

Announced Care Inspection Report 11 January 2021



Hollylane Supported Living Accommodation

Type of Service: Supported Living
**Address: Gransha Park, Clooney Road,
Londonderry, BT47 6TF**
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Inspector: Jim McBride

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Hollylane is a domiciliary care agency, supported living type service based in Gransha Park, Londonderry. The agency provides single person accommodation for up to the sixteen service users with mental health needs. The Western Health and Social Care Trust is the main provider of care and support.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: George Walker
Person in charge at the time of inspection: George Walker	Date manager registered: 26 August 2016

4.0 Inspection summary

An announced inspection took place on 11 January 2020 from 09.15 to 11.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the last inspection on the 19 August 2019. Since the date of the last care inspection, RQIA was notified of a small number of incidents which had occurred within the service. Whilst RQIA was not aware that there was any specific risk to the service users within Hollylane a decision was made to undertake an on-site inspection adhering to social distancing guidance.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of Personal protective equipment (PPE) guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr George Walker 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 care inspection dated 19 August 2019

No further actions were required to be taken following the most recent inspection on 19 August 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI, NMC and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff but had no opportunity to meet service users who were aware of the inspection but, chose not to meet the inspector. However we provided questionnaires for them to comment on the quality of service provision. Comments received are included within the report.

Questionnaire comments:

- "Peaceful, no bother staff are there for me, a good move."
- "1-1 to continue as activities are limited at present."
- "Be lost without it."

Staff comments during inspection:

- "We feel safe and secure and have good supplies of all PPE."
- "The service users have adapted well to PPE and staff usage."
- "We have good management support."
- "The team work well together."
- "We support human rights with service users and discuss all risks."
- "Staff communicate well with each other and with service users."

- “I received an excellent induction and was well supported by staff.”
- “Training is good and relevant to all staff.”
- “It’s great we have had our first vaccinations.”

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

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

6.0 The inspection

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

6.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with.

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency’s policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 19 August 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received three complaints since their previous inspection 19 August 2019. The manager dealt with this through their own procedures and all are now closed to the satisfaction of the complaints.

A review of records confirmed that all staff are either currently registered with The Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC and NMC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- “It’s grand here.”
- “The staff are helpful.”
- “Hollylane has helped me with my recovery.”

Staff:

- “More consistent staff levels.”
- “Good place to work.”
- “Good standards of care.”

Relatives:

- “***** gets the best care and treatment.”
- “The place is good for stabilising.”
- “***** gets well looked after.”

HSC Staff:

- “Good communication with staff.”
- “A good standard of care provided.”
- “My clients have benefited from the care provided.”

Care planning and review:

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences. The agency must be commended for the work associated with annual reviews ensuring they were all completed.

We noted some of the comments made by service users and relatives during their annual review:

Review comments:

- “Hollylane have done a great job.”
- “Hollylane has been good for ****.”
- “I enjoy living here.”
- “It’s good for *****.”
- “Thanks Hollylane it’s been good.”
- “Staff can assist and help family pressures.”
- “The staff are good and support me well.”

Covid-19:

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- Infection prevention and control (IPC) policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and staff spot check the use of PPE during shifts.

Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Compliance with the Covid-19 guidance relating to IPC and PPE

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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