

# Inspection Report

23 December 2021



## Hollylane Supported Living Accommodation

Type of service: Domiciliary Care Agency

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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> Miss Bernie McCloskey
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> (Acting manager)
<b>Person in charge at the time of inspection:</b> Miss Bernie McCloskey	
<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 was undertaken on 23 December 2021 between 09.10 a.m. and 12.15 p.m. by the care inspector. The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

The inspection focused on:

- communicating with the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Two areas for improvement were identified and are outlined in the Quality Improvement Plan (QIP).

- Review of service user's guide and the statement of purpose.
- Staff competency assessments.

### 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how staff registrations with the (Northern Ireland Social Care Council) NISCC were monitored by the agency and those registered with the Nursing and Midwifery Council. (NMC).

During the inspection, we discussed any complaints that had been received and any incidents that had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff and service users to request feedback on the quality of service provided. This included a staff electronic survey to enable them to provide feedback to RQIA.

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

### 4.0 What people told us about the service?

We spoke with the manager and two staff. No services users availed of the opportunity to speak with the inspector. We provided a number of questionnaires for service users to return seeking their views about the quality of service provision. In addition, we provided an electronic survey for staff to complete assessing the quality of the service provided.

No service user's questionnaires were returned prior to the issue of this report.

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

#### **Staff comments during inspection:**

- "We have a good supportive manager."
- "Induction is comprehensive and prepares you for the role."
- "I have completed all my training."
- "We offer service user choice at all times."
- "I feel safe and secure with the Covid guidance and the PPE."
- "Staff communicate well with each other."
- "The manager has an open door policy to all."

## **5.0 The inspection**

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

The last inspection to Hollylane SLS was undertaken on 11 January 2021 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff had undertaken training in relation to adult safeguarding. Review of one incident identified that it had been referred appropriately and showed actions and outcomes.

It was noted that incidents would be managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. We noted that no reportable incidents had been received since the last inspection.

Staff were provided with training appropriate to the requirements of their role. However, discussions with the manager highlighted the need to review the competency and capability of senior staff responsible for the agency in the absence of a registered manager. An area for improvement issued.

The manager demonstrated that they have an understanding that service users that may lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there was no service users subject to DoLS. The manager described that all staff will undertake DoLS training and this is ongoing and will be reviewed during the next inspection.

The manager confirmed the agency does not manage individual monies belonging to the service users.

### 5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No SALT recommendations or referrals are required for the current service user group. The manager advised that training on Dysphagia is available and records show that staff training had been completed.

### 5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

### 5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We noted some of the comments made by service users, relatives, HSC Trust and staff during the monthly quality monitoring:

#### Service users:

- "I enjoy the company."
- "Staff are supportive and they look out for tenants."
- "I enjoy living here it's good to have company."

#### Staff:

- "We work as a team to provide individual support."
- "We provide a high standard of care."
- "I do hope staffing will settle soon."

#### Relatives:

- "Staff look after \*\*\*\* well."
- "I have no concerns my \*\*\* is happy there."
- "I'm glad staff are close by."

#### HSC Trust Staff:

- "My client enjoys the independence in the flat."
- "Staff work well to support tenants."

- “There is good communication between us.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting’s policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the setting’s policy and procedure on whistleblowing.

It was positive to note that a number of annual care reviews had been completed the agency must be commended for their actions .We noted some of the comments from service users during their review:

- “I’m happy in my flat.”
- “I continue to enjoy living here.”
- “I’m happy with my current care plan.”
- “I’m happy to be living in Hollylane, it’s a good tenancy.”

It was established during discussions with the manager that the agency had been involved in a Serious Adverse Incident (SAI’s)/Significant Event Analysis’s (SEA’s) and an Early Alert’s (EA’s). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately. A review of the records confirmed that there were accurate records maintained in relation to the incident and that all representatives were notified appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Bernie Mc Closkey Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

### 6.1 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is Providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement</b> Ref: Regulation 16(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> The date of inspection.</p>	<p>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</p> <p>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</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A competency assessment tool has been developed and a training session for all band 5 staff has been arranged . Staff informed of the QIP and importance of shared responsibility highlighted at staff meeting.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 7.(a) &amp; (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> The date of inspection.</p>	<p>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.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Statement of purpose and service user guides updated in December 2021. Service users informed of update at tenant meeting on 26/1/22.</p>

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



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