

# Unannounced Care Inspection Report 7 July 2016



## Hollybank SLS

**Domiciliary Care Service/SLS**  
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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hollybank SLS took place on 7 July 2016 from 09.00 to 13.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector noted that the registered manager had been absent over two periods of time both in March and June. Neither of these absences had been reported to RQIA. Following discussion with a senior manager from the HSC Trust the RQIA were satisfied with the documentation received following the inspection. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency's quality monitoring requires improvement and the agency has been issued with one requirement. The agency must forward its completed monthly monitoring to the RQIA until further notice.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with the senior support worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent finance inspections

The agency received two finance inspections on the 19 March 2015 and 23 March 2016. There were no further actions required to be taken following the most recent inspections.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> Northern Health and Social Care Trust Dr Anthony Stevens	<b>Registered manager:</b> Arlene Stewart
<b>Person in charge of the agency at the time of inspection:</b> Senior Care Worker	<b>Date manager registered:</b> Arlene Stewart - 16/07/2013

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:  
 Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plans (QIP)
- Records of notifiable events

During the inspection the following processes used include the following:

- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.
- The following records were examined during the inspection:
- A number of care and support plans
- HSC Trust assessments of needs and risk assessments

- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Minutes of staff meetings
- Minutes of tenant meetings
- Staff training records relating to:
  - Vulnerable adults
  - Finances
  - *Respect training*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

#### 4.0 The inspection

Hollybank Supported Living Scheme is a domiciliary care agency, based at 13 Union Road, Magherafelt. Under the direction of manager Mrs A Stewart a team of 35 staff provide a range of services to 26 people living in Draperstown, Magherafelt, Castledawson and the Loupe. These service users are adults who require support due to mental health care needs and learning disabilities. The service users receive support which includes personal care, social support and assistance to live as independently as possible within the local community. Staff provide these services within eleven shared houses and five homes of individual service users. The Northern HSC Trust commissions these services.

During the inspection the inspector spoke with three senior support workers, two care workers, three service users and one HSC trust professional. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, Ten questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. Eight questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the senior support workers, staff and service users, there was evidence of outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 March 2016.

The most recent inspection of the agency was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 23 September 2014.**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (6) (d)</p> <p><b>Stated: Second time</b></p>	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> <li>• Utilities bills</li> </ul> <p>The service users' individual financial will have to be further developed to reflect any payments made by them for food, utilities cost and any reimbursements received.</p> <p><b>Action taken as confirmed during the inspection:</b> This requirement was assessed during the inspections of the 19 March 2015 and the 23 March 2016. Records in place were found to be satisfactory.</p>	<p><b>Met</b></p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (b) (d)</p> <p><b>Stated: First time</b></p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so far as to ensure the safety and security of service users' property, including their homes;</p> <p>Due to the absence of any safe reconciliation records it was not possible to determine the safe management of service users' money and valuables.</p> <p>The arrangements in place in respect to access to the safe by staff and the storage of pre signed bank withdrawal slips impacts on the agency's ability to ensure the safety and security of service users' property.</p>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> This requirement was assessed during the inspections of the 19 March 2015 and the 23 March 2016. Records in place were found to be satisfactory.	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> This recommendation has been partially met and has been restated as a requirement.	

### 4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised by staff that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide. Both documents were updated by the agency in September 2015 and July 2016 and were satisfactory.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined five care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks. The HSC Trust policy on recruitment was updated by the agency 30 November 2015.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. One staff member stated *“Induction is comprehensive.”*

The agency’s induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. One staff member stated *“The induction prepares you for the role.”*

Induction records examined by the inspector include the following topics:

- Organisation of service
- Conditions of service
- Policies and procedures
- Health and safety
- Emergency procedures
- Incidents/accidents
- Infection control
- Manual handling
- Service users information
- Finance and administration.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. Supervision with senior staff is completed by the manager who in turn supervises support staff. The inspector examined staff rotas for weeks ending 7 July 2016, 14 July 2016 and 21 July 2016 and was satisfied that the agency’s staff resources meet service user needs. Discussions with the staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. Senior staff stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with HSC Trust procedures.

The service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments included:

*“Staff are very good to me here.”*

Staff comments:

*“We care for the welfare and safety of tenants at all times.”*

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>		<b>Number of recommendations:</b>	
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#### 4.4 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of service. The inspector noted the recent service "Feedback analysis" completed by service users and has highlighted some of the positive feedback:

- 91% of the service users find the staff support them with the things they need and want
- 95% of service users know what a tenancy agreement is and what it means to them
- 95% of service users agree that they are asked about what happens in their home and about who comes into their home



- 91% of service users feel they get good support, and are supported to make changes
- 95% of service users think that staff help them to understand their rights and would help them make a complaint if needed
- 95% of service users think that staff support them to keep healthy and safe.

The manager has in place an action plan that involves discussing the outcomes of the analysis with service users.

Comments received from service users during the annual survey:

- “I can make choices for myself.”
- “I have become very independent.”
- “I love having my own room and space.”

Service user comments:

- “The staff are excellent, I have more independence and choice here.”
- “This is much better than where I lived before.”
- “Staff listen and help me with problems.”

Staff comments:

- “Training is good and keeps you updated.”
- “Induction is comprehensive. We try to support all new staff during this time with shadowing and discussion about the service users.”

HSC Trust professional comments:

- “The staff have been supportive to my client helping \*\*\* with a communication book.”
- “The staff helped with \*\*\* outcomes.”

Ten returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>		<b>Number of recommendations:</b>	
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#### 4.5 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Service user's comments:

"I recently had a sad time and the staff listened to me and helped me through it."  
"Staff are friendly and always there for you."

Staff comments:

"The service users are well cared for and we support them through whatever they need."

Ten returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to.

Eight returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions sought about the quality of the service.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>		<b>Number of recommendations:</b>	
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#### 4.6 Is the service well led?

Purpose and Service Users Guide were satisfactory. Discussion with staff evidenced that there was a clear organisational structure within the agency.

The policy and procedure manual was reviewed and contents discussed. Staff confirmed that they had access to the agency's policies and procedures.

The service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. One staff member stated: "The manager is very easy to talk to and is always available to staff." Another stated "The manager has an open door policy." "\*\*\*\*\* is good and we are well supported." However, the inspector noted that the registered manager had been absent over two periods of time both in March and June. Neither of these absences had been reported to RQIA. Following discussion with a senior manager from the HSC Trust the RQIA were satisfied with the documentation received following the inspection.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received six complaints during this period. The complaints received had been resolved satisfactorily. The agency has responded to all regulatory matters as and when required. This was evidenced within previous inspection reports 2014 and 2015.

Discussion with staff and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports. It was also noted that senior staff had identified incidents as concerning during previous quality monitoring and had an action plan in place.

The inspector reviewed the monthly monitoring reports for January 2016 a combined report for February and March 2016 and April 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided. However, some reports were unavailable and a number of emails from a senior HSC Trust member of staff relating to monitoring were in place.

The reports examined by the inspector did not in all cases reflect the views on the quality of service provided to service users, relatives and HSC Trust representatives. The agency's reports of monthly monitoring did not provide assurances of service improvement and positive outcomes for service users.

The care workers interviewed indicated that they felt supported by the manager and senior staff who were described as approachable and helpful.

Service user's comments:

"\*\*\*\*\* is great and helps me all the time."

"This is a good home for me, staff are supportive and helpful."

Staff comments:

"The manager has an open door policy and we can speak to her and other seniors at any time."

"I feel well support and appreciated by the manager."

Ten returned questionnaires from staff indicated:

- The service is managed well
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service

Eight returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>		<b>Number of recommendations:</b>	
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the senior support workers as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk)/web portal for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 23

**Stated:** Second time

**To be completed by:**  
**5 August 2016**

The registered person shall maintain a system for evaluating the quality of the services which the agency arranges to be provided.

At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a) Arranges the provision of good quality services for service users;  
(b) Takes the views of service users and their representatives into account.

(2) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

The registered must monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis.

This report must summarise the views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

#### **Response by registered provider detailing the actions taken:**

- Monitoring visits take place on a monthly basis by an appointed manager.
- From July 2016 reports will be forwarded directly to RQIA until requested otherwise.
- Professional feedback form to be available to visiting professionals.
- Family/carer views will be sought by:
  - a) Annual reviews;
  - b) Records of comments;
  - c) Meetings;
  - d) Telephone.

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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