

# Inspection Report

16 May 2023



## 2-1-2 Old Hollywood Road

**Type of Service: Residential Care Home**  
**Address: 212 Old Hollywood Road,**  
**Hollywood, 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

<b>Organisation/Registered Provider:</b> Cornerstone Care 212 Limited	<b>Registered Manager:</b> Samantha Murdock
<b>Responsible Individual:</b> Mrs Irene McBurney	<b>Date registered:</b> 19 October 2020
<b>Person in charge at the time of inspection:</b> Samantha Murdock	<b>Number of registered places:</b> 15  The home is approved to provide care on a day basis only to 1 person.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14 residents
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides Health and Social Care for up to 15 residents. The home is divided into three units across two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 May 2023, from 9.50am to 7pm 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. It was evident that staff promoted resident's dignity and well-being.

Staff evidenced they were knowledgeable and well trained to deliver safe and effective care.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified at the inspection relating to the home not operating within its Statement of Purpose, a lack of management oversight, governance arrangements and staffing arrangements. The responsible individual and the manager were invited to attend a serious concerns meeting with RQIA on 1 June 2023 to discuss the inspection findings and their plans to address the issues identified. The management team discussed the actions taken to address the shortfalls and provided an action plan.

Following the meeting, RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively and consistently addressed.

Five new areas for improvement have been identified; three areas for improvement made as a result of the previous inspection have been assessed as partially met and are stated for a second time.

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 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 registered manager and the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

One resident spoken with said, “she is great (referring to carer.)” Residents who were unable to verbalise their wishes appeared comfortable and happy in their surroundings.

Staff spoken with said; “management are so supportive”; “every day is different.”

Staff members said that they were confident in discussing issues with the management team. This is discussed further in Section 5.2.1.

No questionnaires were received from staff, residents or relatives following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments were kept in the form of e-mails, letters and cards. One wrote “I am extremely happy with the care my son receives in 212.”

#### 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 18 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28.3	The registered person promotes safe and healthy working practices through the provision of training, supervision and monitoring of staff in infection control;	<b>Met</b>

<p><b>Stated:</b> Second time</p>	<p>specifically, in relation to the correct use of face masks.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<p>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.</p>	<p><b>Partially met</b></p>	
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced that this area for improvement was partially met. This is detailed further in Section 5.2.1.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>An individual comprehensive care plan is drawn up for the identified resident regarding the risk of pressure sores/ skin breakdown.</p>	<p><b>Met</b></p>	
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>		<p>All daily progress notes must be fully accurate and up-to-date.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>			

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p>	<p>The outcome of the home’s fire evacuation drills are recorded, to include action taken on problems or defects, if necessary.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  A review of records evidenced that this area for improvement was partially met. Discussed further in Section 5.2.3</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 16.4 and 16.7</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  A review of records evidenced that this area for improvement was partially met. Discussed further in Section 5.2.5</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	

**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. At the previous inspection, an area for improvement was identified to ensure all gaps in employment were explored and explanations recorded. There was evidence of this in two of three recruitment files, this area for improvement has been partially met and stated for a second time.

It was observed that staff were attentive in responding to the needs of the residents. However, on the day of inspection, we were concerned that given the dependency levels of the residents and the layout of the building there was insufficient staff and or insufficiently robust deployment of staff to meet the needs of the residents. It was unclear how staffing levels were determined.

This was identified as an area for improvement. One to one provision was in place for residents assessed as requiring this level of support.

Staff told us there was good team work and felt well supported in their role, some reported they would benefit from increased staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Residents were provided with a choice on how they wished to spend their day. For example, residents have the opportunity to freely move around all units within the care home as they wish.

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.

### 5.2.2 Care Delivery and Record Keeping

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. Staff were observed adapting their communication styles to the needs of the individual and this was observed in a respectful and compassionate manner.

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and any consultation with the District Nursing Team. Records evidenced that the recommendations made were adhered to.

Examination of records and discussion with the management team 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. Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, one to one bespoke care.

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. 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. 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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

No menu was on display across any of the units in the care home, this was discussed with the management team and an area for improvement was identified.

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 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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and fresh smelling. One unit required refurbishments and repair to the paintwork, skirting boards, tables and chairs. Damage to the table surface would not allow for this to be effectively cleaned. This was discussed with the management team who confirmed a refurbishment plan was ongoing across the whole home. An area for improvement was identified. Timeframes and details of the refurbishment plan were confirmed after the inspection.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were well decorated, suitably furnished; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been completed with no actions identified and confirmation that all actions from the previous inspection had been taken.

At the previous inspection, an area for improvement was identified to ensure that the home's fire evacuation drills, and action taken on issues identified were recorded. Records evidenced that fire drills were being completed and recorded on a weekly basis, however action taken on any issues identified was not noted. This area for improvement has been stated for a second time. Following the inspection, RQIA received confirmation of the actions on defects having been completed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Residents**

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' needs were met through a range of individual and group activities which were organised both in and out of the care home. Activities include; swimming; the gym; days out to local attractions; walks outside; parties and seasonal events.

Photographs and pictures of resident's enjoying and participating in a range of activities were displayed throughout the home.

Staff who were assigned to provide one to one bespoke care for residents were observed interacting and completing puzzles in an attentive and dignified manner. Another resident who was watching television said "my favourite thing is watching movies." Staff were observed promoting person centred care.

### **5.2.5 Management and Governance Arrangements**

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

On the day of inspection, it was identified that the home was operating outside of its Statement of Purpose. The care being provided to one resident was being delivered by staff from the resident's previous supported living facility. Full responsibility for the resident's care had been devolved to the supported living staff and there was no oversight by the home manager of the care being delivered. The breach was brought to the attention of the registered manager who took immediate action to begin to address the issues. This situation was discussed at the meeting on 1st June 2023 and assurances provided that the responsible individual and registered manager now understood how the breach had occurred and the steps they had taken to bring the home back into compliance. An area for improvement was identified.

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 registered manager was identified as the appointed safeguarding champion for the home. A review of records evidenced safeguarding documentation was completed and screened in accordance with procedures and legislation. The registered manager confirmed that, following review by the safeguarding champion, referrals were forwarded to the relevant health and social care trust; however this was not always recorded. The recording of onward referrals was identified as an area for improvement during the previous inspection and has been stated for a second time.

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

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.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the management team and described them as supportive, and always available for guidance. Staff said “I always feel I can approach management.”

A review of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider 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.

## 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 the Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	5*

\*the total number of areas for improvement includes three that have 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 and through the serious concerns meeting 1<sup>st</sup> June 2023. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 10(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that there are robust governance and management systems in place to ensure that all admissions are managed in accordance with the home's Statement of Purpose and in accordance with regulation. Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Once the breach of registration was brought to the attention of management, meetings were arranged with the appropriate Care Trust and RQIA to address the issue. Action plans were put in place immediately. The situation was resolved without delay and no further action was required by RQIA. This has been a learning curve for management to ensure all admissions are in accordance with the statement of purpose and policy of the home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure there are adequate staffing levels on duty to meet the assessed needs of all residents and taking into account the layout of the building. This should be reviewed on an ongoing basis.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Compliance officer/ manager will work from a works station in Redburn lounge which allows supervision of residents when a member of staff is required to help with another resident. An extra carer will be put on shift Saturdays and Sundays. Manager will assess the dependency of residents on an ongoing basis. Manager will ensure all staff know their responsibility in following residents care plan when dealing with one to one supervision.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 16.4 and 16.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</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>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> APP1 form was completed for the incident in question, section 2 of the form which was overlooked is now recorded as screened out by safeguarding champion of the home and agreed by safeguarding DAPO. Going forward APP1 form including section 2 will be reviewed by safeguarding champion prior to sending it to the DAPO.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new form was updated from previous inspection to include a section for any gaps in employment history. One applicant was unable to provide exact dates of a gap in employment. Gaps in applicant's employment record were explored and explanations recorded prior to making an offer of employment.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new form is now implemented to record all drills which will include action taken on any problems or defects noted</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure a daily menu is on display in a suitable format across each unit.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A menu is now displayed on each unit in the home. Visuals of the meals continue to be in progress, will updated accordingly and will also be displayed in each unit.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2023</p>	<p>The registered person shall ensure furniture within the home is maintained in a manner to allows for this to be effectively cleaned in line with Infection Prevention Control (IPC) guidance.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Painting and referbishment plan continues to be in progress with completion date week beginning 24 July 2023. Awaiting 10 chairs.</p>

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



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