



Inspection Report

Name of Service: 2-1-2 Old Hollywood Road

Provider: Cornerstone Care 212 Limited

Date of Inspection: 11 December 2024

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
Responsible Individual:	Mrs Irene McBurney
Registered Manager:	Mrs Olive Samantha Murdock
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents with a learning disability both under and over 65 years of age.</p> <p>The home is based across three units: Cityview, Redburn and Palace. There are a range of communal areas throughout the home and residents have access to an enclosed outdoor area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2024, between 9.00 am and 4.30 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement will be reviewed at the next inspection.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known told us that they were happy living in the home and provided positive feedback about the food and the staff. Residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

During observation and discussion with residents it was evident that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of staff offering 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 generally provided positive feedback about working in the home and said there was good team work and support from the management team. Comments shared by staff included; "I love working in here, that's why I always come back" and "I love working in here, the place is like a family." Other comments made by staff were shared with the management team for review and action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in 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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. A recommendation was made for the management team to review the systems in place to manage this aspect of residents care to ensure restrictive practices are regularly monitored and reviewed.

Residents may require special attention to their skin care, care records accurately reflected the residents' assessed needs.

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 and their diet modified.

Observation of the lunch-time meal, review of records and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Residents' needs were met through a range of individual and group activities such as swimming, baking, singing, walking groups and puzzles. Other residents who preferred to engage in their own personal preferred activities were supported with this, for example; watching movies or completing puzzles in their bedrooms.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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. A sample of care files reviewed, evidenced that those residents with a Deprivation of Liberty Safeguard (DoLS) in place did not have a care plan to reflect the care required to direct the DoLS. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of 'homely' touches such as magazines, snacks and drinks available.

There was evidence of refurbishments having taken place across the home since the last care inspection which was a positive improvement and clearly evident across the home in both resident's bedrooms and communal spaces.

Review of records evidenced that environmental and safety checks were carried out on a regular basis. However, emergency lighting checks were not evidenced as completed on a monthly basis. Assurances were provided by the management team that these had been completed. A discussion took place with the management team to ensure these are completed monthly and documentation to reflect these checks maintained in the home.

A discussion took place with the management team regarding the temperature in the home in those areas of the building unoccupied by residents to ensure systems are in place to monitor and regulate the temperature in the building. The management team provided assurances

that the temperature in residents' rooms and the building is being monitored on a regular basis and if deficits are identified, reported to the maintenance department for action as required.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. A discussion took place with the management team to ensure audits are robust; by ensuring these include the full name of the staff member or resident were appropriate.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Liz Downes, Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Findings of the inspection were discussed with Mrs Olive Samantha Murdock (18 December 2024) manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 7 September 2023	<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: 2.0</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.</p>
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 8 January 2025	<p>The Registered Person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is with regards to Deprivation of Liberty Safeguards (DoLS).</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Sufficient written detail has been added to the care plans to direct care requirements regarding Deprivation of Liberty Safeguarding (DoLS) to meet the residents needs.</p>

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



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