



Unannounced Care Inspection Report 30 and 31 July 2018



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 Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Roxana Mitrea
Person in charge at the time of inspection: Mrs Roxana Mitrea	Date manager registered: 5 January 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. 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 30 July 2018 from 13.20 to 19.40 and on 31 July 2018 from 09.30 to 15.00 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 staff recruitment practice, staff training, monitoring registration status of staff, accident management, the home's general environment, teamwork, risk assessment and care planning. There was further good practice found in relation

to compassionate care delivery, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to pressure management and adherence to dietary requirements.

Areas requiring improvement under standards were identified in relation to the duty rota record, recording of repositioning and the patients' mealtime.

Patients described living in the home in positive terms. 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, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, registered manager and Elaine McShane, regional 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 13 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 February 2018. There were no further actions required to be taken following the most recent 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.

During the inspection the inspector met with 15 patients, 13 staff and five patients' representatives. A poster was displayed at a staffing 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 ten 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:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 23 July 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 13 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 18 and 19 October 2017

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 16 (1) (2) (b) (c) (d) Stated: Second time	The registered persons must ensure that care plans are reviewed to confirm that they reflect the current care needs of patients and where appropriate, include recommendations made by visiting professionals.	Met
	Action taken as confirmed during the inspection: A review of five patient care records evidenced that these were current and where relevant, reflected the recommendations made by other health professionals.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that no chemicals were observed accessible to patients.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered persons must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that compliance with best practice on infection prevention and control had been maintained.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered persons shall ensure that the environmental issues identified are maintained in keeping with legislative and best practice standards.	Met
	Action taken as confirmed during the inspection: A review of the environment and information sent to RQIA following the inspection evidenced that the environmental issues had been managed appropriately.	
Area for improvement 2 Ref: Standard 45 Stated: First time	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.	Met
	Action taken as confirmed during the inspection: A random review of three patients' pressure mattress settings evidenced that these had been set correctly in conjunction with the patients' weights.	
Area for improvement 3 Ref: Standard 4 Criteria (9) Stated: First time	The registered persons shall ensure that bowel management is recorded contemporaneously on individual patient care records.	Met
	Action taken as confirmed during the inspection: A review of bowel management records evidenced that these had been recorded contemporaneously within the individuals patient care records.	
Area for improvement 4 Ref: Standard 12 Criteria (25) Stated: First time	The registered persons shall ensure that dignified clothing protectors are provided for patients who require this form of provision.	Met
	Action taken as confirmed during the inspection: A review of the mealtime experience evidenced dignified clothing protectors had been provided for patient use.	

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 23 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Although, duty rotas did not include the staff members' first name and surname. This was discussed with the registered manager and identified as an area for improvement under standards.

Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients, although, two staff were concerned with the level of assistance required from staff at patients' mealtimes and with staff accompanying patients to planned hospital appointments reducing the staffing level in the home during this time. The staffs' concerns were passed to the registered manager for their action and review 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.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that they were encouraged to suggest and/or request any additional training which they deemed relevant to their role. The registered manager confirmed that the majority of staff had completed 'dementia care framework' training. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion was clearly identified. Records of reported safeguarding concerns had been maintained appropriately.

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

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with best practice in infection prevention and control had been well maintained. Infection rates were monitored on a monthly basis in the home.

During a review of the environment, a patient was observed seated in a wheelchair in a communal area for an extended period of time. The patient had not been transferred to one of the available armchairs in the room. Remaining seated in wheelchairs can increase the risk of pressure damage of patients' skin and may not be comfortable for some patients. Patients should only remain in wheelchairs where this has been assessed and care planned as necessary. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails. Restrictive practices were monitored on a monthly basis in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment practice, staff training, monitoring registration status of staff, accident management and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to pressure management.

An area for improvement was identified under standards in relation to the duty rota record.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weights and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. However, there were significant gaps in repositioning observed within an identified patient's repositioning records. Repositioning had not been evidenced in accordance with their care plan. This was discussed with the registered manager and identified as an area for improvement.

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 stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were 'very approachable'.

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

Patient and 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, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under standards in relation to repositioning.

	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.

The serving of the evening meal was observed in an identified dining room. The meal commenced at 16:40. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared appetising. A menu reflective of the meal was displayed in the dining room offering choice of meal. Portions were appropriate for the patients to which the food was served. However, one patient was served food which was not in accordance with their care plan or the recommendations from the speech and language therapist. The patient did not consume any of the food and the food was removed immediately once this was identified by the inspector. This was discussed with the registered manager and identified as an area for improvement under regulation. Staff were organised to assist patients in the patients' preferred dining area. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. However, condiments were not observed to be offered or made available for patients use during the meal. Patients were only offered tea, coffee or milk to drink during the meal. This was discussed with the registered manager and identified as an area for improvement. Patients were complimentary in regards to the food provision.

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

- "Thank you all at the care home for enabling our mum to make the most of what was definitely a difficult few months."
- "We want to say a very big thank you for looking after our mum with such loving care."
- "A huge thank you for taking such great care of ... during her years in Hollywood care home. It was wonderful to know she was among friends."

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Hollywood was a positive experience. Ten patient questionnaires were left in the home for completion. None were returned.

Patient comments:

- "I am happy with the care here. I have no complaints."
- "I feel very safe in the home. The staff are very good."
- "It can be very lonely sometimes with no one to talk to."
- "I have great care taken of me."
- "The home is good enough. Nothing bad to say about them."
- "The care is very good. No concerns there at all."
- "The food is very good. No concerns about the care."
- "The entertainment laid on to go to is very good."

Five patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned. Some patient representative comments were as follows:

- “Very happy with the care here. Always kept up to date.”
- “Overall this is a very good home.”
- “Generally very good home.”
- “Overall the home is very good. Things are done right 99 percent of the time.”

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from 13 staff consulted during the inspection included:

- “It is hard work but I like it.”
- “I am happy and comfortable here.”
- “There is good days and bad days. Mostly fine.”
- “I love it here.”
- “Sometimes can be challenging. Good team here.”
- “Dependency can be very high at mealtimes.”
- “It’s dead on here. Happy enough at the minute.”

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 compassionate interactions between staff and patients.

Areas for improvement

An area for improvement under regulation was identified in relation to the provision of meals in accordance with patients’ dietary requirements.

An area for improvement under standards was identified in relation to patient mealtime.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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 DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at the reception area of the home.

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, staff training, wound care, infection prevention and control practices, care records and restrictive practice. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 and Elaine McShane, regional 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: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are not placed at increased risk of pressure damage by remaining in wheelchairs no longer than necessary.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with all care and nursing staff in the Home regarding the length of time that residents remain in their wheelchairs. This is being monitored on a daily basis.</p>
---	--

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First 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: 6.4</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 Speech and Language Therapist's recommendations. Dyshagia training carried out on 04.09.2018 by South Eastern Trust Speech and Language Therapist.</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 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that staffs' first name and surname are recorded on the duty rota along with actual hours worked.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Duty rota now reflects both first name and surname along with the hours worked.</p>
---	--

<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>Response by registered person detailing the actions taken: All repositioning booklets have been reviewed to reflect recommendations made in individual care plans. Supervision sessions have been carried out with all care and nursing staff in the Home regarding individual repositioning needs and recording of same.</p> <p>The registered person shall review the provision of drinks and condiments at the evening meal to ensure variety and availability.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Additional drinks such as juice and water are made available at each meal time and residents are offered condiments suitable to the meal being served. On going monitoring by Catering Manager, Deputy Manager and Home Manager.</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