The Regulation and Quality Improvement Authority

Inspection Report

30 May 2023

Hollylane Supported Living Accommodation

Type of service: Domiciliary Care Agency
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF
Telephone number: 028 7186 0261

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

<table>
<tr><td>Organisation/Registered Provider:
Western Health and Social Care Trust (WHSCT)

Responsible Individual:
Mr Neil Guckian</td><td>Registered Manager:
Mrs Catherine McDaid

Date registered:
27 June 2022</td></tr>
<tr><td colspan="2">Person in charge at the time of inspection:
Mrs Catherine McDaid</td></tr>
<tr><td colspan="2">Brief description of the accommodation/how the service operates:

Hollylane Supported Living Accommodation 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 WHSCT is the main provider of care and support.</td></tr>
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2.0 Inspection summary

An unannounced inspection took place on 30 May 2023 between 10.20 a.m. and 3.35 p.m. 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 and dysphagia management was also reviewed.

An area for improvement identified related to incident reporting.

Evidence of good practice was found in relation to communication between service users and agency staff and other key stakeholders; staff training; and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There were good governance and management arrangements in place.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

Hollylane Supported Living Accommodation uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 any 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, relatives, 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 we spoke with a service user and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's comments:

- "This is a good place to live. The best move I ever made and I feel safe here. Staff are kind to me and treat me very well. If I had any concerns, I would talk to the staff and know they would listen. I have no problems here."

Staff comments:

- "I am very well supported in Hollylane. There is an open door policy and I feel confident in raising any concerns."
- "Good teamwork and good communication."
- "I got a very detailed induction when I started working in Hollylane and my induction included shadowing."

- “There is good multi-disciplinary input into the service to support the service users. Care and support is individual to each service user.”

No questionnaires were returned within the timescale for inclusion within 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 18 August 2022 by a care inspector. No areas for improvement were identified.

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).

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. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

No concerns were raised with the manager under the whistleblowing policy.

The agency had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding. Review of a sample records and discussions with the manager indicated that one adult safeguarding referral was ongoing. This matter was not reported to RQIA in line with the regulations. An area for improvement has been identified.

The agency’s governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place.

Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

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.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. 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.

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

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with a service user, 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 positive to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included activities, complaints management and staffing arrangements.

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).

Whilst none of the service users had swallowing difficulties it was positive to note 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 (AccessNI), 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 NISCC or the NMC; 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 working in the agency.

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, three day 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.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.
There was a system in place for reporting any instance where staff where staff are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Catherine McDaid, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 12 (a)(b)(i)(ii) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the procedure referred to in paragraph (6)(a) shall in particular provide for— (a) written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response; and (b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person— (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police. Ref: 5.2.1
	Response by registered person detailing the actions taken: Safeguarding file commenced within the unit. A hard copy of all referrals to safeguarding team to be stored in this file in main office. Guidance drawn up in respect to notifying PSNI and RQIA (re notifiable events) displayed in manager/deputy manager's office, including a step by step protocol. Protocol now includes; printing and attaching RQIA notification to datix in folder in office---can be checked during monthly monitoring auditing visits.

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

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