

Inspection Report

12 and 13 June 2023



Hollywood

Type of service: Nursing Home
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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 Responsible Individual: Mrs Ruth Burrows	Registered Manager: Mr Ricardo Pontes – Not registered
Person in charge at the time of inspection: Mr Ricardo Pontes	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: 43
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 12 June 2023 from 9.30 am to 5.00 pm and 13 June 2023 from 10.30 am to 5.00 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.

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 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 Mr Ricardo Pontes at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke highly about the staff and said that they felt well looked after but they also said that they did not feel there were always sufficient numbers of staff on duty and this could result in a wait for care to be provided.

Comments included, "Sometimes I have a bit of a wait but not always and I know they are very busy", and, "The staff are great, they really do their best".

Feedback from staff was generally positive, however, some staff spoken with told us they were not satisfied with the staffing levels; in particular, the general nursing unit. This is discussed further in section 5.2.1

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 last inspection on 10 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure the following in regards to the repositioning of patients: <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. 	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and has been stated for a second time. This is discussed further in section 5.2.2.	

Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	<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>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met and has been stated for a second time. This is discussed further in section 5.2.3.</p>	Partially met
Area for improvement 3 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met and has been stated for a second time. This is discussed further in section 5.2.5.</p>	Partially met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 40 Stated: First time	<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Area for improvement 2 Ref: Standard 4.1 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Standard 11 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this has been stated for a second time. This is discussed further in section 5.2.4.</p>	
Area for improvement 4 Ref: Standard 22.10 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

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).

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. Patients and staff in the general nursing unit commented negatively on the staffing levels. Patients told us they experienced a delay with their buzzers being answered and staff told us they felt that the staffing levels were not adequate. These concerns were discussed with the management team. Satisfactory staffing levels should be maintained to ensure the needs of patients can be met consistently, effectively and in a timely manner. An area for improvement was identified.

A review of the staff supervision and appraisal planner identified that, whilst staff supervisions had been completed, the manager had planned for the appraisals to commence. An area for improvement identified at the last inspection has been carried forward for review at the next inspection to allow the manager more time to complete this.

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 confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Observation of the delivery of care evidenced that staff were attending to patients' needs. Deficits were observed in the provision of some aspects of personal care such as oral care. This was discussed with the staff and the manager and identified as an area for improvement.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Review of care records of a patient recently admitted to the home evidenced that care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. A review of accident records evidenced that the post falls observations were not consistently recorded in keeping with best practice guidance. This was discussed with the manager and an area for improvement was identified.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans accurately reflected the patients' needs regarding, for example, the use of pressure relieving mattresses. However, repositioning records reviewed were not always contemporaneously recorded and not fully reflective of the repositioning schedule recommended in care plans. An area for improvement was stated for a second time.

Patients who required wound care had care plans clearly recorded in their care records to guide staff in how to treat the wound. Care records evidenced that wound care was managed in keeping with best practice guidance.

The daily and monthly evaluation of care was reviewed. The monthly evaluations lacked a person centred approach and the oversight from the registered nurses of the supplementary care records was inconsistent within the daily records of care. An area for improvement was identified.

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 provision.

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. Some of the equipment in use was not effectively cleaned such as armchairs and the underside of a small number of shower chairs. This was discussed with the manager and an area for improvement was identified.

The environment in the dementia unit lacked methods to promote and orientate patients to their surroundings and a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. An area for improvement was identified.

A number of toiletries belonging to patients within the dementia unit were observed in bedrooms and ensembles; this had been identified at the previous inspection. The manager was asked to further review the storage of toiletries within this unit as potentially these products could be hazardous to patients if ingested. An area for improvement was stated for a second time.

A store room was observed to be unlocked in the dementia unit. This was discussed with the manager as this room contained toiletries and 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. Cleaning fluid was also accessible in a sideboard of the Dunville unit this was removed.

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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms whilst others preferred to sit in the lounge. Patients were observed to enjoy listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

The atmosphere throughout the home was warm, welcoming and friendly. Music was playing or TV's were on in the communal areas and patients were seen to be relaxed and content in their surroundings.

A Patient Activity Liaison (PAL) had recently been recruited to the home and was in the process of developing the activity planner, however, there was no ongoing activity in their absence. Staff spoken with confirmed they find it difficult to provide activities due to care duties. This was discussed with the manager and an area for improvement was stated for a second time.

Staff were seen to effectively communicate with patients and to speak to them in a friendly and caring manner. It was obvious that staff were busy but they were observed to provide patients with assistance in a timely manner.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection; Mr Ricardo Pontes has been appointed as the new Manager of Hollywood Care Home and his application for registration has been received.

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.

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 that not all had been reported to RQIA appropriately. This was discussed with the manager and he was requested to review these and submit retrospective notifications to RQIA. An area for improvement was stated for the second time.

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	6*	5*

* the total number of areas for improvement includes four that have been stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ricardo Pontes, 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) (b) Stated: Second time To be completed by: 30 September 2023	<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: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An audit has been completed to review the prescribed repositioning of all residents to ensure that the patients care plans include the prescribed repositioning regime and the details of the prescribed pressure relieving equipment in use. Supervisions are taking place with staff regarding repositioning the patients in line with prescribed repositioning regime and record keeping.</p> <p>Registered nurses will be conducting daily spot checks of the supplementary booklets.</p> <p>Home Manager will be monitoring this through walkabout audits and compliance will be spot checked by the Operations Manager during monthly monitoring visits.</p>
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: Second time To be completed by: Immediate action required	<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:5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>11 wall cabinets have been purchased for the bedrooms to safely store toiletries. Compliance of safe storage will be monitored by Home Manager during walkabouts and will be spot checked by Operations Manager during monthly monitoring visits.</p>

Area for improvement 3 Ref: Regulation 30 Stated: Second time To be completed by: 1 September 2023	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <p>Response by registered person detailing the actions taken: The Home Manager will ensure that RQIA are notified of any events in the Home in line with present regulation guidance. Supervisions will take place with staff in charge of the Home in the Managers absence to ensure that accurate reporting occurs at all times. The Operations Manager will be copied into all notifications sent. Compliance will be monitored by the Operations Manager during the monthly monitoring visit.</p>
Area for improvement 4 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure there are adequate staffing levels on duty to meet the assessed needs of all patients and taking into account the layout of the building. This should be reviewed on an ongoing basis.</p> <p>Ref: 4.0 and 5.2.1</p> <p>Response by registered person detailing the actions taken: CHESS has been completed and staffing levels are in accordance with level of dependency of the current residents. CHESS will be updated at least monthly or more often if required. The Registered Manager whilst carrying out pre admission assessments will take into consideration the dependency needs of the patient to ensure he can safely meet their needs with staffing available.</p>
Area for improvement 5 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are consistently recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A Registered Nurse staff meeting was held and it was reinforced to staff the importance of following best practice regarding unwitnessed falls and the completion of neurological observations. Guidelines were shared with staff. Supervision is being completed with all nurses regarding completion of neurological observations. The Home Manager will be checking compliance through the auditing of documentation following falls. The Operation Manager will also review as part of the monthly monitoring visit</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (b)(d)(i)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure that the environment in the dementia is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and repeated thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A baseline audit has been completed using a recognised tool. An action plan is currently being put together to ensure improvements are made in a timely manner to ensure the environment is conducive for those living with Dementia. The Specialist Operations Manager is conducting a series of support visits to the Home and Face to Face Dementia awareness training will be rolled out in due course for staff.</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 2023	The registered person shall ensure that suitable arrangements are put in place to provide all staff with the following: <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. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by: 30 September 2023	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. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: The Home has now been successful in the recruitment of an additional Activity Therapist. They are due to start towards early September. Activities that have been carried out are now reflected in the progress notes. In the absence of an Activity Staff member, it is now highlighted in the off duty for one CA to carry out activities in each unit in the afternoon.
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: Immediate action required	The registered person shall ensure staff pay attention to detail when delivering personal care. This is stated in reference but not limited to the provision of oral care. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff in charge of the units are to ensure that if care delivery is not to an acceptable standard during their shift that this is dealt with at the time and improvements made taking into consideration resident choice. Training on the Fundamentals of Care is to be arranged for all staff. The daily hygiene charts will be completed by staff and will be monitored by Home Manager during the walkabout

	Audit. The Operations Manager will further monitor this during the monthly monitoring visits.
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<p>Area for improvement 4</p> <p>Ref: Standard</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A meeting was held with Registered Nursing Staff and the importance of care plans and progress notes being meaningful was reiterated. Care Documentation training was held with all Registered nurses. Observations will take place to ensure that the training that has been delivered had been embedded into practice.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A Domestic Staff meeting was held to address the areas of cleanliness in the Home. Home Manager will monitor infection control practices and cleanliness of the Home during the completion of his walk about audit. Compliance will also be monitored by the Operations Manager during the monthly monitoring visit.</p>

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