

Inspection Report

15 June 2022



Hollybank Supported Living Scheme

Type of Service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Miss Cecelia Donnelly
Responsible Individual: Ms Jennifer Welsh	Date registered: 29 November 2017
Person in charge at the time of inspection: Deputy manager	
Brief description of the accommodation/how the service operates: Hollybank is a supported living type domiciliary care agency which supports adults with a learning disability to live independently in their local communities. It provides support for 23 people in a variety of privately rented accommodation throughout the Magherafelt and surrounding areas. Service users are assisted with tasks of everyday living, emotional support and assistance to access community services.	

2.0 Inspection summary

An unannounced inspection took place on 15 June 2022 between 9:15 a.m. and 1:45 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), restrictive practices, Service user involvement, Dysphagia and Covid-19 guidance was also reviewed.

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.

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. As an individual with a learning disability we will review how service users are respected and empowered to lead a full and healthy life in the community and how they are supported to make choices and decisions in everyday life that enables them to develop, live a safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included easy read questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

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



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "If there are times I need to talk about my worries, the staff would understand."

A number of matters were highlighted through the questionnaires. These were relayed to the person in charge, for review and action as appropriate.

The information provided during the inspection indicated that there were no concerns in relation to the agency. We spoke with a number of service users who commented positively in relation to the care and support provided.

Service users were observed being relaxed in their interactions with staff and it was evident that the service users were very fond of the staff.

Relative's comments:

- “My (relative) lives in a supporting living house in Hollybank. The carers are brilliant and she is so content and happy, and is living her best life as a result of the care.”
- “I couldn't speak highly enough about them. They are considerate and compassionate, they are so good, each and every one of them, very friendly and lovely in every way.”

A number of staff responded to the electronic survey, indicating that they were satisfied that care provided was safe, effective and compassionate and that the service was well led.

Comments included:

- “I would be more than happy to have a family member in the care of Hollybank SLS. It is exceptionally well managed by the Deputy Manager, who is person centred in her care of service users and who works tirelessly and efficiently to ensure service users have the best quality of life possible and staff are well looked after and fulfilled in their role.”
- “We in Hollybank have a great manager who is compassionate to all our service users and to the staff team.”
- “Short staffed so staff are tired but is a great place to work.”
- “I've been very impressed with the quality of service and attention all staff provide to the service users, the staff go far and beyond. The support given from management/seniors is great. If I had a family member requiring a service like this I would be so proud to have them come to Hollybank.”
- “I am extremely happy within my role as a support worker in Hollybank SLS.”
- “Since the beginning of the pandemic in March 2020 the management of the service have gone above and beyond to ensure the safety and well-being of the service users, all the while respecting their wishes and needs of both the service users and their families.”

5.0 The inspection

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

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.

The last care inspection of the agency was undertaken on 17 September 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 17 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)(b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the care plans specify the service users' needs and how identified needs are to be met.</p> <p>This refers specifically to the speech and language therapy (SALT) care plans, which should be:</p> <ul style="list-style-type: none"> • clear in terms of the terminology used • reflective of the decisions made in the Decision Making Framework document and the service users level of capacity • inclusive of service user involvement. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that this area for improvement had been met.</p>		

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 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 the person in charge 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. Discussion took place with the person in charge regarding new staff potentially having to wait a significant period of time for adult safeguarding training, if the training had been provided in the agency shortly before new staff started. Given that adult safeguarding is included in the induction programme, we were satisfied on this occasion. However, we advised that new staff should be facilitated in joining safeguarding training in another location.

The person in charge confirmed that no matters had been raised to them under the whistleblowing procedures.

Review of records confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately.

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 person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the police service of Northern Ireland (PSNI).

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

All staff were required to undertake training in relation to medicines management. A number of staff were identified as requiring update training. The person in charge agreed to undertake competency assessments for these staff, whilst awaiting dates for the training. One health care worker supplied by a recruitment agency required Medicines training. Following the inspection, the agency confirmed that this agency worker would not be permitted to administer medicines until the training is completed.

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

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder for staff to reference.

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 Service user involvement.

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good 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:

- Birthday celebrations
- Healthy eating experience
- Concerts they would like to attend
- Covid awareness

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic.

Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus.

It was good to note that there were a number of leaflets available in easy read format; these included information on:

- Moving house
- Relationships
- Health screening
- Questions to ask when you go to the Doctor/hospital
- Asthma
- Pain management.

5.2.3 Is there a system 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). A number of service users had difficulty swallowing and required their meals to be of a specific consistency.

A review of training records confirmed that all staff had completed training in relation to Dysphagia. One health care worker supplied by a recruitment agency required Dysphagia training. Following the inspection, RQIA received confirmation that this training had been undertaken as part of the recruitment agencies training.

It was good to note that all staff are required to undertake First Aid training which included how to respond to choking incidents.

Review of SALT care plans identified that they had been signed by every staff member who provided care and support to the service user.

The review of the records identified that audits of SALT assessments had not been undertaken on a monthly basis, in keeping with the agency's policy and procedures. Whilst the records reviewed were noted to be up to date, not undertaking the audits on a regular basis could lead to delays in identifying deficits in a timely manner. An area for improvement has been identified.

A resource folder was available for staff to reference. We shared additional resources with the person in charge, including information on Swallow Awareness and other relevant information/newsletters.

5.2.4 Are there robust systems in place for staff recruitment?

There was a system in place to ensure that staff were recruited in keeping with the regulations. This included criminal record checks (Access NI) which 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) and there was a system in place for professional registrations to be monitored by the person in charge. The person in charge was advised to further develop the system for checking registrations, to include the fee renewal date and the full expiry date. Advice was also given that the checks should be undertaken on a monthly basis and that the NMC registered staff should also be included in the monthly checking template.

The person in charge advised that there were no volunteers working in the agency.

5.2.5 Is there an induction for staff in accordance with NISCC Induction Standards?

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. Staff are required to complete robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

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

5.2.6 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring process established that there was engagement with service users, their' 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 reviewed the evidence available in respect of a Serious Adverse Incident (SAI's) that had been investigated by the Northern Health and Social Care Trust. Review of records confirmed that the recommendations identified as a result of these investigations had been implemented.

The Annual Quality Report was in the process of being completed; this will be reviewed at the next inspection.

The staff rota was reviewed. Advice was given to the person in charge in relation to recording the full names and designation of staff. An area for improvement has been identified.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where any complaints were received since the last inspection, these were managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

The Statement of Purpose required to be updated with RQIA's new address and contact details. This will be reviewed at the next inspection.

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

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the QIP were discussed with the person in charge, 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 Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that audits of SALT related records are audited on a monthly basis in keeping with the agencies policies and procedures.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Monthly reports will be completed by the Deputy Manager and in her absence they will be completed by the Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the staff roster included the full name of staff and their designation.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Rotas have been adapted to ensure this information is included.</p>

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



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