

Unannounced Care Inspection Report 20 and 21 January 2021



Hollywood

Type of Service: Nursing Home (NH)
Address: 221 Old Hollywood Road, Hollywood, BT18 9QS
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Inspector: Mandy Ellis

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 71 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Roxana Mitrea – 5 January 2018</p>
<p>Person in charge at the time of inspection: Roxana Mitrea</p>	<p>Number of registered places: 71</p> <p>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. There shall be a maximum of 1 named patient in category NH-PH.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 48</p>

4.0 Inspection summary

An unannounced inspection took place on 20 January 2021 from 09.30 to 16.45 hours and 21 January 2021 from 10.35 to 13.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, Manager and Violeta Bote, Deputy 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients and 15 staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses to the staff survey were returned within the indicated timeframe.

We provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

Two patient questionnaires were returned both indicating they are very satisfied with the care they receive in Holywood Nursing Home.

The following records were examined during the inspection:

- the duty rota from 11 to 24 January 2021
- the home's registration certificate
- three patients' care records
- 10 patients' supplementary care charts in regard to repositioning
- seven patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.14 Stated: Second time	The registered person shall ensure that the provision made for patients who smoke does not impede on the comfort of other patients accommodated in the home	Met
	Action taken as confirmed during the inspection: The smoking area has been reviewed by the manager. Patients who smoke now avail of a larger smoking area. Discussion with the identified patient outlined the issue has been resolved; the patient has no complaints or concerns about the smell of cigarette smoke in their room.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 11 to 24 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the management team.

Comments made by staff included:

- "I love it here."
- "I have no issues."
- "The manager is approachable."
- "This is home from home."
- "The team pull together."
- "I love it here."
- "I love my job."
- "I am happy."

6.2.2 Personal Protective Equipment

Signage had been erected within the entrance to the home which reflected the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We observed thickening agents in unlocked cupboards in the dining area of the ground floor dementia care unit and in the kitchenette area in the Dunville unit. Thickening agents should be kept secured when not in use; an area for improvement was made.

We also identified deficits with regards to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations. A sluice room in the general nursing unit was found unlocked with access to cleaning products. This was discussed with the deputy manager for immediate action and an area for improvement was identified.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining rooms had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “The manager and deputy are brilliant. ”
- “They are more than good. ”
- “It’s alright here.”

A selection of thank you cards were reviewed and the written comments included:

- “With thanks for everything you do. ”
- “Thank you for all your cheerfulness and help during this terrible time. ”
- “A big thanks and appreciation for all the work and care you give mum. ”

We observed the serving of the lunch time meal in the general nursing unit on the 21 January 2021. We saw the staff attend to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. The genre of music playing in the background was not in keeping with the patient’s age or taste in music; this was discussed with the manager who agreed to ensure the appropriate genre of music was played at meal times going forward. The three dining rooms reviewed did not have a menu displayed. An area for improvement was made in regard to the dining experience.

Review of three patients’ care records evidenced that individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. Seven supplementary care records in regard to patients’ food and fluid intake were consistently recorded.

10 repositioning charts were reviewed. A review of the repositioning records did not evidence consistent pressure area skin checks as prescribed in the patients’ plans of care. This was discussed with the manager and an area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained an effective level of oversight in the home. Audits reviewed included hand hygiene, PPE compliance, wound care, restraint, care records, infection control and environmental audits. These audits included the development of action plans to address identified deficits, as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home.

Areas of good practice

Areas of good practice were identified in relation to care delivery, teamwork, staff interaction with patients and governance audits.

Areas for improvement

Four new areas for improvement were identified in regard to the storage of thickening agents, compliance with COSHH regulations, supplementary care recording and the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Hollywood was safe, effective, compassionate and well led. The manager demonstrated effective leadership throughout the inspection; with both her team and the patients who we spoke with recognising the importance of her role within the home. Four new areas for improvement were made and are outlined in the body of the report and in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, Manager and Violeta Bote, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that thickening agents are securely stored when not in use.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Locks have been installed on the cupboard doors. Supervision sessions have been carried out with all care and nursing staff in the Home, regarding safe storage of thickening agents when not in use. This will be monitored during daily walkabout audits and peer visits.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that sluice rooms are locked when not in use and when being used to store cleaning products.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Notices placed on all sluice room doors. Supervision sessions have been carried out with all care, nursing and domestic staff in the Home regarding COSHH. This will be monitored during daily walkabout audits and peer visiting.</p>
Area for improvement 3 Ref: Regulation 12 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure patients' supplementary care records evidence pressure area skin checks as prescribed in the patients' care plan.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with all care and nursing staff regarding completion of supplementary care records, in particular to reflect pressure area skin checks as prescribed in the individual care plans. Trained staff will monitor completion during their shift and Home Manager will review when completing care plan audits. Regional Manager will monitor during the regulation 29 visit.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 21 February 2021	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> • the daily menu is appropriately displayed Ref: 6.2.4
	Response by registered person detailing the actions taken: The Daily menu is displayed in all 4 dining rooms and changed on a daily basis.

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



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