

# Unannounced Care Inspection Report 13 and 14 March 2017



## Hollywood

**Type of Service: Nursing Home**  
**Address: 221 Old Hollywood Road, Hollywood, BT18 9QS**  
**Tel no: 028 9042 6900**  
**Inspector: Dermot Walsh**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hollywood took place on 13 March 2017 from 09.25 to 16.40 hours and on 14 March 2017 from 09.20 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and 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.

### **Is care safe?**

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control was well maintained. A requirement was made in regard to the management of a patient following a fall. A recommendation was made to review the ambient temperature within the home.

### **Is care effective?**

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' representatives. Two requirements were made in this domain in relation to care planning and management of fluid restriction.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation has been made in regards to a review of the time at which meals are served.

### **Is the service well led?**

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing care. No requirements or recommendations were made in this domain.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3*

\*The total number of recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Roxana Mitrea, acting manager and Alana Irvine, regional 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 February 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Roxana Mitrea - Acting
<b>Person in charge of the home at the time of inspection:</b> Roxana Mitrea	<b>Date manager registered:</b> Acting – No Application
<b>Categories of care:</b> NH-DE, NH-MP(E), NH-MP, NH-I, NH-PH, NH-PH(E), NH-TI  A maximum of 18 patients in category NH-DE located on the Ground Floor and a maximum of 8 patients in categories NH-MP/MP(E) located in the Dunville Unit.	<b>Number of registered places:</b> 71

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 17 patients individually and others in small groups, four patient representatives, four care staff, four registered nurses and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and nine patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- four patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 6 to 19 March 2017

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 15 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 and 26 May 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (1) (a), schedule 3, (3) (k)</p> <p><b>Stated:</b> Second time</p>	<p>It is required that the registered person must ensure contemporaneous records of all nursing provided to the patient are recorded accurately to evidence actual care given and accounts for any concerns or deficits identified.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of four patient care records evidenced that this requirement has now been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the infection prevention and control (IPC) issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that best practice in infection prevention and control had been achieved.</p>	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4 Criteria (1) (7)</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed and include the specific continence products required by the patient</p> <p><b>Action taken as confirmed during the inspection:</b> A review of four patient care records evidenced this recommendation has now been met.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p><b>Action taken as confirmed during the inspection:</b> A robust system was in place to ensure compliance with best practice in IPC.</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the identified malodour within the home is managed appropriately.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the environment confirmed that the identified odour had been managed appropriately.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that staff meetings take place on a regular basis and at a minimum quarterly. A record of the meeting should be maintained including details of date, attendees, discussions had and actions agreed.</p> <p>All staff should have the opportunity to attend a quarterly meeting.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and a review of records evidenced this recommendation has now been met. See section 4.4 for further information.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should review the programme of activities in the dementia unit to ensure meaningful activities are offered to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and the regional manager and a review of the activity provision evidenced that this recommendation has not been fully met. The activities programme had not been suitably amended since the last care inspection.</p> <p>This recommendation has not been fully met and will be stated for the second time.</p>	<p><b>Partially Met</b></p>

#### 4.3 Is care safe?

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 to 19 March 2017 evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that one staff member had concerns regarding staffing levels specifically at mealtimes. This concern was forwarded to the acting manager for review. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the acting manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Ninety nine percent of staff were compliant with the home's mandatory training requirements.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the acting manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 26 May 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends. Inspection of accident records evidenced that two unwitnessed falls had occurred. Records indicated that central nervous system (CNS) observations were not taken immediately following the incident and monitored for 24 hours. This was discussed with the acting manager and a requirement was made to ensure post falls management was conducted in compliance with best practice guidance.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained.

During the inspection two staff in the Dementia Unit made comment regarding the heat in the home. They were of the opinion that the home was uncomfortable to work in due to an increase in the heat. This was discussed with the acting manager and a recommendation was made to review the ambient temperature in the home to ensure that it was maintained within recommended parameters at all times.

### **Areas for improvement**

It is required that post falls management is conducted in compliance with best practice guidance.

It is recommended that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters at all times.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

However, there was also evidence that care plans had been reviewed but did not accurately reflect the patient's current assessed need. There was also evidence within another patient's care records that recommendations made from a visiting professional had not been encompassed within the patient's care plan and subsequently had not been reflected within supplementary care records. A third patient did not have a care plan in place to reflect a treatment administered by a registered nurse. This was discussed with the acting manager and a requirement was made to ensure care plans were reviewed to ensure that they reflect the current care needs of patients and make reference to recommendations made by other visiting professionals.

A review of a patient's care records evidenced that the patient was on a fluid restriction of 2000ml. An initial review of supplementary records evidenced that the patient's intake was generally within the fluid restriction. However, discussion with staff evidenced that not all of the fluids consumed were recorded on the fluid chart. A review of the actual fluids consumed evidenced that the patient was exceeding their daily fluid target. This was discussed in detail with the acting manager and a requirement was made to ensure that patient treatment plans are adhered to. Fluid balance charts must be accurately maintained to evidence fluid intake.

Discussion with the acting manager and staff confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made. Furthermore, there was evidence that relatives meetings had been conducted on a six monthly basis. The acting manager confirmed that minutes of relatives meetings would be posted out to patients' next of kin.

The acting manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The acting manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The acting manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the acting manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

#### Areas for improvement

It is required that care plans are reviewed to ensure that they reflect the current care needs of patients and make reference to recommendations made by other visiting professionals.



It is required that patient treatment plans are adhered to. Fluid balance charts must be accurately maintained to evidence fluid intake.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Four registered nurses, four carers and one ancillary staff member were consulted to ascertain their views of life in Holywood. Staff confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I like working here and I enjoy the work."

"It's good here. Really improved."

"It's fine."

"I love it here."

"It's not too bad here."

"I'm comfortable with the work here."

"We need more staff during mealtimes."

"It's too warm to work in here."

Seventeen patients were consulted. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Nine patient questionnaires were left in the home for completion. Four patient questionnaires were returned.

Some patient comments were as follows:

"The care in here is great."

"This place is fantastic."

"I absolutely love it here."

"It is very pleasant here."

"I'm very happy here."

"It's nice here."

Four patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Four relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives' comments were as follows:

"It's lovely in here. The place is very clean."

"The care is absolutely fantastic."

"Staff always make us feel welcome. Can't do enough for you."

"My father is very safe and very well looked after. As a family we are very content and could not ask for more."

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room downstairs. Lunchtime commenced at 13.00 hours. Patients were seated around tables which had been appropriately laid out for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A pictorial menu was on display on the wall of the dining room reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Discussion with staff evidenced that the gaps between mealtimes were two hours between breakfast and lunch and three hours between lunch and dinner. A tea trolley was also available at 11.00, 15.00 and 19.30 hours. This was discussed with the acting manager and a recommendation was made to review the timing of meals to ensure that there were adequate gaps between mealtimes.

### Areas for improvement

It is recommended that the timing of meals is reviewed to ensure adequate gaps between mealtimes.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the acting manager evidenced that the home was operating within its registered categories of care.

Discussion with the acting manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception. The acting manager confirmed that any learning gained from complaints was discussed during staff meetings.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"We want to thank all of you for the loving care given to ... ."

"Thank you for the all the care given to ... whilst she was in Hollywood care home."

Discussion with the acting manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, accidents, complaints and infection prevention and control. The acting manager confirmed that an action plan to address identified shortfalls within audits was developed and given to the patient's primary nurse to complete. There was evidence within infection prevention and control and care record auditing records that the action plans had been reviewed to ensure completion. There was also evidence that the regional manager had oversight of the auditing arrangements in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the acting manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement have been identified in the safe, effective and compassionate domains with regard to post falls management, care planning, management and recording of fluid restriction, temperature control of the environment and meal times. A recommendation made in the previous inspection on activities in the dementia unit has been stated for a second time. Compliance with these requirements and recommendations will further drive improvements in these domains.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, acting manager and Alana Irvine, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/acting manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 March 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Registered Person has completed supervision with all nursing staff regarding post fall management and recording of CNS observations for 24 hours post fall.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b) (c) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 March 2017</p>	<p>The registered persons must ensure that care plans are reviewed to confirm that they reflect the current care needs of patients and where appropriate, include recommendations made by visiting professionals.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Registered Person has completed supervision for all nursing staff to ensure care plans reflect current needs of residents including recommendations from visiting professionals. Wound link nurse available to offer guidance. Compliance will be reviewed through the FSHC audit process and action plans put in place to address any issues within a specified timeframe.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 March 2017</p>	<p>The registered person must ensure that that patient treatment plans are adhered to. Fluid balance charts must be accurately maintained to evidence fluid intake.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Registered Person has completed supervision for all care staff regarding completion of food and fluid charts. The completion of these charts will be monitored through spot checks by the Nurse in Charge of the unit and through the FSHC audit process. Any issues identified will be addressed at the time with the relevany staff member.</p>

<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 11 Criteria (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 April 2016	The registered person should review the programme of activities in the dementia unit to ensure meaningful activities are offered to patients.  <b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b> The programme of activities has been reviewed and Meaningful activities training has been provided for dementia care unit staff and the activities persons as part of our DCF programme.
<b>Recommendation 2</b> <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 21 March 2017	The registered person should ensure that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters.  <b>Ref: Section 4.3</b>
	<b>Response by registered provider detailing the actions taken:</b> The temperature in the home is regulated by the thermostat fitted on the boiler and is usually between 18-22C, but it can be adjusted for the comfort of our residents.
<b>Recommendation 3</b> <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 9 March 2017	The registered person should ensure that the timing of meals is reviewed to ensure adequate gaps between mealtimes.  <b>Ref: Section 4.5</b>
	<b>Response by registered provider detailing the actions taken:</b> Breakfast is available from 08:30am and served to the residents at a time of their choice depending on the time they prefer to rise from bed. Lunch is provided at 1pm, but this can also be tailored to meet the individual needs of the residents.

*\*Please ensure this document is completed in full and returned via web portal\**



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