

Unannounced Care Inspection Report 11 February 2019



Hollybank Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: 13 Union Road, Magherafelt, BT45 5DF
Tel No: 023 79300878
Inspector: Marie McCann

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 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

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Cecelia Donnelly
Responsible Individual(s): Dr Anthony Baxter Stevens	
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 29 November 2017

4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 09.30 to 16.25.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, staff knowledge of adult safeguarding processes and risk management. There were also areas of good practice noted in regard to the development of holistic and person centred support plans, collaboration with the multiprofessional team and the provision of compassionate care. It was also positive to note that service users were regularly and meaningfully engaged with by staff.

No areas requiring improvement were identified during this inspection.

Service users' comments are included throughout the report.

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.

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 the deputy 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 22 March 2018

No further actions were required to be taken following the most recent inspection on 22 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that three incidents had been notified to RQIA since the last care inspection 22 March 2018
- unannounced care inspection report from 22 March 2018

During the inspection the inspector met with the deputy manager and three staff. Permission was sought and obtained to visit with a service user in their home on the day of inspection. Following the inspection on the 11 February 2019, the inspector also spoke via telephone with two service users and two relatives.

The following records were examined during the inspection:

- Staff induction records for two recently recruited members of staff.
- The personnel records for three staff in relation to supervision and appraisal.
- Staff training matrix.
- Four service users' care records.
- A sample of service users' daily records.
- The agency's complaints record from 22 March 2018.
- Staff roster information for January 2019.
- A sample of minutes of staff meetings since the last inspection.
- A sample of the agency's record of incidents and accidents from December 2018 to 10 February 2019.
- A sample of monthly quality monitoring reports from March 2018 to January 2019.
- Statement of Purpose, April 2018.
- Service User Guide.

At the request of the inspector, the deputy manager was asked to display a poster within the agency office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received.

Ten service user and/or relatives' questionnaires were provided for distribution; eight questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the deputy manager place a 'Have we missed you' card in a prominent position in the agency, as appropriate to allow those who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the deputy manager, service users, staff and service users' relatives for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

The most recent inspection of the agency was an unannounced care inspection.

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The deputy manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of the checks are retained by the HR department.

Discussions with the deputy manager and staff identified that they felt there were sufficient staffing levels to ensure the safety of service users. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. The deputy manager advised that the agency had recently experienced shortages in the permanent staff team due to staff sickness and one vacancy. As a short term measure, staff completed additional shifts and the agency utilised available bank staff who would know the service users well. The deputy manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. Assurances were provided to the inspector that the agency always ensures that sufficiently competent and experienced persons are working to allow for service users to receive the

support they require. The deputy manager further confirmed that the management team would provide additional support to staff if needed, as they provide care and support to service users.

A review of two staff induction records evidenced that they had received an induction lasting a minimum of three days, as required within the domiciliary care agencies regulations. The agency has a six week induction programme which staff are required to sign at various intervals as they complete their induction. The inspector stressed the importance of ensuring that induction components met at varying intervals are signed off by both parties in a timely manner.

The deputy manager described the importance placed upon ensuring staff and service users becoming familiar with each other during the induction process. In addition, staff were required to be fully aware of each service user's care plans and risk assessments, to ensure that safe and effective care was delivered. The deputy manager advised that the duration of the induction period was assessed individually for each staff member based on their individual learning needs and level of experience. Confirmation that staff had completed a number of shifts which involved working alongside more experienced staff as part of their induction was verified by the inspector after reviewing the agency's rota. Discussion with one of the new staff members confirmed that the agency's induction process provided them with the appropriate knowledge and skills to fulfil the requirements of their job role and that they had received guidance on the organisation's safeguarding policy. The inspector advised that the staff induction records should clearly evidence that all staff have been made aware of the organisations safeguarding policy and procedures prior to working with service users. It was also confirmed with the deputy manager that in addition to staff being made aware of this policy they also undergo further safeguarding training.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. A training matrix is maintained that enables the registered manager and deputy manager to monitor and review compliance levels in relation to training and updates which have been completed as part of a rolling programme of training. Discussion with the deputy manager and review of the training matrix confirmed that the majority of mandatory training had been completed with dates being arranged for any update training now due.

Discussions with staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements; some training available was specific to individual service users. Examples of additional training provided included: dysphasia awareness, epilepsy awareness and epilepsy medication training. One staff member advised that they had identified a training need and the management team were proactively exploring ways to address this.

The agency's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The agency requires that a range of assessments and risk assessments are provided by the referrer for individual service users prior to them receiving care. Service users are then supported to participate in development of support plans and risk assessments, as appropriate. In addition, there is an incident/accident reporting policy and system in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the registered manager, senior manager and the NHSCT governance department. A review of a sample of records noted that incident recording was transparent and timely and demonstrated that relevant third parties were informed as appropriate.

A review of records confirmed that there had been 13 adult safeguarding referrals made to the NHSCT since the last care inspection. A review of records, and discussion with the deputy manager and staff demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The deputy manager advised that despite regular requests, it can be difficult to obtain feedback on the outcome of adult safeguarding referrals made by the agency to the NSHCT community team. Various ways in which to highlight and address any delayed feedback from the NHSCT community team were discussed.

During discussion, staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported with being as independent as possible and integrated into the local community. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response and how to access the organisation's whistleblowing policy.

Discussion with service users, relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "Staff are good in every way."
- "I am happy with the support I am getting."

Staff comments:

- "Tenants are safe; staff treat them well."
- "The training is very beneficial, we have regular updates and the seniors always monitor this."
- "I have confidence in the practice of my colleagues."
- "Induction was good; I had two to three weeks of shadowing."

Relatives' comments:

- "Xxxx always seem very happy and really content."
- "Xxxx is well cared for and well looked after."

Eight service users and/or relatives returned questionnaires to RQIA. Seven respondents indicated that they were very satisfied and one respondent was satisfied that the care provided to service users was safe. One relative commented: "Xxxx is happy with staff and support given, sees house as their home and gets on well with housemates." One staff questionnaire was returned and indicated that the respondent was satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, staff knowledge of adult safeguarding processes and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of this care provision is detailed in the agency's Statement of Purpose.

The deputy manager confirmed that the agency receives referral information and a care plan from the relevant referring Health and Social Care Trust professional. Review of a sample of service users' records evidenced that upon moving in, the agency completes a support plan and risk assessments, in consultation with the service user. Support plans were noted to be comprehensive, person centred and holistic and included what service users hoped to achieve. The inspector noted that two of the records viewed had not been signed by the service users. The inspector stressed the importance of ensuring that signatures of service users' relatives/representatives are obtained in order to confirm consultation and their agreement with care records. Also, if service users are unwilling or unable to countersign their care records, as appropriate, this should be recorded on the document. The deputy manager agreed to address this with staff.

The deputy manager and inspector discussed the use of any practices which could be deemed as restrictive and reviewed a sample of records. The deputy manager described the importance placed on regularly reviewing any restrictive practices to ensure that they are proportionate, necessary and in the best interests of service users at all times. It was agreed that such a review should be conducted in collaboration with the service user and/or next of kin as appropriate, along with the multi-disciplinary team. The deputy manager advised that support plans which outlined any restrictive practices were reviewed and agreed at annual review in consultation with the service user, relative and NHSCT keyworker. There was evidence of such involvement in the support plans viewed.

In addition, specific records detailing restrictive practices in place were noted to be regularly reviewed by the agency staff; the inspector advised that the signature of service users or their representatives as appropriate should also be obtained at each review stage of these records. The inspector also advised that the agency's annual review document is updated to clearly reference any relevant human rights or deprivation of liberty considerations that need to be taken into account. The deputy manager agreed to action this.

The deputy manager described how service users were encouraged and supported to be fully involved in their HSCT care reviews and there was evidence that service users had access to an annual care review. In addition, records evidenced that staff completed a pre-review report prior to the care review. This took into consideration the following information: who service users would like to invite to their review, what they would like to have discussed, and feedback from service users regarding what they like and what would make living in their home better.

Discussion with staff verified that they recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. Staff make a daily entry in service users' files providing a record of any issues or concerns. In addition, there was evidence in records viewed of consultation with service users' representatives and the multi-disciplinary team. The inspector noted when reviewing records that a small number of staff signed such entries using only their initials and it was difficult to determine the name of the staff member. In keeping with good recording standards, the inspector stressed the need to ensure that staff sign their full name and ensure that the times of telephone calls made on behalf of, or in respect of service users are recorded.

Discussion with service users confirmed that they would be comfortable speaking with staff if they had any concerns or complaints. In addition, the Statement of Purpose and Service User Guide provides information about how to raise a concern or make a complaint. It was positive to note that both documents referenced the availability of external agencies to support service users when making a complaint, such as the Patient and Client Council, the Northern Ireland Public Service Ombudsman and independent advocacy services.

Discussions with the deputy manager and staff evidenced that effective communication systems were in use within the staff team to ensure that staff received information relevant to the care and support needs of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care and support plans for each new service user or with changes to existing service users' needs. Staff also confirmed they had effective access to support from the management team via the telephone including out of hours support.

A sample of staff meeting minutes were reviewed which identified that there was a quality improvement focus and evidenced discussions such as: ensuring compliance with recording standards in respect of service users' monies, health and safety issues and review of a social media policy. The deputy manager advised that the frequency of staff meetings had been lower than usual in the last year due to arrangements in place to prioritise covering staff shifts. The deputy manager provided assurances that staff had daily contact with senior staff and the management team as necessary.

The inspector discussed the development of the Northern Ireland Social Care Council (NISCC) website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within staff meetings. The deputy manager advised that they would review this resource and share with the staff team as appropriate.

There was evidence of good communication with service users observed during the inspection and no issues regarding communication were raised by service users or those relatives spoken with as part of this inspection. To further enhance and review practice in this regard, the inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013). This is a practical resource that can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The deputy manager agreed to review these standards to identify any best practice examples that could be implemented by the agency.

Discussion with service users, relatives and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users’ comments:

- “I like the staff; I can talk to them.”
- “I’m very happy indeed with everything.”

Staff comments:

- “I would never go into a shift without being fully updated on any relevant issues.”
- “There are good links with the multi-disciplinary team if there are any concerns about the health and wellbeing of service users.”
- “Always kept up to date with change in needs through the communication book.”

Relatives’ comments:

- “I have seen positive changes in xxxx due to the support he is getting. Xxxx is more outgoing and in great form.”

Eight service users and/or relatives returned questionnaires to RQIA. Seven respondents indicated that they were very satisfied and one respondent was satisfied that the care provided to service users was effective. One service user commented: “I am happy with all aspects of my care and levels of communication within the service.”

One staff questionnaire was returned and indicated that the respondent was very satisfied that the care provided to service users was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the development of holistic and person centred support plans and collaboration with the multi-professional team.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector viewed the agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Discussion with service users and staff demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. This was further verified with a review of records. Service users’ consent was sought to allow staff to access their home and for staff, managers and RQIA inspectors to view their records. The agency’s

risk assessment also recognised service users' strengths and talents whilst identifying any risks or dangers and included an action plan to keep service users safe.

During the inspector's visit to one premises, the inspector was invited by a service user to view their accommodation. The service user informed the inspector that their bedroom furniture and décor was chosen by themselves and they demonstrated pride in their individual space and belongings.

During the visit, the service user showed the inspector a record of the service users' house meetings which evidenced that they occurred regularly and were supported by a staff member. The service user confirmed that they could request a house meeting at any time. In addition to the individual house meetings, service users also have the opportunity to be involved in a wider tenants' forum organised by the NHSCT. It was positive to note in a review of minutes of the tenants' forum meeting held in September 2018 that service users had been informed of the new RQIA membership scheme.

In addition, the service user provided the inspector with access to their care records. The care records contained a number of documents which were in easy to read format and which demonstrated a person centred approach, which is to be commended. For example, a 'profile of me' document was evident which provided important information with respect to the service user's daily routines, likes and dislikes, what a good and bad day can be for the service user and what people who know and care for me would say. It was positive to see that the service user was very familiar with their care records, having full knowledge and involvement in their content and assisting the inspector with reviewing them.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. They were supported and consulted informally through daily discussions with staff and more formally at care reviews.

Discussion with service users, relatives and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff help us with cooking, doing washing and counting money."

Staff comments:

- "The tenants are treated with respect and dignity and independence is promoted."

Relatives' comments:

- "The staff know xxxx well."
- "Xxxx's money is being spent on her on things she likes."

Eight service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was compassionate. One staff questionnaire was returned and indicated that the respondent was very satisfied that the care provided to service users was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency is managed on a day to day basis by the registered manager, deputy manager, a team of senior support workers and support workers. The agency is currently undergoing a recruitment process for a senior support worker.

The RQIA registration certificate was up to date and displayed appropriately.

Discussions with the deputy manager and staff on the day of inspection described positive working relationships which allowed for issues and concerns to be freely discussed. Staff reported that they were confident they would be listened to by the management team. Staff demonstrated that they had knowledge of their role and responsibilities and there was a clear organisational structure and lines of accountability.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies of the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates are monitored by the deputy manager; there was evidence of this monitoring in records provided to the inspector. Registration details are also monitored by the NSHCT governance department. The deputy manager confirmed that all staff are currently registered. The deputy manager advised that staff were aware that any lapse in their registration would result in them being unable to work within the agency until their registration was suitably updated.

The deputy manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access these as needed.

Discussions with the deputy manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an 'open door' approach for discussions with the registered manager. Review of a sample of supervision and appraisal records verified that staff had regular individual supervision and an annual appraisal since the last inspection.

A complaints file was available within the agency to record the management of complaints; it was identified that there had been four complaints recorded since the last care inspection. Discussion with the deputy manager confirmed that a robust complaints management process was in place within the agency. The inspector highlighted the need to ensure that all complaint

records provide a commentary of whether the complainant was satisfied with the outcomes, once achieved.

The inspector discussed the monitoring arrangements as outlined in Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by a senior manager who has a good understanding of the agency. The reports of monthly quality monitoring visits completed since the last inspection were available to be examined. A review of a sample of reports for January 2019, December 2018 and November 2018 evidenced a review and audit of the conduct of the agency, with an action plan, as required. It was noted in the reports for January 2019 and December 2018 that consultation was not achieved with service users as they were not present at the time of the unannounced visits. This should be monitored and alternative arrangements considered, in order to ensure effective service user consultation occurs during all monthly quality monitoring visits.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the deputy manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users, relatives and staff evidenced that the service is well led. The following is a sample of comments made:

Service users' comments:

- "I can approach staff and talk to them or ask for help if needed."

Staff comments:

- "Management always keep you up to date with any queries you had."
- "If you ask management anything they always check if not sure and get back to you."
- "I feel we have good support during normal shift pattern and out of hours if we need it."

Relatives' comments:

- “Staff keep me well updated.”

Eight service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the service was well led. One staff questionnaire was returned and indicated that the respondent was satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the supervision and appraisal of staff.

Areas for improvement

No areas for improvement were identified in this domain 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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