

Inspection Report

9 and 10 November 2022



Hollywood

Type of service: Nursing (NH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited	Registered Manager: Mr Mauro J Magbitang Jr
Responsible Individual : Mrs Ruth Burrows - applicant	Date registered: 2 September 2022
Person in charge at the time of inspection: Mr Mauro J Magbitang Jr	Number of registered places: 71
Categories of care: Nursing Home (NH) DE – Dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years MP – Mental disorder excluding learning disability or dementia I – Old age not falling within any other category PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 37
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 71 patients. The home is divided into three units over two floors. The unit on the first floor provides general nursing care. On the ground floor there are two separate units; one unit provides nursing care for people living with dementia and the other unit provides nursing care for patients living with a mental illness. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 9 November 2022, from 9.20 am to 4.45 pm and 10 November 2022, from 10.30 am to 3.00 pm by a care inspector.

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

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Seven new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with Mauro Magbitang Jr, Manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 15 patients, nine staff and two relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Hollywood Care Home. Patients described the staff as "pleasant", "very good" and "great". One relative spoken with confirmed their loved one was well looked after and "this is a lovely place to come into". The other relative confirmed they had no complaints.

Staff told us that teamwork was good amongst their colleagues and they enjoyed looking after the patients. The staff members spoken with were aware of their role and responsibilities in regard to escalating concerns. Other comments made by staff were shared with the Manager for his appropriate action.

We received two completed questionnaires from patients, they told us “the staff are good and nice” and “the manager is kind and the staff are friendly”. A further completed questionnaire was returned from a relative who confirmed they were very satisfied with the care and other services provided to their loved one in Hollywood. Three staff members completed some of the online survey and provided a mostly satisfied response in regard to working in Hollywood. The staff commented “this is a good workplace, I feel supported by my colleagues and home manager, the residents are well looked after and management are strict but fair”.

5.0 The inspection

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

Areas for improvement from the pharmacy last inspection on 22 September 2022		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that medicines requiring cold storage are securely stored.	Met
	Action taken as confirmed during the inspection: A new fridge was in place in the identified unit, it was locked and utilised to store medicines that required cold storage.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> the daily menu is appropriately displayed. 	Met
	Action taken as confirmed during the inspection: The daily menu was displayed in all three units.	

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • staff are bare below the elbow at all times in order to assure compliance with best practice guidelines in infection prevention and control measures • Shower seats are effectively cleaned • Notices are laminated and not in poly pockets. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure that staff completed their training. All staff members were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council (NISCC). A review of the care staff NISCC registration audit identified the spreadsheet was not up to date and did not reflect the current status of a number of staff. This was highlighted to the Manager who amended the audit and provided written evidence of staff progress with obtaining registration with NISCC.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was highlighted. The Manager advised of ongoing recruitment for a number of vacant posts in all departments within the home. Agency staff members are currently filling these staffing gaps. Comments shared with the inspector regarding some of the difficulties staff has experienced were shared with the Manager for his appropriate action.

A review of staff supervision and appraisal planner identified that ancillary staff for example; maintenance, domestic and kitchen staff had not had the opportunity to avail of supervision or appraisal in over a year. An area for improvement was identified.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified new patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Review of care records identified minor deficits in the timely review of care plans and risk assessments, the identified care records were discussed with the Manager and updated. Otherwise the care records reflected the patients' individual likes and preferences. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced a number of deficits. Namely; patients were not always repositioned as prescribed in their care plans, care plans and information on repositioning booklets were contradictory, the repositioning booklets were observed incomplete and the patients care plan did not state specific details regarding the prescribed pressure relieving equipment in use. An area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced that wound care was managed in keeping with best practice guidance.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. We observed the lunchtime meal service in the dementia unit; the mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

The menu was discussed with the catering manager who had recently commenced post. It was noted that on a few occasions the menu had been altered due to a number of reasons; for example, supply issues. The importance of documentation surrounding incidences when the menu required changing was discussed with the catering manager. It was agreed a system for recording and documenting the circumstances leading to the menu change should be implemented. This will be followed up on a future inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

The hairdressing room in the upstairs unit was observed unlocked. This was discussed with the Manager; as this room contains multiple hairdressing products which could be potentially hazardous to patients the room should be locked when not in use. The door was subsequently secured by the Manager; the Manager should continue to monitor this area to ensure the room remains locked when not in use.

A number of toiletries belonging to patients within the dementia unit were observed in bedrooms and ensembles. The Manager was asked to review the storage of toiletries within this unit as potentially these products could be hazardous to patients if ingested. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 7 April 2022. All actions identified by the fire risk assessor had been addressed by the Manager.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed what clothes they wanted to wear; food and drink

options; and where and how they wished to spend their time. Patients were observed listening to music, chatting with staff, reading and watching TV.

Discussion with the Manager confirmed that routine activities are not provided to the patients at present due to staffing issues, care staff try to provide activities if time allows but there is no structured activity schedule. Review of activity documentation by care staff did not evidence the delivery of meaningful activities. The provision of activities provides patients with meaning and purpose to their day, in recognition of the importance of this to patients and in the absence of an activity staff member consideration should be given for staff to be allocated to provide patients with a meaningful activity programme. Furthermore, documentation should be maintained to include patient participation in planned activities and their level of engagement. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection; Mr Mauro Magbitang Jr has been appointed as the new Manager of Hollywood Care Home and was registered with RQIA 2 September 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. Review of the accident / falls audit did not provide detail regarding the Managers review of individual accidents / falls to evaluate and analyse the event, this was discussed with the Manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin and their care manager. However, review of these accidents and incidents identified a number which should have been reported to RQIA. This was discussed with the Manager and he was requested to review these and submit retrospective notifications to RQIA. An area for improvement was identified.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Mauro Magbitang Jr, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • patient care plans include the prescribed repositioning regimen • patient care plans include details of the prescribed pressure relieving equipment in use. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Care Plans highlighted on the day of inspection have been reviewed and updated. A full review of all care plans and repositioning records is currently being undertaken to ensure that they include the prescribed repositioning regime and prescribed pressure relieving equipment.</p> <p>Repositioning charts will be checked during the daily walkarounds carried out by the Manager and during the monthly monitoring visit carried out by the Operations Manager.</p> <p>Supervision with regards to the completion of supplementary records is currently taking place with Care Assistants.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is in relation to the safe storage of toiletries in the Dementia Unit.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The issue identified on the day of inspection has been addressed with the individual family. The Manager has reminded families not to bring a large stock of toiletries into the home at any one time. All toiletries are to be stored in designated cupboard under the sink.</p> <p>Bedrooms, toilets, bathrooms and communal area are monitored during daily walkabout carried out by the Manager and during the monthly monitoring visit carried out by the Operations Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>During the absence of the Manager appropriate cover is to be in place to ensure that all notifications are sent in a timely manner. All incidents that occurred during the recent absence of the Manager were reviewed and appropriate RQIA Notifications sent. Notifiable events will be copied the Operations Manager and are reviewed during the Regulation 29 visit</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 40 Stated: First time To be completed by: 31 December 2022	<p>The registered person shall ensure that suitable arrangements are put in place to provide all staff with the following:</p> <ul style="list-style-type: none"> • a recorded individual, formal supervision no less than every six months • a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The issue identified on the day of inspection has been addressed. A supervision and appraisal matrix has been completed and the home is working towards the yearly completion of annual appraisals and supervisions to meet the guidelines for the personal development of the staff in each job role. Compliance will be monitored as part of the Reg 29 audit carried out by the Operations Manager.</p>
Area for improvement 2 Ref: Standard 4.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Documentation training is to be carried out with RN staff to ensure they are fully aware of the timescales for the completion of records. Any new admissions into the home will have an admission TRaCA completed on their care file within 48hrs of admission and any deficits identified are to be addressed. This will be monitored via the Operations Manager during the completion of the Reg 29 audit.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure arrangements for the provision of structured activities is in place in the absence of an activity staff member. Activities must be an integral part of the care process with daily progress notes reflecting activity provision and patient engagement.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home continues to endeavour to recruit an Activity Therapist. Staff are to be allocated in each unit to provide activities for the residents. This is to be highlighted on the duty roster and daily progress/activity notes are to reflect activities carried out, level of engagement be it positive or negative. The Home has also been registered are part of trial program called "OOMPH" platform which is an all-encompassing virtual portal for lifestyle, new skills and entertainment.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure the audit of accidents and or falls is analysed on a monthly basis to identify any patterns or trends and to ensure the appropriate action is taken.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A monthly accident/incident report is being completed and reviewed. This report assists the Manager in identifying patterns/trends in accidents and incidents. Findings are discussed to the Nursing team and appropriate actions and or referrals to MDT are made if necessary.</p>

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