

# Inspection Report

18 August 2022



## Hollylane Supported Living Service

Type of service: Domiciliary Care Agency  
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Mrs Catherine McDaid
<b>Responsible Individual:</b> Mr Neil Mc Guickan	<b>Date registered:</b> 27/06/2022
<b>Person in charge at the time of inspection:</b> Mrs Catherine McDaid	
<b>Brief description of the accommodation/how the service operates:</b>  Hollylane is a domiciliary care agency, supported living type service based in Gransha Park, Londonderry. The agency provides single person accommodation for up to sixteen service users with mental health needs. The Western Health and Social Care Trust is the main provider of care and support.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2022 between 09.00a.m and 11.45.am. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included the previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

#### 4.0 What did people tell us about the service?

During the inspection no service users were available for consultation, we did observe service users engaging with staff during daily activities. We spoke with staff members. The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

##### Staff comments:

- "All my training is up to date."
- "I had a comprehensive induction and was well supported by other staff."
- "Good communication."
- "A good effective manager who has an open door policy to all."
- "We provide varied activities."
- "Service users are well settled in their houses."
- "I'm aware of my responsibilities to NISCC as a care registrant."

Staff we spoke with demonstrated excellent caring values and a desire to provide people with effective quality personalised care. They knew people well their choices and preferences.

During the inspection we provided a number of questionnaires for those supported to comment on the service quality and their lived experiences:

No service users responded to the questionnaires issued prior to the issue of this report.

No staff responded to the electronic survey prior to the issue of this report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 23 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 23 December 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement</b> <b>Ref:</b> Regulation 16(d)  <b>Stated:</b> First time  <b>To be completed by:</b> The date of inspection.	Suitably qualified and competent persons are available to be consulted during any period of the day in which a person is working for the purposes of the agency  The registered provider should ensure competency and capability assessments are completed with each senior care staff responsible for the agency in the absence of a registered manager. Ref:5.2.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A competency assessment tool has been developed and a training session for all band 5 staff has been completed documentation in place was satisfactory.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 7.(a) & (b)  <b>Stated:</b> First time  <b>To be completed by:</b> The date of inspection.	The registered person shall— (a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and (b) notify the Regulation and Improvement Authority and service users or their representatives of any material revision within 28 days.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Statement of purpose and service user guides updated in December 2021. Documentation in place was satisfactory.	

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

It was good to note that care reviews had been completed in line with the HSC staff in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

We noted some of the comments made during the annual reviews:

- "Staff in Hollylane are very supportive."
- "I enjoy my independence."
- "No concerns or complaints."
- "I can speak with staff if things are not going well."

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must

be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who was suitably skilled and experienced to meet their assessed needs.

Staff had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service user meetings on a regular basis which enabled the service users to discuss the provision of their care. A number of varied agenda items were discussed we discussed with the manager a possible review of feedback from meetings.

Care plans promoted people's independence. Staff were encouraged to prompt people to be independent to help them maintain control. Service users were involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). No service users had swallowing difficulties currently. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware Of their responsibilities to keep their registrations up to date.

There were no volunteers or outside agency's currently working in the service.

### 5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the needs of the service users present, and were meeting the needs using the care plans and assessments to guide their approach.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. We noted some of the comments received during quality monitoring:

#### Service users:

- "Staff are there to help if you have any problems."
- "Happy with accommodation and staff support."
- "A caring and understanding staff."

**Staff:**

- “A great service and essential.”
- “The service keeps people independent.”
- “Good benefits in regular activities.”

**Relatives:**

- “My relative is settled and content.”
- “Good communication.”
- “The support is excellent.”

**HSC Staff:**

- “Staff are very supportive.”
- “A good staff communication to ensure good care and support.”
- “Compassionate, caring and person centred.”

The agency was noted to have completed their annual review of service and had sought feedback from service users, staff, relatives and HSC staff. The feedback received was positive and will assist in developing, improving and maintaining effective quality provision. We have highlighted some of the comments received:

**Service users:**

- “I like it here.”
- “This is a nice place, I love my own house”
- “The staff are nice.”
- “I like that my family can come and visit when they want.”

**Relatives:**

- “It’s nice down there the staff are nice.”
- “My relative is well cared for.”
- “My relative is well looked after and is in a better place since moving there.”

**Staff:**

- “Support and care needs are being met.”
- “Good care for all residents.”

**HSC Staff:**

- “Tenants appear happy.”
- “Appropriate to resident’s needs.”
- “Care and support remains good.”
- “The care is good and is person centred.”
- “Care and support is recovery focussed.”



No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

Where staff are unable to gain access to a service users home.

There is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area. Discussion with the manager highlighted that the system is currently under review.

## **6.0 Conclusion**

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

## **7.0 Quality Improvement Plan (QIP)/Areas for Improvement**

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



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