

Inspection Report

16 September 2021



Hollywood

Type of service: Nursing (NH)
Address: 221 Old Hollywood Road, Hollywood, BT18 9QS
Telephone number: 028 9042 6900

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual : Mrs Natasha Southall</p>	<p>Registered Manager: Mrs Roxana Mitrea</p> <p>Date registered: 05 January 2018</p>
<p>Person in charge at the time of inspection: Violeta Bote Deputy Manager</p>	<p>Number of registered places: 71</p> <p>maximum of 18 patients in category – NH-DE 8 patients in categories in NH-MP/MP(E)</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 41</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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 gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2021, from 9.30am to 4.45pm by a care inspector.

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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff, are included in the main body of this report.

One new area for improvement was identified in regard to infection prevention and control. An area for improvement in regard to the dining experience has been stated for a second time.

RQIA were assured that the delivery of care and service provided in Holywood Care Home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the Deputy 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 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 Violeta Bote, Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 11 patients and 13 staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Patients told us “the staff are very good” and “I am happy here”. Staff told us teamwork was good, they enjoyed coming to work and that the management team were approachable and very supportive.

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 21 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that thickening agents are securely stored when not in use.	Met
	Action taken as confirmed during the inspection: A review of the environment confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that sluice rooms are locked when not in use and when being used to store cleaning products.	Met
	Action taken as confirmed during the inspection: A review of the environment confirmed this area for improvement has been met.	

Area for improvement 3 Ref: Regulation 12 (1) Stated: First time	The registered person shall ensure patients' supplementary care records evidence pressure area skin checks as prescribed in the patients' care plan. Action taken as confirmed during the inspection: Review of care records confirmed this area of improvement has been met.	Met
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: First 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. Action taken as confirmed during the inspection: The daily menu was not appropriately displayed in two of the three dining rooms. This area for improvement has not been met and has been stated for the second time. This is further discussed in section 5.2.2.	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job.

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.

Staff said there was good teamwork in the home and that they felt well supported in their role.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way.

Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

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. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. 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 required care for wounds had this clearly recorded in their care records.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced consistent delivery of pressure area care to patients.

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 after a fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the 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. Staff were observed to wear the appropriate PPE. The food served was attractively presented and smelled appetising. There was a variety of drinks available. Staff attended to patients needs in a caring manner. If required, records were kept of what patients had to eat and drink daily. The menu displayed in two units was not reflective of the food on order; an area for improvement has not been met and is stated for a second time.

This was discussed with the Deputy Manager who advised that work is ongoing with the management team, catering staff and care staff to review and improve the dining experience for patients.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

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. Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

A number of notices in communal areas and patient bedrooms were observed in poly pockets, notices should be laminated in order that they can be effectively cleaned and shower seats within communal bathrooms were observed in need a better clean. An area for improvement under infection prevention and control was identified.

The home has recently employed a gardener who has been working very hard on improving the communal areas and entrance to the home. Great improvement was noted to these areas they were observed tidy, colourful and welcoming.

There was evidence throughout the home of 'homely' touches. A painter was refreshing some indoor wall murals in the Dunville Unit on the day of the inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, observation of staff practices identified a number of staff not compliant with bare below the elbow guidance; staff were observed wearing watches and rings. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed they could remain in their bedroom or go to the communal lounges when they wished.

There was a range of activities provided by activity staff. The range of activities included music, games, arts and crafts, pampering sessions and walks outside for those who are able. A record of patient involvement and participation in activities was recorded by the activity staff. A patient and a staff member were seen enjoying each other's company while knitting.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls.

Visiting arrangements were managed in line with DoH and IPC guidance. The home also had a number of care partners.

5.2.5 Management and Governance Arrangements

There was evidence that a robust 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. The Manager was identified as the appointed safeguarding champion for the home. 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 incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and Deputy Manager and described them both as supportive, approachable and always available for guidance. One staff member told us "we are all like a family here".

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was clean, tidy and well maintained.

The lived experience of patients was promoted by activity staff so that patients had meaning and purpose to their day.

The inspection findings and discussions held evidenced that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

One new area for improvement was identified in regard to infection prevention and control. An area for improvement in regard to the dining experience has been stated for a second time.

Thank you to the patients and staff for their assistance and input during the inspection.

7.0 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* The total number of areas for improvement includes one area under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Violeta Bote, Deputy 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 16 October 2021	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • the daily menu is appropriately displayed <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: These will be checked daily during the Daily walkabout</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	<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>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All notices are reviewed and laminated all relevant documentation that needs to be displayed.</p> <p>Staff are reminded with infection control measure and continue with PPE and hand washing audit weekly .</p> <p>Shower seats are inspected, reviewed and replaced if required.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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