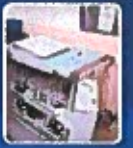




**The Regulation and  
Quality Improvement  
Authority**

# **Unannounced Care Inspection Report 03 November 2020**



## **Hollybank**

**Type of Service: Residential Care Home (RCH)  
Address: 13 Union Road, Magherafelt, BT45 5DF  
Tel No: 028 7963 3369  
Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 9 residents usually for short breaks.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Jennifer Welsh	<b>Registered Manager and date registered:</b> Cecelia Donnelly
<b>Person in charge at the time of inspection:</b> Cecelia Donnelly	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) RC-LD, RC-LD(E) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 4

### 4.0 Inspection summary

An unannounced care inspection took place at Hollybank on 3 November 2020 from 10:00 until 15:00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- environment
- care delivery
- care records
- governance and management

Residents in keeping with their level of understanding confirmed that they liked to visit Hollybank for a period of short stay.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*3

This inspection resulted in two new areas for improvement being identified. Findings of the inspection were discussed with Cecelia Donnelly, manager, as part of the inspection process and can be found in the main body of the report. \*One area from the previous inspection has been partially met and has been stated for a second time.

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

## 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with four residents, one residents' representative, four staff and the manager. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- duty rotas
- three residents care records
- staff training matrix
- records of staff registration with Northern Ireland Social Care Council (NISCC)
- staff competency and capability assessments
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- RQIA certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• the identified carpet in the kitchen is replaced</li> <li>• walls above the identified radiators are made good</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the environment showed the carpet in the kitchen dining area had been replaced. The work to improve the walls above the radiators remained outstanding.  This area for improvement has been partially met and is stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall liaise with representatives of the Northern Trust to ensure that the key workers in the community provide Hollybank with each resident's most recent assessment of needs, risk assessments and care plans prior to each period of respite.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of a sample of records showed liaison with keyworkers and receipt of the most recent assessments of needs, risk assessments and care plans for a number of residents. The manager confirmed this work would be ongoing.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 10.00; the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 23 October 2020 until 5 November 2020 were reviewed. The duty rota accurately reflected the care staff on duty on the day of inspection; we discussed with the manager the need to ensure manager hours as worked were also recorded on the rota. An area for improvement was identified.

During discussion with staff they confirmed there was stable staffing arrangements in place. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed resident's needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of residents.

Comments received from staff included:

- "I love working here, I think the care is second to none, they (residents) are well looked after. It is a good place to work."
- "I love my job, they (residents) are well looked after here, it's a nice place."
- "It's a good place, good communication, everyone works well together."

### 6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

Upon arrival the inspector's temperature and other relevant information was recorded. The manager advised that all residents were tested for COVID-19 and results obtained before admission. The manager confirmed all visitors' temperatures were checked and relevant information recorded prior to admission to the home. The manager confirmed all residents and staff had temperatures recorded twice daily. Records were available in the home to reflect this. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day. Equipment was labelled throughout the home to show when it had been cleaned.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control.

### 6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, kitchen/dining area, bathrooms, toilet areas and a sample of residents' bedrooms. We found bedrooms were clean, tidy and furnished to an acceptable standard.

During the previous inspection the condition of some walls above radiators was highlighted and identified as an area for improvement. The manager advised due to the restrictions which had been in place due to COVID-19 the improvement work was put on hold; however the manager advised plans were once again being progressed for the work and other general paintwork to be completed. Progress with this shall be followed up at a future inspection.

Exits in the home were kept clear and free from obstruction, doors were observed as being managed appropriately.

### 6.2.4 Care delivery

We observed staff practice in the home; interaction with residents was warm and friendly. Staff showed good knowledge of resident's individual needs. We observed individual picture communication schedules on display for some of the residents using the service. Staff spoken with shared that they were aware of each resident's individual communication needs and also residents non-verbal communication strategies.

Residents were well presented with obvious time and attention given to their personal care. Residents were observed interacting and participating in activities, these included table top games and arts and crafts. Other residents relaxed watching TV. Staff shared that the opportunities to participate in social events outside of the home were significantly reduced due to COVID-19 restrictions.

Comments from residents and one representative included:

- "I like it."
- "I love coming to Hollybank."
- "I am very happy with Hollybank and all that they do, they couldn't do enough for you. We know they are well looked after and they enjoy coming here. I have no complaints at all, it is very good."

### 6.2.5 Care records

A sample of three care records was reviewed; they included an assessment of needs, care plan, risk assessments where required, and regular evaluation records. Admission and discharge reports were also included which were completed for each residents short break stay at the service.

Records reflected the individual preferences of residents including, for example, food and activity preferences, communication strategies used and preferred rising and retiring times. Information from other professionals including for example Speech and Language Therapists (SALT) were included in the records as necessary.

The manager advised review and updating of care records was ongoing. Staff confirmed they would liaise with the next of kin prior to a resident's admission to the home to ascertain if there had been any significant changes since their previous stay and that any changes or developments would be recorded as necessary.

### **6.2.6 Governance and management arrangements**

The manager retains oversight of the home and confirmed she felt well supported in recent months by senior management within the trust. Staff spoken with advised that they were kept informed of changes as they happened and information was readily available regarding COVID-19 guidance.

We reviewed a sample of staff competency and capability assessments; the manager advised these were completed for all staff left in charge of the home in her absence. These were satisfactory. There was a system in place which showed staff NISCC registrations were monitored and reviewed on a regular basis. We reviewed the staff training matrix in place; the manager confirmed she monitored staff training levels on an ongoing basis.

There was a system in place regarding the reporting of notifiable events. Review of the records showed an incident which should have been reported to RQIA, but had not been at the time. The manager was advised to forward a notification retrospectively regarding the incident; this was received following the inspection.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

We discussed with the manager the need to undertake a regular system of auditing to ensure that standards were maintained. The manager confirmed that regular checks were completed in relation to the environment, equipment and an overview of accidents and incidents; however a more robust system of regular auditing needs to be implemented. An area for improvement was made.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. We reviewed the reports for August, September and October 2020, they included an overview of the quality of services within the home. The reports included an action plan to address any issues identified, as well as completion date for the person responsible.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, promoting individual interests of residents, and IPC practices.

## Areas for improvement

Two areas for improvement were identified during the inspection these related to ensuring all hours worked are reflected on the duty rota, and to ensure a regular system of auditing is implemented.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Residents looked well cared for, feedback from one representative regarding their experience of the service was very positive. Interactions between residents and staff were pleasant and friendly.

We acknowledge that the home and the service it provides have been affected by Covid 19 circumstances and the efforts of staff in dealing with those challenges are recognised and commended.

Two new areas for improvement were identified as a result of the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cecelia Donnelly, 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 residential home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 February 2021</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• the identified carpet in the kitchen is replaced</li> <li>• walls above the identified radiators are made good</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> As stated in the body of the inspection report, the carpet in the kitchen has been replaced. Domestic assistants has cleaned the walls above radiators as well as they can. I have put a request through to estates to have these walls repainted.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 November 2020</p>	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All shifts are recorded on rotas.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 December 2020</p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken where necessary.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Audit file has been developed.</p>

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

*Patricia  
24/12/20*



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