



Announced Variation to Registration Care Inspection Report 30 January 2019



2-1-2 Old Hollywood Road

Type of Service: Residential Care Home
Address: 212 Old Hollywood Road, Hollywood BT18 9QS
Tel No: 02890425554
Inspector: Marie-Claire Quinn

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 provider 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 residential care home with 12 places for residents living with a learning disability.

3.0 Service details

Registered Provider: Cornerstone Care 212 Limited Responsible Individual: Irene McBurney	Registered Manager: Irene McBurney
Person in charge at the time of inspection: Irene McBurney	Date manager registered: 10 July 2017
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 12 Plus 1 individual for day care only

4.0 Inspection summary

An announced variation to registration inspection of 212 Old Hollywood Road took place on 30 January 2019 from 10.25 to 11.45.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of 212 Old Hollywood Road residential care home to increase the number of residents living in the home from 12 to 14.

The variation to registration to increase the occupancy of the home was granted from a care perspective following this inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Irene McBurney, registered manager, and Alison Bradford, deputy 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 care inspection dated 14 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 August 2018.

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 variation application; the home's Statement of Purpose; the Residents' Guide; the previous care inspection report; the returned QIP and notifiable events.

During the inspection the inspector met with one resident. Other residents who were unable to verbalise their thoughts and feelings presented as relaxed and comfortable in their surroundings.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by staff within the agreed timescale.

A total of 10 questionnaires and several 'Have we missed you cards' were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. Three questionnaires were returned by residents' representatives. Two respondents were very satisfied with all aspects of care provided in the home. One respondent had mixed views of the care provided in the home. General feedback was discussed with the registered manager following the inspection.

During the inspection a sample of records was examined which included:

- Records of fire alarm checks
- Monthly monitoring reports by the registered provider
- Two care records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 15 January 2019

The most recent inspection of the home was an unannounced variation to registration premises inspection.

The variation to registration to increase the occupancy of the home was granted from an estates perspective following this inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 August 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2018</p>	<p>The registered person shall ensure that the internal fire alarm is checked weekly and the outcome is recorded.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that the break glass alarm system is checked on a weekly basis. The registered manager and deputy manager also described the measures they have put in place to minimise the disruption to those residents who would become distressed due to the noise from the alarm.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2018</p>	<p>The registered person shall ensure that monitoring visits are undertaken in line with the requirements of regulation 29.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: Review of the monthly monitoring reports dated 29 October 2018; 29 November 2018; 29 December 2018 and 29 January 2019 was satisfactory.</p>	

6.3 Inspection findings

Environment

General inspection of the home's environment identified that it was kept tidy, safe, suitable for and accessible to residents, staff and visitors. The home was fresh - smelling, clean and

appropriately heated. Observation of staff practice identified that staff adhered to IPC procedures. On entry to the home, it was positive to note that there was a board with photos and initials of the staff on duty today. Each room was identified with information, in both written and pictorial formats. Each resident's room displayed their name and brief details on the resident's preferences on the door. The walls were also decorated with inspirational quotations encouraging positive attitudes and independence.

Bedrooms

The variation application was in relation to increasing the number of beds from 12 to 14. There were two empty rooms in the home, which had been built during the previous extension, but not registered with RQIA. The rooms had been completed to a high standard; they were spacious, bright and very clean. Currently, the rooms contained a bed, overhead lighting, seating, a bedside cabinet and a wardrobe which was secured to the wall. The cords for the window blinds were securely attached to the wall. Each room had an en-suite containing a toilet and sink.

The registered manager and deputy manager explained that bedrooms are more fully furnished, depending on the needs and wishes of the resident. Many residents have brought their own furniture; if not, the home will provide additional furniture as required before a resident moves in. Discussion with the deputy manager confirmed that the home will ensure that current and new residents will be given the option of additional furniture, such as lockable storage and a mirror in their room.

Inspection of current residents' bedrooms found they were highly individualised, with toys, dolls, photographs and pictures. Several residents had additional lounge space, with their own sofa, table and chairs. One bedroom had a range of sensory equipment, including a projector and interactive wall art, as well as a small sofa. Residents chose their own bedding; routines for bed time varied depending on the wishes of the individual resident.

During discussion with one resident, they stated:

- "I've two rooms! I like my own space."

Communal areas

There were two large shared lounges. Residents could choose which lounge they wished to use, although tended to use the lounge closest to their rooms. Both lounges had ample seating, a large television and a stereo. There was a selection of DVDs, CDs and games. The lounge was decorated with art work residents had created during arts and crafts sessions. The residents using the lounge appeared relaxed and content, and were either napping, watching TV, completing a jigsaw, having breakfast, or chatting with staff.

There were three shared bathrooms, in addition to the two bedrooms with en-suite shower facilities. One bathroom was inspected; it was observed to be clean, tidy, and spacious, with a walk-in shower.

Catering

Residents had the option of eating their meals in their rooms, lounge or dining room. Meals were provided as and when the residents wished; for example, breakfast was available from

early in the morning, up until lunchtime. Residents were enjoying a range of meals, including cereal, cheese and toast, fruit, and pureed meals as required. Residents were encouraged to finish their meal, or offered an alternative if required. The registered manager discussed how some residents had very restricted diets before moving into the home, for example only eating one type of food. They were encouraged to try different foods, and their diets and overall health have improved as a result.

Staff had received training on dysphagia. In the dining room, there were information mats for specific SALT guidelines for residents. These were taped to the table. The registered manager agreed to remove this and retain a file in the kitchen, to ensure that residents' privacy and confidentiality was protected.

During discussion with one resident, they stated:

- "The food's alright. I don't like eating breakfast. I make my own tea; I've my own kettle and fridge in my room."

Staff

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. This included a regular review of the dependency levels of individual residents. Management advised they were responsive to this, giving an example of when staffing had been temporarily increased recently as a resident had an injury which limited their mobility. On the day of inspection, many residents were receiving nearly one-to-one care. Staff were calm, polite and attentive in their interactions with residents.

We discussed the needs of the residents who may move into the home, should the variation application be approved. The registered manager intends to further increase staff if the number of beds increases; the exact number of staff will depend on the specific needs of the new residents. The registered manager and deputy manager have commenced pre-admission assessments and are planning a phased transition for any new residents, to minimise any distress to them or the current residents in the home. This will also enable the home to arrange any additional training required, depending on the specific needs of new residents.

During discussion with one resident, they stated:

- "The staff are great. They have more time for us (than in hospital)...I know I'm safe here."

Activities

Discussion with the registered manager and deputy manager confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home has a mini-bus which is used for a range of outings throughout the year; for example trips to the North Coast, and a visit to Dublin Zoo during the summer. Residents have individualised activity schedules, and these are regularly reviewed. For example, one resident enjoyed a weekly swimming lesson and wanted to increase this to twice weekly. However their current leisure centre was unable to facilitate this. The registered manager sourced another instructor at a different pool, which was located much closer to the home, which has also reduced the travelling time and associated stress for the resident. The resident and his family have been very content with this arrangement, and provided positive feedback regarding the efforts of the

home and individualised care provided. Another resident enjoys helping out around the office, for example, bringing post up to the office, and presented as delighted to be contributing in this way.

During discussion with one resident, they stated:

- “I like to go out or stay in, depending on the weather. I come and go, as long as I tell the staff I’m leaving the building, and when I’ll be back. It’s just for health and safety...I like watching TV, I’ve a 32 inch TV in my room!”

Care records

A review of two care records confirmed that these 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. An area of good practice was identified as each section of the care plans considered the impact on the resident’s human rights. This is to be commended.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Pictorial aids were used to support residents to express their thoughts and feelings. However, care plans had not been signed by the resident and/or their representative, for example in cases where families are unable to visit regularly. The home already had a system in place to retain this information; the registered manager and deputy manager agreed to review this, and it has been cited as an area of improvement.

Areas of good practice

There was evidence of good practice throughout the home in relation to the environment, advocacy for residents, the provision of individualised and person centred care and the range of activities available to residents.

Areas for improvement

One area for improvement was identified during the inspection, in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Irene McBurney, registered manager, and Alison Bradford, deputy 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Careplans have been signed by key workers. There are two residents who are unable to sign their own careplans, families have been contacted and we are waiting for them to visit. All other careplans have been signed by residents or their representatives.</p>

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



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