



Unannounced Care Inspection Report 6 February 2019



Hollywood

Type of Service: Nursing Home
Address: 221 Old Hollywood Road, Hollywood BT18 9QS
Tel No: 028 9042 6900
Inspector: Dermot Walsh

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 71 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Roxana Mitrea
Person in charge at the time of inspection: Roxana Mitrea	Date manager registered: 5 January 2018
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory TI – Terminally ill.	Number of registered places: 71 A maximum of 18 patients in category NH-DE located on the Ground Floor and a maximum of 8 patients in categories NH-MP/MP(E) located in the Dunville Unit.

4.0 Inspection summary

An unannounced inspection took place on 6 February 2019 from 09.40 to 17.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, staff knowledge of safeguarding procedures, the home's general environment, risk assessment, care planning and the management of complaints. Further good practice was found in relation to the delivery of compassionate care and with maintaining good working relationships.

Areas requiring improvement were identified in relation to adherence to dietary requirements, recording of food supplements and in relation to maintaining the settings on pressure mattresses.

Patients described living in the home in positive terms. Patients' comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, registered 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 30 and 31 July 2018

The most recent inspection of the home was an unannounced care inspection. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with 10 patients. In addition, the inspector met with 10 staff, six patients' representatives and one visiting professional. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 28 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- three patients' care records
- three patients' daily care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 and 31 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 30-31 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure that patients are not placed at increased risk of pressure damage by remaining in wheelchairs no longer than necessary.	Met
	Action taken as confirmed during the inspection: During a review of the environment, it was observed that patients had not been left sitting in wheelchairs no longer than necessary.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure that robust arrangements are in place to ensure that all food served to patients in the home, meals, snacks or other, are in accordance with the patients' dietary requirements.	Partially met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that one of the three had not been served the appropriate food in accordance with their dietary requirement. This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that staffs' first name and surname are recorded on the duty rota along with actual hours worked.	Met
	Action taken as confirmed during the inspection: A review of the duty rota, week commencing 28 January 2019, evidenced that staff names had been recorded in full.	

<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are repositioned in accordance with their care plan and that this is evidenced within patient care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' repositioning records evidenced that the patients had been repositioned in accordance with their care plan.</p>	<p>Met</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>		<p>The registered person shall review the provision of drinks and condiments at the evening meal to ensure variety and availability.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with patients and staff confirmed that a range of drinks was offered/served with every meal.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 28 January 2019 evidenced that the planned staffing levels were adhered to.

Discussion with staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients but that they would like to spend additional time with patients. One patient was of the opinion that the home was 'understaffed'. The patient's concerns were passed to the registered manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Records of any safeguarding allegations had been maintained appropriately. The home had complied with recommendations from the Trust following a recent investigation.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Compliance with infection prevention and control measures was well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

Three pressure mattress settings were observed to be incorrectly set for the respective patients. The system to monitor the settings for pressure mattresses was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge of safeguarding procedures and the home's general environment.

Areas for improvement

An area for improvement was identified under standards in relation to the monitoring of pressure mattress settings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three patients' care records regarding the management of nutrition and pressure area care. A pressure risk management assessment tool, Braden assessment tool, had been recorded and reviewed appropriately within all three patients' care records. Care plans had been developed to guide care reflective of the patients' assessments and a daily record was maintained to evidence the delivery of care.

Nutritional risk assessments had been completed monthly. In addition, oral and risk of choking assessments were also completed monthly. Nutritional care plans had been developed reflective of the assessments conducted and were reviewed regularly. A diet notification chart had been completed and the home's kitchen staff were notified of any change in dietary requirements.

Supplementary care charts such as food and fluid intake records and bowel management records evidenced that contemporaneous records were maintained. However, a review of the food and fluid intake charts evidenced that supplements taken, as recommended by the dietician, had not consistently been recorded on these charts. This was discussed with the registered manager and identified as an area for improvement.

A review of one patient’s care records evidenced that food recorded as consumed, within the patient’s food intake chart, was not in accordance with the patient’s nutritional care plan. This was discussed with the registered manager and an area for improvement made in this regard has been stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff commented positively that there was effective teamwork; each staff member knew their role, function and responsibilities.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and their representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning, communication between staff and patients and in relation to effective teamwork.

Areas for improvement

An area for improvement was identified under standards in relation to the recording of patients’ food supplements consumed.

An area for improvement made under regulation in relation to adherence with dietary requirements has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Everyone from the moment you enter the building are friendly and approachable. Always going that extra mile for the residents and families.”
- “A huge thank you for taking such great care of ... during her years at Hollywood Care Home.”

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Hollywood was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patients’ comments to the lay assessor and inspector included:

- “The food is excellent. Love the place.”
- “There is good compassionate care given when staff are assisting but I feel the home is understaffed.”
- “I am extremely happy here. The food is adequate and the staff are more than good. Enjoy the activities here.”
- “I am quite happy here. The girls are great”
- “Happy here. Have got to know all the staff.”
- “This place is second to none. Completely vouch for it.”
- “It is very good here. The staff are lovely and I am very happy.”

Six patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned.

Some patient representatives’ comments to the inspector included:

- “We are very pleased with the care here. Can come and go as we please. It is a lovely place.”
- “Very happy with the care here. Staff are very friendly. The quality of the food would be the only thing.”
- “The care is very good and the staff are very good to me.”
- “No complaints here. Staff are very professional and patients’ dignity is maintained. Staff always respond to any concerns.”
- “It is very good. They take care of them well here.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from 10 staff consulted during the inspection included:

- “I really enjoy working here.”
- “Can be hard work but I like it here.”
- “It’s good.”

- “The work can be very stressful at times.”
- “It is good. I am happy here.”
- “I enjoy it here.”
- “I like it here.”

A visiting professional consulted during the inspection commented positively. They stated, “I have no problems in this home. They always respond well to any instructions left.”

All comments were shared with the registered manager. Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, in maintaining the dignity and privacy of patients and in valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been no change in management arrangements. A review of the duty rota clearly evidenced the registered manager’s hours and the capacity in which they were worked. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, complaints and compliments. Care record audits were reviewed. Shortfalls were clearly identified within the auditing records. Actions taken in response to the shortfalls were documented, dated and signed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements in quality improvement, complaints management and in the maintaining of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, registered 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust arrangements are in place to ensure that all food served to patients in the home, meals, snacks or other, are in accordance with the patients' dietary requirements.</p> <p>Ref: 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken: All residents have had their care plans and dietary notifications forms reviewed to ensure they reflect the patients' dietary requirements. Supervision sessions have been carried out with all care and nursing staff in the Home regarding adhering to patients' dietary requirements. This will be closely monitored by the named nurse, Deputy Manager and Home Manager.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement</p> <p>Ref: Standard 45 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2019</p>	<p>The registered person shall ensure that the system to monitor pressure mattress settings in the home is robust and effective.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Stickers are available on each mattress pump to indicate the correct setting for the individual resident. Supervision sessions have been carried out with all care and nursing staff in the Home regarding daily pressure mattress settings checks. This will be closely monitored by the named nurse, Deputy Manager and Home Manager by way of spot checking.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2019</p>	<p>The registered person shall ensure that food supplements consumed by patients are consistently recorded within the patients' food and fluid intake records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with all care and nursing staff regarding completion of food and fluid intake records. This will be closely monitored by the named nurse, Deputy Manager and Home Manager by way of spot checking.</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

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care