

Inspection Report

19 March 2024



2-1-2 Old Holywood Road

Type of service: Residential Care Home
Address: 212 Old Holywood Rd, Holywood, BT18 9QS
Telephone number: 028 90 425 554

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Cornerstone Care 212 Limited	Registered Manager: Mrs Samantha Murdock
Responsible Individual: Mrs Irene McBurney	Date registered: 19 October 2020
Person in charge at the time of inspection: Elanna Sandu (Senior Care Assistant) (7pm – 8pm) & Laura Kemp (Senior Care Assistant) (8pm – 12am)	Number of registered places: 15 The home is approved to provide care on a day basis only to 1 person.
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides Health and Social Care for up to 15 residents. The home is divided into three units across two floors.	

2.0 Inspection summary

An unannounced inspection took place on 19 March 2024, from 7.00 pm to 12.00 am by two care inspectors.

The inspection focused on the areas for improvement identified in the home since the last care inspection; staffing arrangements, care delivery, the environment and quality of life for residents.

The home was bright and spacious with evidence of refurbishments having taken place across the home.

There was evidence of staff supporting residents on arrival to the care home. Observation of care delivery was discussed with the manager and is discussed further in the main body of the report.

Residents were comfortable in their surroundings and were observed sitting in communal areas or their bedrooms based on their preferred choice.

The findings of this report will provide the manager 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with told us they enjoyed living in the home and one resident said that the care provided was "good." Those residents who were unable to verbally communicate their wishes were observed to be comfortable in their environment, smiling and engaging with their preferred choice of activity, for example; watching DVD's or listening to music.

Staff spoken with generally provided positive feedback about their experiences of working in the home. One staff member told us, "I love working here." Staff comments regarding the environment and staffing levels were shared with the manager.

No residents or relatives completed the questionnaires within the identified timeframe. No staff submitted the online staff survey within the timeframe identified.

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 7 & 12 September 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (7) Stated: First time	<p>The registered person shall ensure that the duty rota accurately reflects the staff on duty at any time in the home. The rota must include; the full name of the persons working in the home, the hours worked on each shift and the capacity in which they worked.</p> <p>Ref: 5.2.1</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Appropriate use of Personal Protective Equipment • Replacing of clinical waste bags without delay • Ensuring staff are bare below the elbow 	Not met
	<p>Action taken as confirmed during the inspection: There was evidence of Personal Protective Equipment (PPE) stored inappropriately in designated storage areas across the home. A number of clinical waste bags required replaced, this contributed to a malodour in the immediate area. Staff were observed wearing nail polish. This area for</p>	

	improvement has not been met and will be stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	<p>The registered person shall ensure that the building is kept clean and hygienic at all times with a focus on, but not limited to, the areas identified at this inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 12.4 Stated: Second time	<p>The registered person shall ensure a daily menu is on display in a suitable format across each unit.</p>	Carried forward for review at a future inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 4 Ref: Standard 32 Stated: First time	<p>The responsible person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p>	Carried forward for review at a future inspection
	<p>Action required to ensure compliance with this standard was not reviewed as</p>	

	part of this inspection and this is carried forward to the next inspection.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements & Care Delivery

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.

It was observed that there were adequate staff on duty to meet the needs of the residents. Discussion took place with the manager regarding the deployment of staff across the home to ensure the levels of supervision are appropriate for the individual assessed need of the residents. An area for improvement was identified.

Staff provided support to residents, some residents were seated in communal areas, whilst others were in their bedroom's dependent on their preferred choice. Those residents who were identified as requiring bespoke one to one care were provided with this.

Staff spoken with generally provided positive feedback about working in the home, one staff member said, "I love it in here." Other staff told us they enjoyed working with and completing activities with the residents, for example, massage therapy and reading. Staff demonstrated knowledge of individual's needs and told us they were mostly satisfied that there was good team work and with the level of communication between staff and management.

One staff member was observed supporting a resident with personal care, the staff member did not demonstrate person centred or empowering language in the communication style used. A discussion took place with the manager and an action plan was agreed to be taken forward. An area for improvement was identified.

One staff member was observed supporting a resident with feeding; the resident was seated in a chair; the staff member was not seated beside the resident when assisting them. A discussion took place with the manager for action and review. An area for improvement was identified.

There was evidence of staff compliance with training in both falls management and learning disability.

5.2.2 Environment and Quality of Life for Residents

The home was clean, tidy and a number of refurbishments had taken place since the last inspection. For example; communal areas and woodwork had been painted and furniture had been repaired and replaced in communal spaces. Residents’ bedrooms were personalised with items important to the resident. A malodour was evident in one identified bedroom, a discussion took place with the manager and assurances were provided regarding the actions taken to address this. This will be reviewed at a future inspection. The importance of returning residents’ personal items to their room and keeping the home tidy and free from clutter was discussed with the manager.

Discussion with residents who were able to make their wishes known confirmed they were able to choose how they spent their day. One resident was observed completing puzzles in their bedroom, another resident was seated in their room with sensory lights on and listening to music. Staff told us, residents have access to a number of activities in the home, including; going out for a drive on the bus, attending the swimming pool and going out for lunch. The manager confirmed the schedule of activities is being reviewed to ensure there is a consistent structure of activities in place for all residents, suitable to individual needs. This will be reviewed at a future inspection.

6.0 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 (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

* the total number of areas for improvement includes one regulation that has been stated for a second time and two standards which are carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Samantha Murdock, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by:	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • Appropriate use of Personal Protective Equipment • Replacing of clinical waste bags without delay

<p>12 September 2023</p>	<ul style="list-style-type: none"> Ensuring staff are bare below the elbow <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: Both verbal and written communication of the staff reminding of them the following; Appropriate use of Personal Protective Equipment Replacing of clinical waste bags without delay Ensuring staff are bare below the elbows Management will also carry out spot checks to ensure compliance.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection (12 September 2023)</p>	<p>The registered person shall ensure a daily menu is on display in a suitable format across each unit.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. A notice board will be mounted to the wall to display picture menus suitable for residents.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 September 2023</p>	<p>The responsible person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Senior Cares to be reminded to report any temperture deviation in the medicine refridgator that fall outside the recommended range of 2-8 degrees C to the manager. The manager will also complete periodic spot checks to ensure compliance.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (19 March 2024)</p>	<p>The registered person shall review the deployment of staff to ensure that the levels of supervision are appropriate for the individual assessed need of the residents.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Both verbal and written communication to all care staff that they provide appropriate supervision for the individual assessed need of the residents. Management will carry out spot checks to ensure compliance</p>
<p>Area for improvement 4</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2024</p>	<p>The registered person shall ensure supervision is completed with staff to reflect on the language and communication style used when delivering care to residents.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussion will take place during staffs supervision to reflect on the communication style used when providing person centred care to residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2024</p>	<p>The registered person shall ensure that staff are positioned correctly when supporting and assisting residents with eating and drinking.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Written and verbal communication to the staff reminding of the following; Ensuing staff are positioned correctly when supporting and assisting residents with eating and drinking. Management will carry out additional spot checks to ensure staff are compliant in this area.</p>

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