

# Inspection Report

28 March 2022



## Hollyview

Type of service: Day Care

Address: Downshire Estate, 53 Ardglass Road, Downpatrick, BT30 6JQ

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Belinda McCormack
<b>Responsible Individual:</b> Ms Roisin Coulter (Registration pending)	<b>Date registered:</b> Acting manager
<b>Person in charge at the time of inspection:</b> Mrs Belinda McCormack	
<b>Brief description of the accommodation/how the service operates:</b>  The primary purpose of the Day Support is to provide services appropriate to individual need. To achieve this, the main emphasis will be on promoting independence and social inclusion by the co-ordination and development of services to enable individuals with a disability to develop their full potential and have opportunities to enjoy ordinary lifestyles and activities.	

## 2.0 Inspection summary

An announced inspection was undertaken on 28 March 2022 between 09.30 a.m. and 11.45 a.m. by the care inspector. This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. Care staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

We noted some of the compliments received by the setting:

- "Thanks for the help throughout the year."
- "Thanks for all the hard work."
- "A lovely feeling of positivity."
- "\*\*\*\* is treated respectfully and is listened too."
- "Good care and compassion shown to \*\*\*\*\*."

There were good governance and management oversight systems in place.

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

### 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing staffs registrations with NISCC.

We discussed any complaints and incidents during the inspection 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 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. A number of service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided.

#### Comments received:

- "Without the support from Hollyview i could not help\*\*\*\*\* at home."
- "The support we receive is excellent."
- "Compliments to be passed on to staff."
- "My \*\*\* is happy with the care at Hollyview. I am in contact with the staff who are helpful and friendly."
- "\*\*\*\*\* care is the best it could be, fantastic staff could not ask for more. This is \*\*\*\*\* favourite place of work."
- "My \*\*\* is happy and well cared for in Hollyview."
- "I feel my \*\*\* is in a very positive environment. He is confident and affirmed."
- "The staff and management go over and above their duty."
- "\*\*\*\*\* is always treated with dignity, respect, safety and compassion."
- "I cannot praise Hollyview enough they are brilliant, I'm a happy mother."

There were a number of responses to the staff electronic survey which show that staff were satisfied or very satisfied with the service provision.

**Comments received:**

- “We as a staff team ensure our service is service user led and we are a total team together”
- “Very good environment to work.”
- “This is a very great place to work, I thoroughly enjoy being part of the team.”

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 members. We also had the opportunity meet a number of service users during this inspection. Those spoke with gave a comprehensive overview of the setting.

**Service user comments:**

- “We enjoy working in the poly- tunnels.”
- “I’m enjoying the Easter arts and crafts.”
- “I know who to approach if I had any problems.”
- “I enjoy coming to the centre.”
- “I enjoy my woodwork.”

**Staff comments:**

- “My induction was comprehensive and prepared you for the role.”
- “I had the opportunity to shadow other staff during induction.”
- “The manager has an open door policy and is very approachable.”
- “All my training is up to date.”
- “Good regular supervision with \*\*\*\*\*.”
- “We provide a good range of activities.”

#### 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 Hollyview Day Centre was undertaken on 17 September 2020 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?

There was a good system in place to share information relating to Covid. The day care setting’s provision for the welfare, care and protection of service users was reviewed.

The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Rotas evidenced that there was sufficient staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the staff on duty.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the HSCT's governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. It was identified that no current service users were subject to a DoLS.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and relevant disposal bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service. Rooms were spacious and it was noted that social distancing guidelines were being adhered to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the (SALT) to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have been assessed by (SALT) in relation to Dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia awareness training.

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

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed during and following the inspection evidenced that criminal record checks (Access NI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, relatives and staff.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring:

**Service users:**

- “Staff look after me well.”
- “Amazing staff.”
- “I enjoy the social interaction.”

**Staff:**

- “Good individual care plans.”
- “The service users enjoy all activities.”
- “I enjoy working in Hollyview.”

**Relatives:**

- “\*\*\*\*\* has come on leaps and bounds.”
- “I’m well supported by staff.”
- “Good centre staff.”

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the day care setting must be commended for their actions. We noted some of the comments from service users/relatives during their review:

- “The things \*\*\*\*\* is doing is good.”
- “I’m happy to be back.”
- “Everything is good.”
- “The activities suit me.”
- “I like sports and all is going well.”

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

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

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

### 5.2.5 Conclusion

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

## **6.0 Quality Improvement Plan/Areas for Improvement**

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





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