



Unannounced Care Inspection Report 19 December 2019



Hawthorn Lodge

Type of Service: Residential Care Home
**Address: 277 Killaughey Road, Ballyhay,
Donaghadee, BT21 0ND**
Tel No: 028 9188 3009
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Hawthorn Lodge Responsible Individual: Isabelle Bustard	Registered Manager and date registered: Isabelle Bustard - 1 April 2005
Person in charge at the time of inspection: Isabelle Bustard	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	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 10.00 hours to 14.40 hours. The inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing residents, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational and spiritual opportunities. Overall there was evidence of governance arrangements; staff training, professional development opportunities, management of accidents/incidents and complaints and effective team working.

Areas for improvement were identified regarding the implementing of a robust governance system specifically in relation to the auditing of residents care records and infection prevention and control measures and ensuring that residents risk assessments and care plans are evaluated regularly so as to reflect individuals' current need.

Residents described living in the home as being a good experience and in positive terms. Comments received by residents and their representatives have been included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Isabelle Bustard, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 6 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 December to 19 December 2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two resident care records
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- minutes of resident and/or relatives meetings
- RQIA registration certificate
- Statement of Purpose
- selected policy documentation

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 6 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p>	<p>The registered person shall ensure a quality report is written and made available on an annual basis. The report should include the outcome of any consultation with residents and residents’ representatives.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed the annual quality report for 2018/19. The manager stated that the report for 2019/20 would be available shortly.</p>	<p>Met</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: Second time	The registered person shall devise and put in place a programme of infection prevention and control audits, with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: An infection prevention and control audit was present. As discussed with the manager it was agreed that the frequency of completing the audit would increase to at least quarterly.	
Area for improvement 2 Ref: Standard 20.2 Stated: First time	The registered person shall implement a robust and systematic approach to the auditing of accidents and incidents which have occurred.	Met
	Action taken as confirmed during the inspection: A review of any accident/incident which had occurred in the home had taken place.	

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. We asked residents about staffing levels and none expressed any concern. Several residents spoke positively about the home to the inspector, including comments such as:

- “They (staff) work hard, every single one of them.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Residential Care Homes Minimum Standards, August 2011

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation, handover reports and supervision and appraisal. The review of the supervision and appraisal schedule evidenced that this process had been completed in accordance with regulation and the care standards. Two staff were spoken with individually and they expressed a high level of satisfaction with the support

they received from the manager. Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had been inducted by another care assistant and then worked alongside staff and stated this was helpful.

Discussion with the manager and a review of records evidenced that competency and capability assessments were available for all staff identified to be in charge of the home in the absence of the manager.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or attending external training. Staff had recently completed level 2 training regarding the Mental Capacity Act and Deprivation of Liberty Standards. Staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We were advised that the use of potential restrictive practices was very limited, for example; the front door is locked. Care records were reviewed regarding the use of a potentially restrictive practice. Evidence was also present of consultation with the multidisciplinary team in relation to the assessed need for the locking of the front door.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to residents and visitors.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs. We discussed the frequency of completing infection and prevention and control audits with the manager as these were not in accordance with best practice. The manager agreed to increase the frequency. Refer to 6.6.

We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire risk assessors report was reviewed and was dated June 2019. There were no recommendations made in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of residents during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the manager. Staff spoke positively about working within the home. A staff member commented:

- "It's like a family here, great place to work."

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of two residents' care records confirmed that these were generally maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. However, the review evidenced that staff had not been diligent regarding the regular review and updating of risk assessments and care plans as these did not reflect the residents' current needs. This was discussed with the manager and has been identified as an area for improvement. A robust system of the auditing of care records should be in evidence so as any issue pertaining to the wellbeing of residents is addressed in a timely manner. Refer to 6.6.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage and repositioning records were being maintained and were viewed during the inspection. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was warm, bright and well ventilated and was 'farmhouse kitchen' in style. Condiments and place settings were appropriately set and the environment was pleasant for residents to eat their meals. There was a wide range of choices available for residents to choose from, portion size was good and the meals were well presented. The day's menu was displayed on each dining table and staff were observed as being attentive to residents' needs during the meal service. One resident commented:

- "You really get too much food, if you're not satisfied you just have to ask and you get it."

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. A resident commented:

- "We have residents meetings, we talk about the food and activities and they're useful."

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. A resident commented:

- "Isabelle (manager) is a very nice lady; you can talk to her about anything."

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection report and resident meeting minutes were on display or available on request for residents, their representatives and any other interested parties to read.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent indicated that they were very satisfied that care was effective and commented:

- "The respect and care the staff give the residents and their visitors is second to none. I have a very wide experience of nursing/residential homes and none surpass here."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between residents and other interested parties.

Areas for improvement

The following area was identified for improvement and was in relation to the regular evaluation of risk assessments and residents' care plans so as they reflect individuals' current need.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

We arrived in the home at 10.00 hours and were met immediately by staff who offered us assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Residents were engaged by staff with respect and encouragement at all times. One resident commented:

- "They're (staff) all very good here."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Residents have the opportunity to worship as there are services held in the home. Residents also have the opportunity to go out with staff to the many local attractions. Two residents attend day centres two days per week. There was a suggestions box in the lounge and a resident also stated that there are residents meetings which were useful. A number of residents go out regularly with their relatives and one resident is independent of staff and has their own car.

There were numerous thank you cards and compliments available regarding the home, comments included:

- "Thank you for the care and attention you gave to (resident), she really loved being here." – relative June 2019
- "Thank you all for the care and attention you showed to my (relative). He was very happy and comfortable during the time with you all, I will also miss visiting with you and looking at the lovely garden." – relative, July 2019

We spoke to residents during the inspection and comments included:

- "We have residents meetings, we talk about the food and activities and they're useful."
- "I love it here."
- "They're all very good here."
- "Isabelle (manager) is a very nice lady, can talk to her about anything."
- "They're (staff) very good to me here."
- "The girls are so good; you get a laugh with them."
- "Isabelle (manager) is dead on."
- "I read the menu in the kitchen every day and if there's something I can't eat they change it for me."

- “They work hard, every single one of them.”
- “They’re (staff) very kind girls.”
- “The staff have been brilliant in looking after me.”
- “I’ve been thoroughly spoiled.”
- “Anything I ask for I get right away, they (staff) drop things to do it.”
- “The night I got the news about my (relative’s) death, staff sat with me until 11pm.”

There were six questionnaires returned from residents’. All the respondents were either satisfied or very satisfied that the care afforded in Hawthorn Lodge was safe, compassionate and effective and that the service was well led. Additional comments included:

- “Very happy with the care at Hawthorn, no complaints to make.”
- “Spoilt in Hawthorn Lodge.”
- “I like it in Hawthorn Lodge, I’ve been here xxx years and everyone is very nice to me.”
- “Very happy with the care at Hawthorn Lodge.”
- “Hawthorn is the best place I’ve ever been to. I’m very happy and content here, I’m well cared for.”

We spoke to a relative who stated that they were very satisfied with the care afforded to their relative by staff in the home. The relative stated, “I could go to the manager anytime, I spoke to her today about something and she’s going to sort it.”

We also spoke to staff during the inspection and comments included:

- “We get good training here, I enjoy it here and the manager is very approachable.”
- “It’s like a family here, great place to work.”

There were no questionnaires completed and returned to RQIA from staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The manager, Isabelle Bustard, facilitated the inspection and demonstrated a good understanding of The Residential Homes Regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, residents meetings, monitoring reports, audit records, work rotas, residents care records, staffing information and written policies and procedures were made available. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their relatives were made aware of how to make a complaint by way of meetings, residents guide and the complaints procedure was displayed on notice boards in the home and trust information leaflets were also displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints and the environment were available. The need for a more robust governance system was identified as an area for improvement specifically regarding residents' care records and increasing the frequency of infection prevention and control audits. This has been identified as an area for improvement. These areas have been discussed in the 6.3 and 6.4 of this report

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. Residents and relatives were aware of who the manager was and that management, in general, were very approachable. One resident commented;

- “Isabelle (manager) is a very nice lady, could talk to her about anything.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the approach and attitude of staff, the accessibility of management and of maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to implementing more robust governance systems in the home specifically in relation to the auditing of residents’ care records and infection prevention and control measures

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standards 5.5 and 5.6 Stated: First time To be completed by: 31 January 2020	The registered person shall ensure that residents' care records evidenced that the risk assessments and care plans have been regularly evaluated and updated to reflect individuals' current need. Ref: 6.3 Response by registered person detailing the actions taken: all care plans reviewed and up-dated.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 31 January 2020	The registered person shall ensure that robust governance systems (auditing) are established specifically regarding residents care records and infection prevention and control measures. Ref: 6.6 Response by registered person detailing the actions taken: audit matrix in place.

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



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