

# Unannounced Care Inspection Report 27 June 2017



## 212 Old Hollywood Road

Type of Service: Residential Care Home  
Address: 212 Old Hollywood Road, Hollywood, BT18 9QS  
Tel No: 028 9042 5554  
Inspector: Ruth Greer

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

212 Old Hollywood Road is a residential care home registered to provide care for nine persons who are living with learning, and associated, difficulties. The home is also registered to provide day care to one named individual.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern Health and Social Care Trust / Cornerstone Care 212 Limited <b>Responsible Individual(s):</b> Irene McBurney	<b>Registered Manager:</b> Irene McBurney (pending)
<b>Person in charge at the time of inspection:</b> Irene McBurney	<b>Date manager registered:</b> Application received - "registration pending"
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 27 June 2017 from 10.15 to 14.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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.

There have been significant changes in the management arrangement in the home since the last inspection. The previous manager has left the post and Irene McBurney (registered person) has submitted an application to RQIA to become registered manager. Mrs McBurney has been manager of the home since 7 May 2017. This report should be read in the context of this change in leadership.

Evidence of good practice was found in relation to staff knowledge of and their ability to communicate with residents.

Areas requiring improvement have been identified by the new manager. This is in relation to a review of staff personnel files, staff appraisals and the home's policies and procedures. The manager had commenced work on these issues and progress will be noted at the next inspection.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Irene McBurney, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent type e.g. care inspection

No further actions were required to be taken following the most recent inspection on 2 March 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with seven residents and five staff. There were no visiting professionals and no residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints
- Audits of risk assessments
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings/representatives' / other
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

There were no areas for improvement identified at the last care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 March 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 2 March 2017

There were no areas for improvements made as a result of the last care inspection.

## 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 manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during the inspection.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction template evidenced that an induction programme was in place for all staff relevant to their specific roles and responsibilities. The manager confirmed that all newly appointed staff would be subject to an assessment of their practice on completion of the induction period.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. The manager has devised a schedule for mandatory training, annual staff appraisals and staff supervision. This was reviewed during the inspection.

Competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed at the inspection in March 2017 and found to be satisfactory.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The manager had recruited care staff since she herself took up post in May 2017. Files of newly appointed staff were available for inspection. These showed that all the required selection and recruitment documentation were in place to comply with legislation.

Enhanced AccessNI disclosures will be viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager confirmed that she was in the process of reviewing the safeguarding procedure. The previous manager had been named as safeguarding champion. The manager confirmed that there were plans in place to identify a new safeguarding champion within the home.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager confirmed there were risk management policy and procedures in place. The manager is currently implementing a programme of risk assessments on the facilities provided. For example, the environment, the use of the home's mini bus, use of the kitchen, etc.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated August 2016. The manager confirmed that she plans to have the assessment reviewed in August 2017.

The manager confirmed that two sessions of fire training for staff had been arranged for 11 July 2017.

A fire drill was planned for 28 June 2017. The manager confirmed that records would be retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. The manager has reviewed and updated the individual PEEPS since she took up post.

Three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from staff and a resident included:

- "I still like it here, they (staff) are going to help me to get a job" (resident)
- "This is a good home and residents are well cared for and given every opportunity" (staff)
- "Residents are always treated with respect and dignity" (staff)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. For example the manager has devised and implemented new individual agreements which set out the terms of residency. These had been signed (or were in the process) by the residents where possible and their representatives. Records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care files are undertaken monthly by the key worker. The deputy manager monitors the audits as part of management's quality assurance measures.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Minutes of care reviews and discussion with staff confirmed that the home undertakes an advocacy role for residents, most of whom would be unable to verbalise their views. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. There was evidence that referrals were made to allied professionals where required. For example a referral has been made to dietician for a resident who has been losing weight.

Residents were provided with information in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The manager confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The manager who is in post since May 2017 confirmed that she is introducing systems to ensure that the views and opinions of residents, and or their representatives, are sought and taken into account in all matters affecting them. For example, residents will be consulted with, at least annually, about the quality of care and environment. The findings from the consultation will be collated into a summary report which will be made available for residents and other interested parties to read.

Discussion with staff, residents and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents prefer one to one activities and there were sufficient staff on duty to ensure that staff spent time with individual residents. One resident told the inspector that he enjoyed going to the shop with staff. The resident stated that staff were helping him to access some volunteering in the

community with a view to eventually obtaining employment. Residents go swimming once a week. The home has a mini bus and this means residents can access community events.

Three completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from staff included:

- “Things are good, residents are happy and we get lots of support to do our job”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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**

As already highlighted in this report the manager has just been in post since 7 May 2017. The manager outlined the management arrangements and governance systems she planned to put in place within the home. These were found to be in line with good practice. The needs of residents accommodated were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager had commenced the process of systematically reviewing the policy file.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Recent training has included a day on 31 March 2017 for medicine management attended by nine staff. Mandatory training took place in August 2016 and is planned for August 2017. One staff member is undertaking QSF level 5.

There was a clear organisational structure and all staff were aware of their role, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The new manager is also the registered provider.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships. The new manager has introduced several new processes in relation to good governance specifically in relation to the management of residents' finances. Staff were informed of the additional safeguards in recording transactions at a staff meeting on 13 June 2017.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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