

# Announced Care Inspection Report 17 September 2020



## Hollybank Supported Living Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: 13 Union Road, Magherafelt, BT45 5DF**  
**Tel No: 02879300878**  
**Inspector: Aveen Donnelly**

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

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 26 people in a variety of privately rented accommodation throughout the Magherafelt area. Service users are assisted with tasks of everyday living, emotional support and assistance to access community services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Registered Manager:</b> Miss Cecelia Donnelly
<b>Person in charge at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 29 November 2017

### 4.0 Inspection summary

An announced inspection took place on 17 September 2020 from 10.45 to 14.45.

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.

Since the last inspection on 11 February 2019, RQIA was notified of one notifiable incident relating to a specific incident. Whilst the investigation into this incident remains ongoing, RQIA took a decision to review the management of care plans and risk assessments in their broader sense to ensure that the service users were being provided with safe care. Given the time frame since the last care inspection, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

During the inspection we identified concerns in relation to the care plans. Following the inspection, a meeting was held on 23 September 2020, with senior trust representatives, to provide enhanced feedback on the identified care plan deficits. Whilst we acknowledge the responsiveness of the management team in addressing the concerns in an immediate and thorough manner, an area for improvement has been made in this regard.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines.

Service users and relatives spoken with indicated that they were very happy with the care and support provided.

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

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, 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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 11 February 2019

No further actions were required to be taken following the most recent inspection on 11 February 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection. Whilst we were not aware of any adult safeguarding matters or complaints raised since the date of the last inspection, we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

During our inspection we focused on contacting the service users, their relatives and staff to obtain their views on the service.

We reviewed the risk assessments and care plans of service users who required supervision with eating and drinking. We also ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI, NISCC and NMC registrations.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 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/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The information received shows that people were satisfied with the current care and support provided.

During the inspection we spoke with one service user, three staff and three service users' representatives.

## 6.0 The inspection

### Service User Experience:

As part of the inspection process, we met with three service users, who indicated that they were happy with the care and support provided. One service user described the staff as being 'brilliant' and praised them for everything they do. We also spoke with two staff members and three service users' representatives. Comments are detailed below:

#### Staff

- "It's all very good, we are all well supported."
- "It is like a home from home, the staff team are very supportive. The tenants come first, particularly their thoughts and aspirations, they always come first."

#### Service users' representatives

- "We are fairly happy, it is great and we have no concerns."
- "I am quite happy and content, they are very good to her. Any problems they would call me. (My relative) is getting on just fine."
- "Very happy, no concerns."

Two staff member provided feedback via the electronic survey. Both respondents indicated that they felt 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. One written comment included that Hollybank is a 'very person-centred service with excellent staff and an exemplary deputy manager'.

The returned questionnaires from six service users indicated that that they felt 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- "I love Disney films and the staff help me find them on my ipad. The staff spent a long time talking to me when my aunt died. This helped me."
- "Very happy with the care provided by staff."
- "I love all staff."

### Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the Business Services Organisation (BSO). Review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment.

A review of the staff records confirmed that all staff are currently registered with NISCC and with the NMC, as relevant to their roles and responsibilities. We noted that there was a system in place for monitoring staff' registrations. Staff are not permitted to work if their professional registration lapses.

### Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registrations with their professional body.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Covid-19:

We were advised that no service users had been diagnosed with Covid-19 since the beginning of the pandemic.

Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

Service users spoken with told us that they had been advised to keep a distance of 2 metres from other people and seating in communal areas had been spaced in a way to make this easier to comply with. Hand sanitisers had been made available to service users and staff to ensure good hand hygiene. Easy read material on the importance of handwashing had also been made available for service users. Service users had also been provided with training on coughing and sneezing etiquette and Makaton signage was available to support communication with service users who had difficulties communicating. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate.

Staff described how they changed PPE between service users and how they appropriately disposed of PPE. The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. There was a protocol in place for self-isolation, should the service users or staff display symptoms of Covid-19. Staff were also aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

There was evidence that training had been provided specific to Covid-19, in addition to a video on the correct procedures for donning (putting on) and doffing (taking off) of PPE. A staff questionnaire had also been completed with all staff to ensure that the training had been embedded into practice. The findings were then analysed, to identify any patterns or trends.

There was a system in place to ensure that service users and staff had their temperatures and wellness checks monitored daily. Advice was given in relation to the need for this to be done twice daily. This advice was welcomed and we were advised that this would be addressed.

We were advised of the procedures the management team used to ensure staff adhered to the PPE procedures.

Information in relation to Covid-19 was available to staff in a Covid-19 folder. This included information on:

- Contingency plan, including an updated risk assessment, which had been done to reflect Covid-19
- Regional principles for visiting care setting in Northern Ireland
- Aerosol Generating Procedures Information
- Community help links
- Cardio pulmonary Resuscitation (CPR) and Covid-19
- Contingency arrangements for administering medicines

- Psychological support links for staff
- Death and grieving during Covid-19.

Advice was also given in relation to sourcing the updated Covid-19 Guidance document (16 June 2020).

### Areas of good practice

Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Care Records

Since the last inspection, RQIA was notified of one notifiable incident relating to a specific matter. Whilst the investigation into this incident remains ongoing, we made a decision to review the management of care plans and risk assessments in their broader sense to ensure that the service users were safe.

The review of two service users' care records identified deficits in the speech and language therapy (SALT) care plans and the Decision Making Framework documents, which underpinned the care plans. Whilst there was evidence that the staff had signed the documents, to evidence their understanding of the decisions made, in relation to the service users' specific needs, there was a need for greater clarity on both the formats used. The use of terminology within the both documents required clarification and the care plans needed to be more reflective of the service users involvement in the process. The level of capacity each service user had, in relation to their ability to make decisions in relation to their own safety, also needed to be included.

Following the inspection, a meeting was held on 23 September 2020, with the trust's Head of Service and the Project Lead, to provide enhanced feedback on the identified care plan deficits. Following the meeting, we were informed that both service users' care plans had been reviewed and interim Keep safe Plans put in place, whilst the Risk Management Framework was being reviewed. Clarity had also been sought in relation to the terminology used, to ensure that it was reflective of the context in which the care is provided. Whilst we acknowledge the responsiveness of the management team in addressing the concerns in such an immediate and thorough manner, an area for improvement has been made in this regard, to ensure that the matter has been reviewed completely..

### Areas of good practice

The management team were very responsive in addressing the concerns raised.

### Areas for improvement

An area for improvement has been made in relation to the updating of care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)(b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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"> <li>• clear in terms of the terminology used</li> <li>• reflective of the decisions made in the Decision Making Framework document and the service users level of capacity</li> <li>• inclusive of service user involvement.</li> </ul> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Senior management have met with community teams, SALT and ourselves to consider this area for improvement.</p> <p>SALT have provided clarity in reference to supervision terminology used and this has been agreed with tenants and all staff have been made aware of same.</p> <p>Terminology in terms of levels of supervision required has been clarified and agreed with tenants and all staff have been made aware of same.</p> <p>SALT Plans have been reviewed to reflect the above meetings.</p> <p>Decision making framework document has been revisited and updated with due consideration given to level of capacity, tenants strengths and preferences and risk management.</p> <p>Trust care plans have been updated to reflect the outcomes of SALT Assessment and Guidelines.</p>

***“Please ensure this QIP is completed in full and submitted via Web Portal”***



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