 14 beds we know what is usual behaviour for the residents, any changes are reported immediately.	Compliant
Inspection Findings: The home had a policy / procedure on Challenging Behaviour which was dated September 2013. A review of the policy and procedure evidenced that further development is necessary to ensure full details including reference to DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A review of staff training records identified that all care staff had received training in behaviours which challenge on 8 / 7/14 which included a human rights approach. Staff responses to residents were observed to be respectful and caring. A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires identified positive responses.	Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff will report any concerns to the manager, where appropriate advice/support etc will be sought.	Compliant
Inspection Findings:	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined in the self- assessment. Staff was aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding, referral and multi-professional collaboration in planned care.</p> <p>The manager and staff confirmed that no form of restraint is used.</p> <p>During examination of care records spaces were observed to be left between daily evaluation record. One recommendation was made in this regard.</p>	Compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
This will be discussed with care managers/family etc and recorded on the residents care plan.	Compliant
Inspection Findings:	
<p>The commissioning trust behavioural management to be provided was contained within care records although the management plan of one resident was not reflected within the general care plan.</p> <p>A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p>	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a resident has a behaviour management plan, it will be agreed with the appropriate professionals and placed in the care plan.	Compliant
Inspection Findings:	
A review of one behaviour management programmes identified that this had been approved by an appropriately trained professional. It is recommended that behaviour management plan agreed with trust behavioural management professionals are reflected within general care plans, dated and signed by the resident / representative.	Compliant

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff will be aware of any behaviour management plans and if required training will be provided.	Compliant
Inspection Findings:	
<p>A review of training records evidenced that staff had received training on 8 July 2014.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a situation occurs, the relevant people will be informed and a review will be arranged.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records and discussions with staff identified that residents' representatives, commissioning trust personnel and RQIA had been notified.</p> <p>A review of three of care plans identified that they had been updated and reviewed and included involvement of the commissioning trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint is never used in Hawthorn.	Compliant
Inspection Findings: Discussions with staff, staff training records and an examination of care records confirmed that restraint was not reflected or necessary and would only ever be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The residents are able to tell us what activities they would like to do and we will provide this.	Compliant
Inspection Findings: The home had a policy on Activity which was dated October 2013. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. One recommendation made related to review and revision of the home's policy on Activity to ensure details in respect of records to be maintained, as reflected within the Residential Care Homes Minimum Standards (2011), is included.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When possible we will arrange outings for coffee/lunch etc, we can also arrange to attend a church service if required.	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events if desired. Care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis. One the day of inspection one resident left the home to have afternoon tea. Other residents participated in organised activity as scheduled in the programme displayed.</p>	Compliant
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents will have the opportunity to put forward suggestions at the monthly Residents meetings.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities through resident meetings and one to one discussion with staff. No residents choose to stay in their bedrooms throughout the day.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A list of activities will be displayed on the notice board.	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was displayed on the notice board. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff will assist any residents who wish to take part in activities that may require some support	Compliant
Inspection Findings:	
<p>Activities are provided daily each week by designated care staff.</p> <p>Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included a range of arts / crafts materials, board games, skittles, DVD's and cooking equipment / supplies.</p> <p>Activities in the home are financed by the home. Social outings / coffee are financed by residents / representatives.</p>	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are planned for the afternoon when all residents are free, and the other residents are back from their day center.	Compliant
Inspection Findings:	
<p>The registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p> <p>Recommendation was made to ensure the duration of the activity was recorded within activity records.</p>	Substantially compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are carried out by in-house staff.	Not applicable
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
In-house staff will be aware of any changes to residents needs.	Not applicable
Inspection Findings:	
The manager confirmed that no person is contracted in to provide activities.	Not applicable
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
An activity book is kept which lists who took part in the activity and which staff took the activity.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. One recommendation was made in regard to ensuring a record of the duration of activity is recorded within the activity record.	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff will be asked on a regular basis which activities the residents prefer to do.	Compliant
Inspection Findings:	
The manager confirmed that the programme of activities is regularly reviewed as residents choose what they wish to do which can change from week to week. Records are retained. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and confirmed that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with seven residents individually and with others in group format. Residents were observed relaxing in the communal lounge area whilst others moved freely around the home doing various activities. One resident went out for afternoon tea. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated

11.2 Relatives/Representative Consultation

No relatives / representatives visited during the inspection.

11.3 Staff Consultation/Questionnaires

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals' Consultation

No professional staff visited during the inspection.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff was observed to be interacting appropriately with residents. Staff interactions with residents were respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal hygiene and appearance.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by the manager. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

The manager confirmed that no complaints had been received since the last inspection.

11.8 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory.

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.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 21 November 2014. The review identified that there were no recommendations made as a result of this assessment.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed and returned to RQIA by the manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Isabelle Bustard, registered manager / registered provider as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Hawthorn Lodge

26 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager during and on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20 (3)	<p><u>Competency and capability assessment</u></p> <p>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.</p> <p>(Ref: 10.3 of report dated 26 January 2015)</p> <p>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 who are left in charge of the home to be assessed.</p>	Two	<p>A new assessment template has been completed, with additional duties added.</p> <p>A programme is in place to ensure all the relevant staff have been assessed.</p>	27 February 2015
2	Regulation 19 (2) Schedule 4 22.	<p><u>Visitors Book</u></p> <p>A record of all visitors to the home, including the names of all visitors is required. The last recorded visit was 21 November 2013.</p>	Two	A visitors book is in place in the front hall.	Immediate and ongoing

3	Regulation 28 (2) (c)	<p><u>Liability Insurance</u></p> <p>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</p> <p>Ref:11.8</p>	One	A new up to date copy is displayed in the front hall and a copy sent to P Clayton.	By 6 February 2015
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.1	<p><u>Policy review.</u></p> <p>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.</p>	One	This policy will be revised and re-written.	31 March 2015
2	Standard 16.1	<p><u>Safeguarding</u></p> <p>Review the home's procedures for the Protection of Vulnerable Adults to ensure it contains contact details of relevant personnel/agencies for staff.</p> <p>Ref: 8.0</p>	Two	A new policy is in place along with flow charts.	27 February
3	Standard 24.2	<p><u>Formal staff supervision</u></p> <p>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.</p>	Two	New programme for supervision is in place and will be carried out on an ongoing basis.	Immediate and ongoing

4	Standard 10.4	<p><u>Care plans</u></p> <p>It is recommended that behavioural management plan as recorded within the commissioning trust plan is reflected within general care plans.</p>	One	The recommended management plan has been included in the general care plan.	27 February 2015
5	Standard 6.3	<p><u>Care plans</u></p> <p>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.</p> <p>Ref:10.4</p>	One	This will be in place by 31st March.	31 March 2015
6	Standard 8.0	<p><u>Care records/ evaluations</u></p> <p>Staff must cease to leave spaces when recording daily evaluation in care records.</p> <p>Ref 10.2</p>	One	Staff have been instructed not to leave any spaces when recording notes.	Immediate and ongoing
7	Standard 13.1	<p><u>Activity Policy</u></p> <p>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).</p>	One	Policy has been revised and is in place.	31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Isabelle Bustard
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Isabelle Bustard.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Yes			
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	26 March 2015
Further information requested from provider			