

Inspection Report

19 April 2021



2-1-2 Old Hollywood Road

Type of Service: Residential Care Home (RCH)

Address: 212 Old Hollywood Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cornerstone Care 212 Limited	Registered Manager: Mrs Olive Samantha Murdock
Responsible Individual Mrs Irene McBurney	Date registered: 19 October 2020
Person in charge at the time of inspection: Mrs Olive Samantha Murdock	Number of registered places: 14
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 14 people. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 19 April 2021, from 11.15am to 4.35pm, 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.

All areas for improvement identified on the last inspection were reviewed and met.

We were assured that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Areas requiring improvement were identified in relation to the staff duty rota, management of the external environment and ensuring staff fully adhere to IPC and hand hygiene best practice.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors 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 residents 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 Olive Samantha Murdock, manager, at the conclusion of the inspection. Additional documentation was requested and provided by the home following the inspection.

4.0 What people told us about the service

The inspector met with nine residents and spoke with six staff during the inspection. RQIA received feedback from one staff following the inspection. No further feedback from residents or their relatives was received.

Residents use a range of verbal and non-verbal communication. Some residents told us they liked the staff in the home, and enjoyed spending their time doing things they like, such as playing games on their iPad, listening to music, getting their hair done or watching snooker on TV. Those residents who were unable to verbally communicate with the inspector presented as content and relaxed whether in their bedroom, lounge or dining room.

Staff told us that residents are "more than happy" and that "there is a great wee bond" between residents and staff. No concerns were raised regarding staffing levels and some staff reported recent improvements regarding the delegation of staff which had further improved care delivery in the home. Staff described management as approachable and responsive to any concerns raised.

Following the inspection, we received feedback from one staff raising concerns regarding staffing levels. This was shared with the home for action and review.

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 28 July 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 16 Stated: Second time	The registered person must ensure that any suspected or alleged incidents of abuse are fully recorded, reported and investigated. Care records must include details of the investigation, the outcome and any action taken.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. A new online care record system was now in place which improved management oversight and governance.	
Area for improvement 2 Ref: Standard 19.2 Stated: First time	The registered person must ensure that before making an offer of employment: <ul style="list-style-type: none"> • two written references, linked to the requirements of the job are obtained • any gaps in an employment record are explored and explanations recorded. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. An updated recruitment checklist was now in place to maintain oversight of this process.	
Area for improvement 3 Ref: Standard 8.2 Stated: First time	The registered person must ensure that residents care records fully detail: <ul style="list-style-type: none"> • unusual or changed circumstances that affect the resident and any action taken by staff • any contact between the staff and primary health and social care services regarding 	Met

	the resident.	
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. A sample of care records confirmed records were more detailed and better maintained. A new online care record system was also now in place.</p>	
<p>Area for improvement 4 Ref: Standard 23.4 Stated: First time</p>	The registered person must ensure that all care staff receive training in record keeping.	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Staff had completed relevant training on 16 March 2021 as part of the implementation of the new online care record system.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. As discussed in section 5.1, improvements had been made to the home's recruitment procedures. This evidenced that a more robust system was in place to ensure staff were recruited correctly to protect residents. New members of staff told us they had received a good level of induction and support in their roles.

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

Staff reported no concerns with staffing levels and discussed recent changes to staff delegation and handovers which they felt had been beneficial for residents and staff in the home. Staff said there was usually good team work and they felt well supported by management. Concerns were raised by one staff following the inspection and adequate assurances were received by management about how these concerns would be addressed. We were also assured by a review of minutes of staff meetings which confirmed management's focus on improving communication and team work in the home.

The staff duty rota accurately reflected the staff working in the home during the inspection, and planned staffing levels as described by management. However, the duty rota did not clearly identify if staff were working day or night duty and it did not clearly identify the person in charge when the manager was not on duty. Staff's full names were also not used. This was discussed with the manager, who advised that the home were moving to a new online rota system which will address these issues. An area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents were offered a choice of activities including going for a walk or completing a jigsaw with staff. Staff did highlight how challenging this year has been due to COVID-19 restrictions, however were able to describe how they ensured residents' needs and wishes were identified and addressed.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. On one occasion, a resident was asked to wait before a minor request could be completed. Although this did not cause them any harm or distress, we highlighted this to the manager who agreed the delay was unnecessary and would be addressed with staff.

Residents indicated they liked the staff, and we observed friendly and relaxed interactions between residents and staff throughout the inspection.

There were no visitors during the inspection, and no feedback was received by RQIA following the inspection. Review of monthly monitoring reports provided assurance that relatives' feedback was sought by the home on a regular basis.

In summary, an area for improvement was identified regarding additional details required on the staff duty rota. Otherwise, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a polite and professional manner.

5.2.2 Care Delivery and Record Keeping

Residents looked well cared for, as they were comfortably dressed in clean clothing and looked at ease in the home. Mobility equipment was kept clean and in good condition, and used as residents required.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Visual aids and 'Now and Next' timetables were also used, which is best practice to ensure residents with limited verbal skills are able to effectively understand and communicate with others.

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. The home had moved to an online care record system which included a separate section on handovers for staff to review at the beginning and of each shift.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff were visible and attentive during meal times, while encouraging residents to be independent where possible.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Staff were also able to talk about resident's individual preferences and favourite foods.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Meals were a pleasant and unhurried experience for the residents, and were served at a time to suit the residents. For instance, some residents enjoyed a later breakfast after having a lie in, while others enjoyed a later lunch after returning from an outing. The home's chef was cheerful and approachable throughout the day, adding to the positive atmosphere in the dining room.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

In summary, there were no concerns identified in relation to care delivery and record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. Cleaning was ongoing throughout the inspection. Domestic staff told us they had the staffing and resources to meet IPC standards.

Externally, we noted that two bags of clinical waste were sitting on top of the bins; the home agreed to ensure this was collected and consider ordering an extra bin. A small amount of old furniture had also not been adequately disposed of. This was brought to management's attention for immediate action. An area for improvement was identified.

We noted some areas of the home which showed signs of wear and tear, such as doors and paintwork which had been chipped and scratched. The home was currently undergoing some refurbishment, including improvements to one kitchen area. Discussion with management and review of documentation confirmed this work had been delayed due to the COVID-19 pandemic but action plans were in place regarding the required improvements. Therefore an area for improvement was not required on this occasion.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents' bedrooms were personalised with items important to the resident. We identified one mattress which was showing signs of wear and tear; the manager confirmed this had been replaced immediately following the inspection.

Fire safety measures were in place to ensure residents, 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. Following the inspection, the manager provided evidence that staff's fire safety training was in date. This had not been available during the inspection due to the home's transition to an online training system.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance. On entrance to the home, staff and visitors completed a health declaration and had their temperatures taken and recorded.

Review of records and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. However, observation of practice identified some deficits in staff's use of PPE. Several staff were observed wearing their face masks under their chin. Staff were reminded of the appropriate use of masks and an area for improvement was identified.

Staff were observed to carry out and encourage residents to practise good hand hygiene at appropriate times. Hand hygiene audits were completed by senior carers; records were kept and reviewed by management. While no deficits had been identified during these internal checks, we observed two members of staff delivering care who were wearing long sleeved tops such as cardigans. In accordance with the Northern Ireland Regional Infection Prevention and Control Manual, this is not good practice. An area for improvement was identified.

In summary, while the home was clean and tidy, there were three areas for improvement identified regarding the management of the external environment, and ensuring staff fully adhere to IPC and hand hygiene best practice.

5.2.4 Quality of Life for Residents

There was a relaxed and quiet atmosphere in the home throughout the inspection. Residents appeared very content. There were friendly and positive interactions between residents and staff in the home. Staff did highlight that it was an unusually quiet day as several residents were out attending day opportunities.

As discussed in section 5.1, residents engaged in a range of activities, depending on their wishes on the day. One resident was excited to show us their bedroom, where they had their own keyboard, games and a personalised jigsaw staff had ordered for them, using their favourite photograph.

Staff talked about resident's preferences and routines, and how they also ensure to offer choice and flexibility. This was reflected in the personalised care we saw being delivered during the inspection. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Residents appeared confident in approaching and communicating with staff, such as asking for a snack or other meal.

There was a range of individual and group activities provided for residents by staff. Residents helped plan their activity programme and this was reviewed on a monthly basis. The range of activities included social, community, cultural, religious, spiritual and creative events. Residents were encouraged and supported to maintain their independence where possible. For instance, one resident was proud of cleaning and tidying their bedroom, with support from staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were managed in line with DoH and IPC guidance. There was evidence of clear communication and support provided to relatives regarding visiting and care partnership arrangements. Care partner arrangements were in place in the home and management advised this has been working well.

In summary, staff demonstrated an ethos that supported residents to have choice, meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been a change to the management arrangements and structure in the home since the last inspection. Mrs Murdock has been the manager in the home since August 2020. In addition, a compliance officer has been recruited, to help oversee and develop the governance systems in the home. Both staff and management described the positive benefits of these changes; "It's getting better and better for residents" and "we are moving on and changing".

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance; "they make sure we do things right to a tee."

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. As previously mentioned, following the inspection, RQIA received negative feedback from one staff which was shared with the home for action and review. This will include additional individual supervision to provide staff with an opportunity to discuss any issues directly with the home's management.

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 systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve services provided by the home. This is good practice.

There was a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There was also evidence that incidents were analysed to identify any trends or patterns.

The home was visited each month by the responsible individual to consult with residents, 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 residents, their representatives, the Trust and RQIA.

In summary, there were effective systems in place to monitor all aspects of the running of the home. There was a clear organisational structure in place and all staff were aware of their roles within that structure.

6.0 Conclusion

Staffing arrangements were adequate during the inspection. There were good working relationships between staff and residents. Staff presented as caring and professional.

We saw care being delivered in an effective, compassionate and personalised way; there was evidence that residents were well looked after and treated with dignity and respect. This was reflected in care records which were well maintained.

Overall, the home was clean and tidy, and there were plans in place to further improve and refurbish the home.

Observations of practice established that residents were encouraged to be independent where possible. Residents were provided with opportunity and were offered choice and flexibility in how they spent their time, while also meeting their physical, social and emotional needs. Contact with loved ones was facilitated and encouraged.

The home is undergoing a period of transition, with changes in the management structure and governance systems. There was assurance that these changes have and will continue to positively impact the residents and that the home was well-led.

As a result of this inspection, four areas for improvement were identified in respect of the staff duty rota, the management of the external environment, and ensuring staff fully adhere to IPC and hand hygiene best practice. Details can be found in the Quality Improvement Plan included below.

7.0 Quality Improvement Plan

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Olive Samantha Murdock, 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 Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: Immediate and ongoing	<p>A full and accurate record is kept of staff working over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Accurate staff rotas are maintained at all times. The rota has been modified to give a clearer understanding between day and night shift.</p>
Area for improvement 2 Ref: Standard 27.5 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person must ensure that the grounds of the home are kept tidy, safe, suitable for and accessible to all residents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An extra bin was ordered and provided immediately and furniture disposed off following inspection.</p>
Area for improvement 3 Ref: Standard 28.3 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person promotes safe and healthy working practices through the provision of training, supervision and monitoring of staff in infection control; specifically in relation to the correct use of face masks.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Communication issued via electronic system and verbally regarding wearing masks appropriately and increased visual inspections by management team.</p>
Area for improvement 4 Ref: Standard 35.7 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Communication issued via electronic system and verbally also increased visual inspections by management team.</p>

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