



Unannounced Care Inspection Report

28 July 2020



2-1-2 Old Hollywood Road

Type of Service: Residential Care Home (RCH)
Address: 212 Old Hollywood Road, Hollywood 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 care home registered to provide residential care for up to 14 residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Cornerstone Care 212 Limited Responsible Individual: Irene McBurney	Registered Manager and date registered: Olive Samantha Murdock, pending
Person in charge at the time of inspection: 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 home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 28 July 2020 from 08.15 to 15.25.

RQIA received information from an anonymous source on 22 July 2020 which raised concerns in relation to staffing levels, care recording and management and governance arrangements.

In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate whistleblowing 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 following areas were examined during the inspection:

- delivery of care
- staffing levels
- staff recruitment
- care records
- the home's environment
- Infection Prevention and Control (IPC) practices
- management and governance arrangements.

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	0	*4

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Olive Samantha Murdock, Manager, and Irene McBurney, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including:

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

Easy read questionnaires and 'Have We Missed You' cards were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- staff duty rota for 20 July 2020 and from 27 July 2020 to 2 August 2020
- two staff recruitment records
- staff register from 2 January 2019 to 30 June 2020
- two staff competency and capability assessments
- minutes of staff meeting dated 4 June 2020
- staff training matrix
- the care records of four residents
- accidents and incidents records from 20 February to 29 July 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was 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 previous care inspection on 13 February 2020

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 30 (1) (g) Stated: First time	<p>The registered person shall notify RQIA without delay of any allegation of misconduct by any person who works at the home.</p> <p>Action taken as confirmed during the inspection: Review of governance records and discussion with management before and during the inspection confirmed improvements in this area. We did clarify with management that notifications to RQIA must be made via the portal. We were satisfied that there had been sufficient progress to meet this area of improvement.</p>	Met
Area for improvement 2 Ref: Regulation 19 (1) (a) Schedule 3 (2) Stated: First time	<p>The registered person shall ensure a recent photograph of the resident is retained within their care records.</p> <p>Action taken as confirmed during the inspection: Review of the care records for four residents confirmed this area for improvement had been met.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 16 Stated: First time	<p>The registered person must ensure that any suspected or alleged incidents of abuse are fully recorded, reported and investigated.</p> <p>Care records must include details of the investigation, the outcome and any action taken.</p>	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>We identified, however, that one alleged incident, which related to staff no longer working in the home, had not been considered under adult safeguarding procedure. In addition, the outcome of referrals to adult safeguarding teams was not fully recorded and retained within care records.</p> <p>This area for improvement has not been met and is therefore stated for a second time.</p>	
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6.2 Inspection findings

6.2.1 Delivery of care

We arrived to the home at 08:15 to observe the morning routines. We saw that staff were busy attending to residents, and duties were completed in an organised and calm manner.

Residents presented as well cared for. Residents had been supported to attend to their personal care and it was clear staff had taken the time to ensure this was completed to a high standard.

Residents were attended to in a timely manner, depending on their individual needs, preferences and established routine. Staff were flexible and responsive, offering residents choice such as what to eat for breakfast and when. Staff were visible and available to support residents with taking their meals if required.

The residents we spoke with and saw presented as calm and content in the home and when interacting with staff. Those residents who were able to clearly verbally communicate told us they were happy living in the home.

We saw how residents engaged in individual and group activities depending on their personal preferences. Some residents were content watching television or using their iPad. One resident told me they liked music and showed me the keyboard in their room. Another resident confirmed they enjoyed keeping their room tidy, with help from care staff.

Residents created a monthly newsletter which was displayed throughout the home. It included information on events such as barbeques, celebrating residents' birthdays, and poems and songs written by residents.

The home employs an activity co-ordinator who organised a sensory activity on the morning of the inspection. The residents had worked with staff to start a small herb garden in the home, and residents enjoyed smelling the different plants, such as lemon balm and mint. Residents appeared to enjoy this activity.

6.2.2 Staffing levels

We observed care being delivered promptly by friendly and efficient staff. Any signs of discomfort or agitation from residents were successfully attended to by staff, without delay.

Management outlined planned staffing levels and this was accurately reflected in the staff duty rota. The current rota now works on a rotational basis to ensure evening and weekend working is more evenly distributed among all care staff.

The staff we spoke with advised it was a busy home and had mixed views about staffing levels. Staff told us:

- “I think there needs to be one additional staff member downstairs, for residents who are not on one to one.”
- “It’s a wonderful place but all places have challenges. The biggest challenge here is the general busyness. There have been lots of changes in staff and in routines due to lockdown which can affect the residents.”
- “Given the complexities of the needs of residents here, I think we do very well. I have huge admiration for my colleagues. You depend on the willingness and competency of your colleagues. When you have good teams of people, you feel more confident. Staffing is so much better than last year – I think some staff came here expecting something else.”
- “Staffing levels are ok. Mornings are much busier. It can be challenging until you get to know all the residents’ personalities.”

This feedback was provided to management for action and review. Management planned to review the delegation of tasks with staff to address the concerns above.

6.2.3 Staff recruitment

RQIA had received information about a significantly high turnover of staff in the home. This was not evidenced in our review of governance records. We discussed the circumstances when some staff had left employment without notice. We asked the home to consider recording the reported reason for staff leaving employment, and offering exit interviews to provide additional insights and assurances about staff turnover in the home.

Review of recruitment records confirmed appropriate safeguards, such as AccessNI checks and registration with the Northern Ireland Social Care Council (NISCC), were in place. This helps to ensure that only suitable individuals are employed to work with vulnerable individuals. In one recruitment record we found that a second reference was not obtained and there were gaps in the applicant’s employment history. This was identified as an area for improvement to comply with the standards.

Management highlighted ongoing difficulties in obtaining detailed and accurate references. We discussed additional systems the home can access, such as NISCC induction tools and referrals to NISCC if any concerns are identified regarding staff’s professional conduct and practice.

Discussion with staff and observation of practice confirmed that staff received an orientation and induction when commencing work in the home. This was also clearly marked on the rota, and staff on induction were working in addition to usual staffing levels.

6.2.4 Care records

Review of care records was satisfactory overall. Risk assessments and care plans were in place for the management of specific conditions, including the management of distressed reactions, wound care, diabetes and falls. These were regularly audited and reviewed by management and included input from residents, their relatives and multi-agency professionals.

One resident had specific personal care needs regarding their hair. Management advised that this was a recurring issue and described how it was managed. The care records, however, did not set out clear written direction regarding this. This was identified as an area for improvement to comply with the Standards.

6.2.5 The home's environment

The home was clean and tidy. It was positive to see the progress made with the outdoor area which was bright, colourful and welcoming; residents and staff had planted sunflowers and a herb garden.

There were some signs of wear and tear in parts of the home; for instance there was damage to the walls in the upstairs lounge. The responsible individual confirmed that planned repair work had been delayed due to the Covid-19 pandemic but was due to recommence the following day. This work was to include improvements to the home's laundry room and the building of additional storage throughout the home.

We saw one metal bin and one shower chair which were rusted in places, meaning they could not be effectively cleaned. On 29 July 2020, the manager confirmed that these items had been removed and replacement items ordered; an area for improvement was not required on this occasion.

6.2.6 Infection Prevention and Control (IPC) practices

Signage had been placed at the entrance and throughout the home which provided information and advice about Covid-19, hand hygiene and the use of Personal Protective Equipment (PPE).

On arrival to the home, we were asked to ensure we wash our hands and our temperature was taken; similar checks remained in place with staff and residents, in line with current Covid-19 guidelines for residential homes.

We observed staff practice good hand hygiene and change their PPE as required. Staff confirmed there was enough PPE available in the home. Staff told us that management are "One hundred per cent on the ball (about PPE); if they see you without it, they would be on your back!" On occasions, staff needed to be reminded about not touching or pulling down their face masks. This was discussed with management for review and action.

A small number of residents in the home enjoy going for short drives on the home's bus. Discussion with management confirmed this had been risk assessed and planned in line with Covid-19 guidelines. Management also provided assurances, including written confirmation following the inspection, that such activities were planned and agreed in advance with residents' relatives and multi-agency professionals.

6.2.7 Management and governance arrangements

The staff we spoke with during the inspection told us that management were open and relatable. One staff member told us, "I have worked in other places and they didn't act on concerns, but they do here. Samantha (Manager) is so easy to talk to."

Evidence confirmed that a range of systems was in place to ensure open and effective communication with staff; this included staff meetings and memos. These were displayed throughout the home.

Review of the management of accidents and incidents was mostly satisfactory. Several different templates were used and the quality of the information recorded varied. Management maintained oversight of this and some improvements were noted, but we asked management to review and streamline accident and incident documentation. The home had also previously identified the need for care staff to receive additional training in record keeping, however this had yet to be organised. Given the findings above, this was discussed with management and an area of improvement was made was identified as an area for improvement.

Management also confirmed that onsite monthly monitoring visits were to recommence in the home next week.

Areas of good practice

Areas of good practice were identified in relation to the delivery of care; residents presented as well cared for, were provided with choice and flexibility, and with a range of therapeutic activities related to their individual needs and preferences.

Areas for improvement

Three new areas for improvement were identified regarding recruitment records, care records and staff training in record keeping.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

The home was clean and tidy.

There were no significant concerns about the delivery of care and residents appeared calm, content and well cared for.

RQIA had received intelligence raising concerns about staffing levels in the morning, staff turnover and management response. These concerns were unsubstantiated during the inspection.

Areas for improvement were identified in relation to recruitment records, care records and staff training in record keeping. Management were already planning and have agreed to arrange additional record keeping training, and review their templates for accident/incident recording.

One area for improvement, regarding the management of Adult Safeguarding referrals, has also been stated for a second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Olive Samantha Murdock, Manager and Irene McBurney, Responsible Individual, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 16 Stated: Second 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: The issue in question was discussed with inspector and care manager in the trust. It was decided the issue was a cultural tone as there was nothing abusive in her statements towards the resident. Management carried out a coaching and mentoring session with the carer. However, after the coaching and mentoring session the carer decided to not to return to work. Documentation regarding the session has been filed. Our most recent concern is evident that we followed procedure as it has been reported via APP1 form to safeguarding and forwarded to care manager. NISCC form completed and forwarded to them. RQIA were also made aware via web portal. Family also kept informed and the girl in question has since been dismissed. We are now waiting the outcome from safeguarding and NISCC.</p>
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: With immediate effect	<p>The registered person must ensure that before making an offer of employment:</p> <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. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Second reference has been received for the employee in question as this had been an oversight. A form has been put in the front of each employees file to to prevent another oversight. A section has been introduced to our interveiw sheets to ensure any gaps are understood.</p>
Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by:	<p>The registered person must ensure that residents care records fully detail:</p> <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 the resident.

With immediate effect	Ref: 6.2.4
Area for improvement 4 Ref: Standard 23.4 Stated: First time To be completed by: 29 October 2020	<p>Response by registered person detailing the actions taken: The area of concern has been documented reflecting the behaviour and we continue to look at ways of reducing the habit. Other services regarding the residents behaviour has been discussed previously and with family. However, we will ensure all these discussions are documented in the future.</p> <p>The registered person must ensure that all care staff receive training in record keeping.</p> <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: Training in this area has already commenced and training will continue until all staff are trained in documentation. Evidence to this Staff Nursing is carrying out this training.</p>

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



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