



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Hollywood
Establishment ID No: 1666
Date of Inspection: 18 July 2014
Inspector's Name: Lorraine O'Donnell
Inspection ID 18381

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Hollywood
Address:	221 Old Hollywood Road Hollywood BT18 9QS
Telephone Number:	028 9042 6900
E mail Address:	hollywood@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Wilhelmina Anne Devoy (Acting)
Person in Charge of the Home at the Time of Inspection:	Ms Wilhelmina Anne Devoy (Acting)
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE
Number of Registered Places:	71
Number of Patients Accommodated on Day of Inspection:	51
Scale of Charges (per week):	£567.00 - £700.00
Date and Type of Previous Inspection:	4 March 2014 Secondary Unannounced
Date and Time of Inspection:	18 July 2014, 11.45 – 17.45 hours
Name of Inspector:	Lorraine O'Donnell

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Examination of records pertaining to activities and events
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the level of compliance achieved with the requirements and recommendations raised during the previous inspection visit.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Hollywood Nursing home is situated in the outskirts of the village of Hollywood in the grounds of Redburn Country Park. There is a car park within the grounds of the home and public transport facilities are nearby. The home is convenient to the shopping areas and community services in Hollywood.

The nursing home is owned by Four Seasons Health Care and is currently managed by Ms Wilhelmina Anne Devoy.

The home is a three storey residence, which provides accommodation and services on two floors. Various dayrooms and dining areas are situated throughout the home. Bath/shower rooms and WC's are accessible to all communal and bedroom areas.

The home is registered to provide care for a maximum of 71 persons under the following categories of care:

54 patients within the category of:

- NH-I old age not falling into any other category
- NH-H physical disablement under 65, NH-PH (E)
- Physical disability over 65 years
- NH-TI terminally ill

17 patients within the category of:

- DE - dementia care

The current certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was appropriately displayed in the entrance hall of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Hollywood Nursing Home. The inspection was undertaken by Lorraine O'Donnell on 18 July 2014 from 11:45 to 17:45 hours.

The inspector was welcomed into the home by Ms Wilhelmina Anne Devoy, registered manager (acting) who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Devoy at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and relatives. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 4 March 2014, five requirements and eight recommendations were issued. One requirement and four recommendations made at the previous inspection were carried forward for review at this inspection.

These were reviewed during this inspection. The inspector evidenced that two requirements and five recommendations had been fully complied with. One requirement was substantially complied with and two were moving towards compliance. One recommendation was substantially complied with and two were moving towards compliance. Details can be viewed in the section immediately following this summary.

The inspector spoke with four patients individually and others in groups, the patients consulted stated they were well looked after and were content living in the home. All patients appeared well groomed and comfortable.

The inspector spoke with three patients' visitors/relatives during the inspection, during which one visitor raised concerns in relation to the number of staff in the dining room at meal times. These concerns were discussed with the manager and she reviewed the staffing levels and assistance required by the patients to ensure adequate numbers of staff were available to ensure the needs of the patients are met.

The registered manager had been appointed as an interim manager from another Four Seasons home, following Hollywood Nursing Home being deemed a "focus home" by the provider. During discussions with the registered manager the inspector was informed she would be implementing changes to help ensure full compliance with the previous QIP.

The inspector reviewed activity records and there was evidence of a range of activities. However there is only one Activities Leader employed for 51 patients. The manager advised the inspector the home plan to advertise for a second Activity Leader, to ensure activities are available for all patients on a regular basis.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the themes inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, three requirements and two recommendations are restated. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, Ms Devoy, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17 (1)	The registered person must review the current patient care records file audit process to ensure that all patient's assessment of need are up to date and care plans evidence that regular review and evaluation of the care provided to the patient is maintained.	The inspector examined the records of the Care plan Audit which had recently commenced. The inspector confirmed the records of ten patients had been audited to date using a Care Profile Review Tool.	Compliant
2	19 (2) Schedule 4	<p>The registered person shall maintain in the nursing home the records specified in Schedule 4:</p> <p>A record of all complaints made by patients or representatives or relatives of patients or by persons working at the nursing home about the operation of the nursing home, and the action taken by the registered person in respect of any such complaint.</p>	The registered manager commenced work in the home in early June 2014 and since commencing she has reviewed the complaints from January 2014 until June 2014, during this review she was taking action on any outstanding complaints. These records were examined, the inspector found the complaints had been acknowledged and the outcome of the complaint had been recorded.	Compliant

3	24 (4)	The registered person shall, within 28 days after the date on which the complaint is made or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the investigative process, outcome and action (if any) that is to be taken.	The inspector reviewed the records for complaints made to the home since the previous inspection and found the home had acknowledged these complaints within the specified time. There was evidence the person who made the complaint had been informed of the outcome and action (if any) taken.	Compliant
4	13 (1) (a)	The registered person shall ensure that the nursing home is conducted so as – To promote and make proper provision for the nursing, health and welfare of patients.	There was no evidence that monthly analysis included information relating to trends of incident/accidents for the individual units. The registered manager informed the inspector the next audit of these records was due at the end of July and she agreed to ensure this information is reflected in the report.	Moving towards compliance.
5	30 (1)	The registered person shall give notice to RQIA without delay of the occurrence of any death, illness or other events in the nursing home	The inspector examined nine incident/accident records relating to incidents in June 2014 and July 2014. The inspector confirmed RQIA had been informed of six in a timely manner.	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.6	It is recommended that the registered manager ensure that the record of patient's bowel function is recorded in daily progress records and is reflective of the Bristol Stool Chart.	The inspector examined the care records of nine patients from the three units within the home. The frail elderly unit contained bowel function information in the progress notes and this information was reflective of the Bristol Stool Chart. However this was not consistently recorded in the progress notes for patients in the other two areas of the home.	Substantially compliant
2	30.1	It is recommended that the planned staff rota is available sufficiently in advance to enable relevant persons to verify that at all times the planned staffing for the nursing home meets the assessed needs of all patients.	The inspector reviewed the staff rota which was available to 29 September 2014. The registered manager informed the inspector this facilitated the block booking of staff to ensure staffing for the nursing home to meet the assessed needs of all patients.	Compliant
3	12.4	It is recommended that the daily menu is provided in a suitable format and in an appropriate location so that patients and their representatives know what is available at each mealtime.	The inspector was informed the proposed menus had been recently verified by a dietician to verify the nutritional content. The registered manager informed the inspector she plans to have these menus printed and displayed so that patients and their representatives know what is available at each meal time.	Moving towards compliance

4	35.1	In the interest of infection prevention and control, blue plastic disposable aprons are stored in an appropriate dispenser in the Praeger and Marino dining area.	The blue plastic aprons are now stored in a drawer of a dresser in the dining room. The registered manager informed the inspector she intends ordering a dispenser for these aprons.	Compliant.
5	5.3	A recommendation has been made that the registered manager reviews the number of patients nursed in bed to ensure their needs are being met in an appropriate way.	The inspector was informed and care plans indicated eight patients were nursed in bed. The nursing staff informed the inspector that apart from these patients, the other patients were up for breakfast at a reasonable time.	Compliant
6	13.1	It is recommended that the registered manager reviews the provision of activities to ensure the home offers a structured programme of varied activities and events related to the statement of purpose and identified needs of patients.	The inspector viewed the activities board which contained information outlining the activities available in the home. However no weekly plan was available. The registered manager informed the inspector the home plan to advertise for a second activity coordinator to ensure the home can provide activities to meet the needs of the patients.	Moving towards compliance.

7	25.12	The registered person must ensure that action plans developed as a result of Regulation 29 visits are followed up and implemented in a timely manner.	The inspector examined the Regulation 29 reports for April, May and June 2014. These reports included an action plan and there was evidence these had been followed up and implemented in a timely manner.	Compliant
8	25.2	The registered manager must ensure that accident/incidents analysis is comprehensive, completed on a monthly basis and includes analysis by units.	The inspector examined records outlining an analysis of the incident/accidents. These records included information and analysis by units.	Compliant

5.0 Additional Areas Examined

5.1 General Environment

The inspector undertook a general inspection of the home and examined a number of patients' bedrooms, lounges, bathrooms and toilets at random. The home was busy, calm and staff were well organised in carrying out their duties. Patients were observed either relaxing in one of the lounges or their bedrooms.

The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was clean throughout.

5.2 Stakeholder participation

Patients' views

The inspector spoke with four patients individually and with the majority of patients generally. Patients spoken with informed the inspector that they were happy living in the home. Patients commented positively about staff and the care they received.

Relatives' Views

The inspector spoke with one relative who was visiting during the inspection. The relative spoken with commented positively regarding management, staff attitude, care delivery and the environment.

Staff views

During the inspection the inspector spoke with four staff nurses and three care staff. Staff spoken with were knowledgeable regarding the needs of the patients in their care and were positive in regard to the standard of care they delivered and the induction and training they received. Staff were knowledgeable of the whistleblowing policy and the correct procedures to follow if they had concerns regarding poor practice.

5.3 Complaints

During the inspection the inspector examined the homes record of complaints received, the evidence provided indicated that complaints were being pro-actively managed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Devoy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Hollywood

18 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Wilhelmina Anne Devoy, registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17 (1)	The registered person must review the current patient care records file audit process to ensure that all patient's assessment of need are up to date and care plans evidence that regular review and evaluation of the care provided to the patient is maintained.	Two	All patient care record files have been audited and processes are in place to ensure they are reviewed and evaluated at least monthly.	From the date of this inspection.
2.	13 (1) (a)	The registered person shall ensure that the nursing home is conducted so as- To promote and make proper provision for the nursing, health and welfare of patients.	Two	All monthly analysis audits include information relating to trends of incidents/accidents for individual units within the home.	From the date of this inspection.
3.	30 (1)	The registered person shall give notice to RQIA without delay of the occurrence of any death, illness or other events in the nursing home.	Two	All incidents/accidents which require RQIA Regulation 30 notifications have been reported in a timely manner.	From the date of this inspection.

Recommendations					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	12.4	It is recommended that the daily menu is provided in a suitable format and in an appropriate location so that patients and their representatives know what is available at each mealtime.	Two	Menu is displayed in all dining rooms for residents and their relatives to observe.	From the date of the inspection.
2.	13.1	It is recommended that the registered manager reviews the provision of activities to ensure the home offers a structured programme of varied activities and events related to the statement of purpose and identified needs of patients.	Two	Activities programmes are completed weekly and displayed with a plan of activities for each week.	From the date of the inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Leeanna Bonar
Name of Responsible Person / Identified Responsible Person Approving Qip	Jim McCall <i>Carol Cousins</i>

*CAROL COUSINS
DIRECTOR OF OPERATIONS*

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorraine O'Donnell	14/11/14
Further information requested from provider			