



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN021082
Establishment ID No: 1666
Name of Establishment: Hollywood Care Home
Date of Inspection: 20 January 2015
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Hollywood Care Home
Address:	221 Old Hollywood Road, Hollywood. BT18 9QS
Telephone Number:	028 9042 6900
Registered Organisation/Provider:	Four Seasons Health Care Mr J McCall (Responsible Person)
Registered Manager:	Mr Mauro Magbitang
Person in Charge of the Home at the time of Inspection:	Mr Mauro Magbitang
Other person(s) consulted during inspection:	Mr Stevie McCormick (FSHC Estates Manager)
Type of establishment:	Nursing Home
Number of Registered Places:	71
Category of Care	NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE
Date and time of inspection:	20 January 2015 10.05am – 12.50pm
Date of previous Estates inspection:	26 November 2013
Name of Inspector:	Colin Muldoon

2.0 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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of 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.

The aims of the inspection were to examine the estates related 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
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with Mr Mauro Magbitang and Mr Stevie McCormick
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Mauro Magbitang and Mr Stevie McCormick.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

Hollywood Care Home is a relatively modern purpose built nursing home set on a spacious site between Belfast and Hollywood. Resident accommodation of bedrooms, living rooms, bathrooms and toilets is on both the ground and first floors. There is a lift to facilitate travel between floors. The home is set on a private elevated site and is surrounded by woodland. There is a second floor which is used for staff facilities. There is good car parking space.

8.0 SUMMARY

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Hollywood Care Home on 20 January 2015 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 36 - Fire Safety.

This resulted in six requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Mauro Magbitang and Mr Stevie McCormick during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 26 November 2013.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(d)	The light fittings in the hairdressing room should be dismantled and cleaned. (QIP item 1 in previous report)	Addressed	N/A
9.1.2	Regulation 13.-(7) 14.-(2)(a) and (b) and (c)	It should be confirmed that there is a valid legionella risk assessment and that the measures being implemented for the ongoing control of legionella are in line with a scheme arising from the risk assessment. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of</i>	The last legionella risk assessment was carried out in August 2012. Mr McCormick provided documentation to confirm that all the remedial work identified in a schedule of works relating to the assessment had been addressed. Mr McCormick also confirmed that the legionella risk assessment has been reviewed very recently (report not yet available) and that a schedule of any new remedial work will be drawn up and actioned.	N/A

		<i>Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (QIP item 2 in previous report)		
9.1.3	Regulation 27.-(4)(a)	It should be ensured that all the issues identified in the fire risk assessment are addressed. (QIP item 5 in previous report)	The fire risk assessment available on the day of inspection was dated 07 January 2015. The overall risk was considered to be moderate.	The fire risk assessor identified a number of issues for attention. It was observed that some of the issues identified have been addressed. (Item 5 in Quality Improvement Plan)
9.1.4	Regulation 27.-(4)(c) 27.-(4)(d)(v)	In relation to the emergency lights it should be confirmed that the defects noted by the service contractor have been rectified and that all emergency lights are included in the monthly test procedure. (QIP item 6 in previous report)	Addressed	N/A
9.1.5	Regulation 27.-(4)(a)	An emergency plan, which is in accordance with current good practice and	Addressed	N/A

		the findings from the Rosepark Inquiry, should be posted at the fire panel. The plan should be included in fire safety training and practice drills. (QIP item 7 in previous report)		
9.1.6	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The corridor fire doors in Praeger wing should be adjusted so that they close correctly to provide an effective fire seal. (QIP item 8 in previous report)	Addressed	N/A

No	Standard.	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.7	Standard 35	It is recommended that the frequency of flushing infrequently used outlets is increased to twice weekly in line with the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (QIP item 3 in previous report)	There were records of weekly flushing. The inspector was informed that arrangements are being made to increase flushing to twice weekly.	N/A

9.1.8	Standard 35	The quarterly disinfection of en-suite showers should be recorded. (QIP item 4 in previous report)	Addressed	N/A
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9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There were current records relating to the servicing and LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoists and slings. The LOLER report of July 2014 notes that some hoists and some slings were not safe for use or were not inspected. The inspector was informed that the home maintains an asset register of in use hoisting equipment. The possibility of in use equipment being missed from periodic thorough examination and maintenance was discussed and the manager confirmed that the arrangements for ensuring that all items are examined and serviced at the specified intervals would be reviewed.
(Item 1 in Quality Improvement Plan)

9.2.2 The home has a number of washer disinfectors. It should be confirmed that there are arrangements for these to be serviced and their satisfactory performance validated in line with the provisions of HTM 2030.
(Item 2 in Quality Improvement Plan)

9.2.3 There were no records relating to the maintenance of the thermostatic mixing valves.
(Item 3 in Quality Improvement Plan)

9.2.4 There were no records relating to safety checks of the gas boilers and pipework.
(Item 4 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 32 - Premises and grounds**'.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 No issues were identified during this inspection.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 In the second floor staff area some of the fire doors require adjustment to ensure they provide an effective fire seal.
(Item 6 in Quality Improvement Plan)

9.4.2 The current fire risk assessment was carried out by a member of the providers Estates department. It was not confirmed that the assessor is accredited in accordance with guidance on fire risk assessors issued by RQIA.
(Item 7 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety**'

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Mauro Magbitang and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Hollywood Care Home
Date of Inspection	20 January 2015
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	12/03/2015

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality improvement Plan were discussed with Mr Mauro Magbitang and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

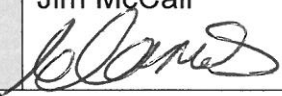
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

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

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mauro Magbitang
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COWINS

Announced Estates Inspection to Holywood Care Home on 20 January 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(c)	Arrangements should be made which will ensure that all hoists and slings in use have current and valid servicing and LOLER thorough examination documentation. The documentation should verify that the equipment is without defects and is safe to use. (Item 9.2.1 in report)	Ongoing	Monthly check in place and being conducted and monitored.
2	Regulation 13.-(7)	It should be confirmed that there are arrangements for the washer disinfectors to be serviced and their satisfactory performance validated in line with the provisions of HTM 2030. (Item 9.2.2 in report)	One month	New Contractor setting up service contract. 06.03.15 Call log to mittie for the Sluice machine service.
3	Regulation 27.-(2)(q)	It should be confirmed that the thermostatic mixing valves are being serviced, set and tested in accordance with the manufacturer's instructions. (Item 9.2.3 in report)	One month	Certificate emailed to RQIA attached with the QIP
4	Regulation 27.-(2)(q)	It should be confirmed that there are valid Gas Safe certificates for the gas boilers and the gas pipework installation. The certificates should verify that the appliances and installation pipework are safe. (Item 9.2.4 in report)	One month	Certificate emailed to RQIA Attached with the QIP.

Announced Estates Inspection to Hollywood Care Home on 20 January 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(4)(a)	It should be ensured that all the issues identified in the fire risk assessment action plan are addressed within the timescales set by the assessor. (Item 9.1.3 in report)	Ongoing	Action Plan Completed
6	Regulation 27.-(4)(c) and (d)(i)	The fire doors on the second floor staff area should be checked and adjusted as necessary so that they close correctly to provide an effective fire seal. (Item 9.4.1 in report)	Two Weeks	Doors on the second floor is adjusted to provide a effective fire seal.
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
7	Standard 36	The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf	Not later than anniversary of current fire risk assessment	Barry McDermont is a registered Fire Risk Assesor with the Institute of Fire Engineers, who is part of our states team.

Announced Estates Inspection to Hollywood Care Home on 20 January 2015

Assurance, Challenge and Improvement in Health and Social Care

		<p>http://www.rgia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf (Item 9.4.2 in report)</p>		
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Announced Estates Inspection to Hollywood Care Home on 20 January 2015

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