

Inspection Report

18 June 2022



2-1-2 Old Hollywood Road

Type of Service: Residential Care Home
Address: 212 Old Hollywood Road,
Holywood, BT18 9QS
Tel no: 028 9042 5554

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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: Cornerstone Care 212 Limited</p> <p>Responsible Individual: Mrs Irene McBurney</p>	<p>Registered Manager: Olive Samantha Murdock</p> <p>Date registered: 19 October 2020</p>
<p>Person in charge at the time of inspection: Elena Sands, from the commencement of inspection. Charles Foster, from 3pm until conclusion of inspection.</p> <p>The home's manager also joined the inspection from 12.30pm onwards.</p>	<p>Number of registered places: 15</p> <p>The home is approved to provide care on a day basis only to 1 person.</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 10</p>
<p>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 15 people. The home is divided over two floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2022, from 11.55 am to 5.25 pm 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.

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

Areas requiring improvement were identified regarding staff recruitment records, care plans regarding skin care, daily progress notes, fire drills records, ensuring actions identified in the fire risk assessment are addressed within the necessary time scales and Adult Safeguarding.

RQIA were assured that the delivery of care and service provided in was effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in 212 Old Hollywood Road.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with ten residents. Residents presented as comfortable and relaxed in their home and in their interactions with staff. Residents told us about how they spend their days and how staff helped them to do the things they enjoy. Those residents who were unable to verbally communicate their feelings used non-verbal body language, such as smiling, clapping and 'thumbs up' to indicate their contentment.

We spoke with six staff who were positive about working with the residents; "Residents have a happy life here" and "I love how much joy you can bring to residents and seeing them laugh and smile." Additional staff feedback is referenced in the report below.

Two staff questionnaires were received following the inspection. Staff confirmed they were very satisfied that the care in the home was safe, effective and compassionate, and that the service was well led. One specific comment was made; "I enjoy working here."

No additional feedback was received from residents or their relatives following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

There were no new areas for improvement identified during the last inspection on 20 December 2021. As this was an estates pre-registration inspection, the Quality Improvement Plan was not reviewed and was carried forward to the next care inspection.

Areas for improvement from the last care inspection on 19 April 2021	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<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>Action taken as confirmed at the inspection: Initial review of the staff rota identified that deficits remained, as the rota did not include staff's full names and did not clearly identify the person in charge in the absence of the manager. Following the inspection, the manager provided written evidence that the required changes had been implemented. Therefore this area for improvement was assessed as met.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<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>Action taken as confirmed at the inspection: This area for improvement was met.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<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>Action taken as confirmed at the inspection: On arrival to the home, staff were observed caring for residents while not wearing the required fluid resistant surgical face masks. Although staff then wore appropriate Personal Protective Equipment (PPE) during the course of the inspection,</p>

	RQIA were not fully assured that these required measures were embedded into practice. Therefore this area for improvement is not met and is stated for a second time.
Area for improvement 4 Ref: Standard 35.7 Stated: First time To be completed by: Immediate and ongoing	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 Ref: 5.2.3
	Action taken as confirmed at the inspection: This area for improvement was met.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. However; there was limited evidence that any gaps in staff's employment history were explored and recorded in recruitment files. An area for improvement was identified.

There was a system in place to monitor staff's professional registration with Northern Ireland Social Care Council (NISCC). Advice was provided on how to improve the robustness of this. The manager also agreed to escalate specific concerns regarding the registration process with NISCC, due to the delays some staff were experiencing.

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

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Residents said that staff were nice, looked after them and helped them to be happy and have fun in the home.

It was noted that during the inspection, 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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us that there was usually enough staff on duty to meet the needs of the residents, unless there was short notice sick leave.

Staff also highlighted the turnover of staff, but acknowledged this had somewhat improved and that arrangements were in place to ensure consistent staffing levels. For instance, agency staff were block booked and the home had recently recruited a number of new staff. Staff did highlight concerns regarding communication from management and that shifts could be pressured and staff unable to take their scheduled breaks. Management provided assurances as to the range of communication systems in the home. Specific feedback was shared with the manager for further action to ensure existing communication systems were effective.

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 residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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. For instance, some residents were unable to clearly verbally communicate their needs and wishes. Staff were able to use non-verbal communication styles to good effect, combined with their strong knowledge of resident's individual preferences.

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.

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

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted and encouraged by staff to change their position regularly. One resident had recently experienced an increased risk of developing pressure sores. There was evidence that the home had appropriately escalated this to the GP and district nursing, and treatment was in place. However; a specific care plan regarding this was yet to be developed. This was highlighted to the manager for immediate action and review and an area for improvement identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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.

The dining experience was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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

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.

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 care records were held confidentially.

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. The outcome of visits from any healthcare professional was recorded. One incident was not fully and accurately recorded within daily progress notes. Management provided assurances that the incidents were appropriately managed and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. One resident's wardrobe was damaged and the manager confirmed a replacement had already been ordered. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The home's kitchen had recently been fully refurbished; this was shared with the RQIA Estates inspection team for follow up. The management team were considering making additional improvements to a satellite kitchen and confirmed they would liaise with the RQIA estates team and submit a variation application if required.

Additional refurbishment and maintenance was due to commence in the home the following week – the management team advised the flooring and doors in the main foyer were being repaired and replaced where necessary. This was welcomed by RQIA as this area was showing signs of wear and tear.

Corridors and fire exits were free from clutter and obstruction, with the exception of one storage room. The manager cleared this during the inspection. Fire drills were completed with staff as required; however records of fire drills did not include detail on the outcomes of these drills. An area for improvement was identified.

An additional area for improvement was identified in relation to the home's Fire Risk Assessment as required actions had not been addressed within the recommended timeframes. This was brought to the manager's attention for immediate action and review.

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 residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

There was a relaxed and pleasant atmosphere in the home throughout the inspection.

Discussion with residents and observation of practice confirmed that residents were able to choose how they spent their day. 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. Staff offered flexibility while facilitating resident's preferred daily routine, for instance by using the "Now or Next" communication tool.

On arrival to the home, staff advised that as several of the male residents had gone out on a day trip, the female residents were enjoying a 'pamper day', having manicures, pedicures, massages and getting their hair done. Residents told us and were observed enjoying this relaxing activity. Some residents preferred to engage in alternative individual activities, including using their iPad, painting figurines, listening to music, reading magazines or watching television. Later in the day, some residents spend time in the garden or completed simple cleaning tasks such as setting the table for meals.

Other recent activities had included a party to celebrate the Queen's Platinum Jubilee; gardening; baking; puzzles; social stories; walks and drawing. One resident told us about a recent 'Sports Day' held in the home which they had enjoyed. A schedule was in place for both individual residents and group activities.

Staff were keen for activities provision to improve, especially outings and day trips. Staff were eager about arranging a holiday for residents this summer; the manager confirmed there were plans for this in August 2022. Staff also raised the issue of a more accessible bus for residents. Specific comments were shared with the manager for action and review.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Olive Samantha Murdock has been the registered manager in this home since 19 October 2020.

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. Staff felt management were usually responsive, but as discussed in section 5.2.1, felt communication between management and staff could be further improved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. 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 responsible individual was identified as the appointed safeguarding champion for the home. The manager confirmed she was also due to complete this training.

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 residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. RQIA identified one complaint which required additional screening under Adult Safeguarding, which the manager agreed to action. An area for improvement was identified.

The home was visited by the registered provider or their representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. 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. These visits were completed a monthly basis with the exception of April 2022; this was highlighted to the management team to ensure full compliance in the future.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: From the date of inspection (18 June 2022)	The registered person shall ensure any deficits identified as a result of the home's fire risk assessment are revised and actioned when necessary or whenever the fire risk has changed. Ref: 5.2.3 Response by registered person detailing the actions taken: The fire risk assessment action plan has been updated accordingly and completed within the time scales stated
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 28.3 Stated: Second time To be completed by: From the date of inspection (18 June 2022)	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. Ref: 5.1 Response by registered person detailing the actions taken: Staff communications completed to promote the wearing of face masks with increased monitoring from management to ensure adherence to same
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: From the date of inspection (18 June 2022)	The registered person should ensure that before making an offer of employment that any gaps in an applicant's employment record are explored and the explanations recorded. Ref: 5.2.1 Response by registered person detailing the actions taken: The homes interview form has an area to record gaps in employment however the one form which was not completed on day of inspection has now been recorded. This will be made a priority in future interviews and explored if required.

<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (18 June 2022)</p>	<p>An individual comprehensive care plan is drawn up for the identified resident regarding the risk of pressure sores/ skin breakdown.</p> <p>Response by registered person detailing the actions taken: Care plan updated to reflect pressure sores/skin breakdown including the actions to be taken, who and how to contact the district nursing team for advice and treatment</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (18 June 2022)</p>	<p>All daily progress notes must be fully accurate and up-to-date.</p> <p>Response by registered person detailing the actions taken: All staff have been made aware via care control of completing accurately and updating all progress notes before end of shift. Management will monitor entries more frequently</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (18 June 2022)</p>	<p>The outcome of the home's fire evacuation drills are recorded, to include action taken on problems or defects, if necessary.</p> <p>Response by registered person detailing the actions taken: A new updated fire drill form has been devised to include a section for problems identified and any actions required to address such problems</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16.4 and 16.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (18 June 2022)</p>	<p>All suspected or alleged incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation. Full and accurate written records are maintained including any actions taken or not taken and rationale for same.</p> <p>Response by registered person detailing the actions taken: Alleged incident was investigated at the time of reporting and the identified action resulted in screening out the incident. Complaints book has now been updated by the safeguarding champion to document that the incident was screened out</p>

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