

# Inspection Report

4 July 2023



## Hollybank Supported Living Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: 13 Union Road, Magherafelt, BT45 5DF**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Northern HSC Trust   | <b>Registered Manager:</b><br>Miss Cecelia Donnelly |
| <b>Responsible Individual:</b><br>Ms Jennifer Welsh  | <b>Date registered:</b><br>29 November 2017         |
| <b>Person in charge at the time of inspection:</b><br>Senior support worker  |   |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>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 Mid Ulster area. 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 4 July 2023 between 10.00 a.m. and 1 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, and Dysphagia management was also reviewed.

There were good governance and arrangement arrangements in place. All stakeholders consulted with commented positively in relation to the care and support provided.

No areas for improvement were identified.

## 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.

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. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

#### 4.0 What did people tell 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?

Respondents indicated that they felt that the care and support was excellent. Written comments included:

- “The staff are here for me if I need to talk to them if I have a problem to solve. I really do like to socialise with the co-tenants who I live with and I do like the staff who look after me in the house. I do go through my budget and my finances with the staff.”
- “I love living in my house. Staff help me to do everything and help me keep in contact with my family which is important. My family is welcome to visit anytime and the staff helps to accommodate this. I am happy with the staff; I know them well. I love my room, the staff helped me pick and organise a new bed and wardrobe.”

It was good to note positive comments from service users and relatives within the monthly quality monitoring reports. Of particular note was a compliment received from a member of the public who had observed Hollybank’s staff support service users out socialising. The member of public commented on how lovely it was to see people being so well cared for and insisted on buying the staff and service users a desert.

During the inspection we spoke with a number of service users and staff members. The information provided indicated that there were no concerns in relation to the agency. Service users were noted to be relaxed and comfortable in their interactions with staff.

Staff’ comments received included:

**Staff comments:**

- “I love it here. We work as a team. We’d flag anything up straight away, if things weren’t right.”
- “I just love the banter here. We have the time needed to spend with the service users, however long they need.”
- “I have no concerns. I wouldn’t be working here for this many years if I had. I love this job.”
- “I thoroughly enjoy it here, a great manager and the care and support is second to none.”

No responses were received to the electronic survey.

## 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 15 June 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

| Areas for improvement from the last inspection on 15 June 2022   |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 8.10<br><b>Stated:</b> First time                  | 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. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.                                       |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 10.4<br><b>Stated:</b> First time                  | The registered person shall ensure that the staff roster included the full name of staff and their designation.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.                                       |                          |

## 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 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).

Review of records identified that any potential safeguarding matters were reported appropriately. We were satisfied that all incidents were also reviewed as part of the monthly quality arrangements.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The inspector was informed that no concerns had been raised under the whistleblowing procedures.

Service users indicated they had no concerns regarding their safety.

Staff were provided with training appropriate to the requirements of their role.

The person in charge 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 and of the need to record the dates when such training is provided.

The person in charge advised that no service users required their medicine to be administered with a syringe. Advice was given regarding the need to develop the agency's medicine competencies should this be required in the future.

There were systems in place to ensure that any restrictive practices were as least restrictive as possible.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Advice was given in relation to maintain a DoLS register, which would enable the manager to have oversight of renewal dates.

A resource folder was available 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.

Advice was given relating to the need for the use of rechargeable e-cigarette chargers to be kept on the service users' meeting agenda as a standing item.

### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was evident that service users care plans were person centred and were underpinned by a human rights approach. Records contained details about their likes and dislikes and the level of support they may require. Records also included what a service user's good day looked like and what represented a bad day for them; what people who know them would say about them; and what people were important in their lives. This helped the staff to better understand each service user's personality.

A number of documents were available in easy read format, such as:

- Hospital passport
- Consent to photography
- Consent to access my home
- Consent for RQIA to contact my family
- Consent for staff to assist me with my finances

It was good to note the way in which service users were supported in a move to different accommodation. An easy read document had been developed with pictures of the new apartments and local amenities. This is good practice and is commended.

Staff spoken with were able to describe the gains a specific service user had made since moving to hollybank supported living service. The examples provided showed that the service user's transition to supported living was a success. With the support from staff, the service user had become more independent in many aspects of their life. It was evident that the staff who supported this service user were very proud of this achievement. This is to be commended.

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:

- Planning holidays
- Healthy eating and exercise
- Learning Disability Pride Parade
- Making complaints and how to recognise abuse
- Health and Safety at home and fire safety

### 5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

There was a system in place to ensure that pre-employment checks were undertaken 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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

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.

#### **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.

There was a system in place to ensure that all staff were registered with NISCC or the NMC as appropriate. Review of the records relating to staffs' registrations identified that these were up to date.



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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

All staff were able to gain access to service users' private living space, in the event of an emergency.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge and the deputy manager, as part of the inspection process and can be found in the main body of the report.



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