



Unannounced Care Inspection Report 13 February 2020



2-1-2 Old Holywood Road

Type of Service: Residential Care Home
Address: 212 Old Holywood Road, Holywood BT18 9QS
Tel no: 028 9042 5554
Inspector: Marie-Claire Quinn

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Cornerstone Care 212 Limited	Registered Manager and date registered: Irene McBurney
Responsible Individual: Irene McBurney	10 July 2017
Person in charge at the time of inspection: Samantha Murdock, deputy manager	Number of registered places: 14
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced care inspection took place on 13 February 2020 from 12.25 hours to 17.25 hours. Prior to this inspection, RQIA received whistleblowing information from an anonymous source reporting concerns in relation to:

- staffing levels
- management of challenging behaviour
- activities
- catering arrangements

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The concerns raised by the whistle blower were not substantiated during this inspection.

However, areas for improvement were identified in relation to the home's recording of one incident of potential, suspected or alleged abuse and to such incidents being notified to RQIA.

The inspection also assessed progress with all areas for improvement identified in the home during and since the last care and medicines management inspection. Areas for improvement in respect of previous finance inspections have also been reviewed and validated as required.

We spoke at length with one resident who told us that living in the home was a good experience. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with residents and staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Irene McBurney, manager and Samantha Murdock, 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.

4.2 Action/enforcement taken following the most recent inspection dated 2 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care, medicines management and finance inspections and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks after the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 3 February to 16 February 2020
- the care records of four residents
- the home's policies including adult safeguarding, responding to service user's behaviour, safe and healthy work practices and whistleblowing
- governance audits/records including complaints, accidents and incidents and management of distressed reactions from October 2019 to January 2020
- complaints records from June 2019 to December 2019
- monthly monitoring reports dated 31 October 2019, 28 November 2019, 31 December 2019 and 30 January 2020
- residents' financial transactions records

Areas for improvements identified at the last care, medicines management and finance inspections were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care and medicines management inspection dated 2 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29. – (4) (a) Stated: First time	The registered person shall ensure that the person carrying out the monthly monitoring visit shall interview, with their consent and in private, residents' representatives in order to form an opinion of the standard of care provided in the home. If no representatives are present in the home during the visit, attempts should be made to gather their views by other methods such as telephone or email.	Met
	Action taken as confirmed during the inspection: Review of monthly monitoring reports from October 2019 to January 2020 established that this area for improvement had been met.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	<p>The registered person shall review and revise the management of distressed reactions. The reason for and outcome of each administration should be recorded.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of care records and a sample of medicine records confirmed that this area for improvement, as written, had been met. We did identify that one resident was being given medication “as required” on a regular basis and asked the home to review this with the G.P. Correspondence with the home following the inspection confirmed this had been addressed. Management have also agreed to review their medications audits to ensure that any regular use of “as required” medication triggers a medication review.</p>	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual consent records. These forms should include reference to the use and display of photographs of residents and information sharing arrangements, including whether the resident consents for care records to be reviewed by RQIA or others not employed in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement had been met.</p>	
Area for improvement 3 Ref: Standard 20.11 Stated: First time	<p>The registered person shall ensure that the monthly monitoring report includes a clear, timely plan of any actions taken by the registered person or registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of monthly monitoring reports from October 2019 to January 2020 established that this area for improvement had been met.</p>	

Area for improvement 4 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: Review of a sample of monthly audits/governance records established that this area for improvement had been met.	

Areas for improvement from the last finance inspection

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.14 Stated: First time	The registered person shall ensure that when transactions are recorded within the residents' transaction sheets errors are crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction. The practice of writing over records should cease immediately.	Met
	Action taken as confirmed during the inspection: Review of transactions records confirmed this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing levels

We observed care being delivered in an organised and calm manner by cheerful, friendly and responsive staff. Residents were at ease around staff and were confident and comfortable in approaching staff. Any signs of distress or agitation from residents were responded to in a timely and appropriate manner.

We spoke with one resident who told us that there was enough staff to help them when they needed it. Another resident was friendly and inquisitive, introducing himself to us and keen to tell us he liked the home and the people that worked there.

At the outset of the inspection, management had outlined their current plans to review staffing levels during the twilight shift. When we spoke with staff, they felt that this would be beneficial for both residents and staff. Most staff told us they were happy with staffing levels, particularly the recent increase in senior care assistants. Staff did highlight that there could be pressure on staff if a resident became unwell, and that on some days there could be more staff than others. This feedback was shared with management for further review and action.

6.2.2 Management of challenging behaviour

Throughout the inspection, we saw staff interact with residents in a respectful and dignified manner. There were warm and supportive interactions between residents and staff. Some residents enjoyed laughing and joking with staff, while others preferred low stimulus and gentle interactions. We spoke with one resident who described the staff as “nice” and named all her favourite staff members.

During the inspection, staff effectively anticipated and redirected residents who may present with challenging behaviours. Some residents required one to one care and this was provided, with staff being rotated throughout the day to ensure this was effectively managed. The manager was in the process of arranging refresher ‘breakaway’ training which is one of the strategies staff can use when working with residents.

When we spoke with staff, they presented with a good knowledge and understanding of residents’ individual needs and communication styles. Staff outlined which specific interventions can be used to support residents when they are distressed.

The care records we reviewed included information to guide staff and was planned in conjunction with specialist services, such as the trust’s Positive Behaviour Support team. Discussion with staff and management confirmed that residents were supported within the scope of this plan. The home also maintained regular contact with multi-agency professionals and there was evidence that any concerns regarding a resident’s presentation were escalated appropriately.

6.2.3 Activities

Several residents were out for a drive when we arrived at the home. Another resident had attended day opportunities. They returned at lunchtime and confirmed that they had enjoyed their trip.

We spoke with one resident who had enjoyed doing her laundry with staff that morning; staff had also taken their time to style her hair into plaits and paint her nails which she liked. This resident also had a dedicated arts and craft station within her bedroom and she proudly showed us her various pictures and drawings. Other residents were seen to be enjoying a range of individual activities including using Lego, listening to music, looking at magazines, drawing and completing a jigsaw puzzle.

The staff we spoke with told us that activities provision in the home had improved since an activities co-ordinator had been employed. The activities co-ordinator had developed an activities notice board, which displayed information on the activities and events available in the home. A monthly newsletter, created by residents, outlined successful events such as visits from carol singers and a flute concert. Another area of good practice was the residents’ forum

meetings, where residents provided suggestions for activities and outings, such as trips to a local sensory garden.

Care records contained personalised activity planners for residents, depending on their interests, wishes and needs. These records reflected what we observed to be happening in the home on the day of the inspection. We did note that some care records did not contain a recent photograph of the resident. This was identified as an area for improvement to comply with the Regulations.

6.2.4 Catering arrangements

We observed the serving of the lunch time meal. Residents' meal times were staggered, depending on their needs and activities. Staff were available for support as required. Residents were offered choice and specialised diets were well catered to. The residents we spoke and met with confirmed they liked the food in the home.

We spoke with the home's chef who outlined how feedback from residents was used to contribute to meal planning in the home. The chef was knowledgeable about residents' individual needs and preferences. He confirmed that there was good communication in the home, including training and information on any changes required to a resident's diet. There have been no complaints about the quality or quantity of food provided in the home; in fact, one resident prefers to bring a packed lunch from the home when they attend day opportunities.

A four week rotating menu was displayed, and the options were wholesome, nutritious and varied.

6.2.5 Adult Safeguarding

We reviewed the systems in place in the home to ensure residents are protected from abuse and harm. Discussion with staff confirmed they had a good knowledge and understanding of their roles and responsibilities under adult safeguarding and whistle blowing. All staff who we spoke with and observed on the day of inspection displayed respect and compassion towards the residents.

The home had a range of up-to-date policies and procedures to effectively guide and inform staff. There was evidence of good managerial oversight to incidents and complaints in the home. We could see that issues or concerns raised by residents, their relatives or staff were taken seriously and responded to effectively.

When we reviewed the home's monthly monitoring report, we noted one incident which had not been fully recorded within relevant records. Discussion with management confirmed that although the incident had been promptly and effectively managed within the home, adult safeguarding policy and procedures had not been fully adhered to. This was identified as an area for improvement to comply with the Standards.

This incident had also not been reported to RQIA. Management apologised for this oversight. This was identified as an area for improvement to comply with the Regulations.

6.2.6 Environment

The home was clean, tidy and warm. Residents' bedrooms were personalised, reflecting the needs, interests and hobbies of the residents.

The smoking area outside had been tidied since the last inspection; an overflowing ash tray was removed immediately when highlighted by the inspector.

One shower chair in a communal bathroom needed to be replaced and this was addressed on the day of inspection. Management also agreed to liaise with health and social care trusts regarding replacement of toilet seats in communal bathrooms.

Some walls and door frames required repair and/or repainting; review of records and discussion with management established that there was a plan to redecorate the home throughout the year, including the areas identified during the inspection. An area for improvement was therefore not made on this occasion.

Areas of good practice

There were examples of good practice found in relation to quality improvement in the home; all areas of improvement from the previous inspection had been addressed. Staff presented with a good knowledge and understanding of residents' individual needs and preferences. We were also satisfied with the provision of activities and catering arrangements in the home.

Areas for improvement

Three areas for improvement were identified. These were in relation to full adherence to adult safeguarding policy and procedures, notifying RQIA of any potential or suspected adult safeguarding concerns, and ensuring that all care records contain a recent photograph of residents.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene McBurney, Manager and Samantha Murdock, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30. – (1) (g) Stated: First time To be completed by: 13 February 2020	<p>The registered person shall notify RQIA without delay of any allegation of misconduct by any person who works at the home.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: In future management will report without delay to RQIA any allegation of misconduct by a staff member and to all other relevant agencies as per our home adult safeguarding policy.</p>
Area for improvement 2 Ref: Regulation 19. – (1) (a) Schedule 3 (2) Stated: First time To be completed by: 13 February 2020	<p>The registered person shall ensure a recent photograph of the resident is retained within their care records.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The two residents photographic ID that were not in their care records were placed the following day on the 14 February 2020</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 16 Stated: First time To be completed by: 13 February 2020	<p>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.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: On this occasion when the incident was reported to management a meeting was held and details of the meeting were recorded. Due to the staff member not returning to duty after the meeting nor working the required notice we were unable to further investigate the incident to achieve an outcome and appropriate action. Our normal response to such incidents would be to follow the adult safeguarding policy. However, care records will include details of such incidents in line with the GDPR policy.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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