



Unannounced Care Inspection Report 11 September 2018



Hollybank

Type of Service: Residential Care Home
Address: 13 Union Road, Magherafelt, BT45 5DF
Tel No: 028 7963 3369
Inspector: Ruth Greer

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with nine beds to provide respite care for residents, diagnosed with a learning disability, who live at home with their families. There are no permanent residents in the home.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Stevens	Registered Manager: Cecelia Donnelly
Person in charge at the time of inspection: Betty McGarry Senior Care Assistant Cecelia Donnelly, Manager was present for feedback	Date manager registered: 18 December 2017
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: nine

4.0 Inspection summary

An unannounced care inspection took place on 11 September 2018 from 09.45 to 14.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home 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, governance arrangements and a person centred approach to care.

Areas requiring improvement were identified in relation to the compatibility of residents accommodated at the same time and the redecoration of the home.

Two residents were accommodated on the day of the inspection. One resident said that he/she was happy to come to the home for “my holidays”. One resident was unable to share his/her views.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Betty Mc Garry, Senior Support Worker and Person in Charge and Cecelia Donnelly, Registered Manager who joined at the conclusion of the inspection, 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.

4.2 Action/enforcement taken following the most recent type e.g. care inspection

No further actions were required to be taken following the most recent inspection on 21 January 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 previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager and deputy manager (both of whom were not on duty but visited the home during the inspection) and Betty McGarry who was the person in charge, one resident and six staff.

Questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The findings of the inspection were provided to the person in charge, the manager and deputy manager at the conclusion of the inspection. The findings of the inspection were shared with the line manager, by telephone, on the day after the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

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

6.3 Inspection findings

6.4 Is care safe?

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

The senior support worker in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. This was evident on the day as additional staff were on duty specifically to meet the assessed needs of one resident. Temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

Some concerns were raised, regarding staffing levels, during discussion with staff in relation to the needs of one identified resident. This was discussed with the registered manager and, by telephone, with the line manager. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the person in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The person in charge advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The registered manager receives written confirmation that all pre-employment checks are in place before any new staff commence employment in the home.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The person in charge stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. On the day of the inspection two residents were accommodated. One resident required the attention of several staff during an incident of distressed behaviour which would have escalated if he/she had any contact with other residents. A staff member had accompanied the other resident to a different area of the home where he/she was happy to complete puzzles and listen to music. Nonetheless this resulted in one resident in the home not having access to all communal areas for approximately an hour, until the incident had been resolved. Discussion took place with the registered manager in regard to the safety of staff and residents and the compatibility of residents accommodated for respite at the same time. Analysis of the incident should review the restrictions which may be in place for residents if a similar incident occurs. This has been highlighted as an area of improvement in the quality improvement plan.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, bed rails, stair gates, visual monitors. These restrictions are in place for some individual residents. Records showed that any such restrictions are as a result of a multi-disciplinary need assessment in which families are fully involved and are in agreement. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the individual contracts within residents care files.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The person in charge was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken as part of observed practice sessions, discussed with staff at supervision and action plans developed to address any deficits noted.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The person in charge reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and found it to be fresh- smelling, clean and appropriately heated. Internally the home requires some re decoration and refurbishment. Carpets were faded and stained and walls required repainting. This has been highlighted as

an area of improvement. Residents are in the home for short stays only. The rooms are, therefore, not personalised to a great degree.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The person in charge advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and hot surfaces.

The home had an up to date Legionella risk assessment in place dated 18 July 2018 and all recommendations had been actioned or were being addressed.

The person in charge advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Any alerts relevant to the home are e mailed to the home from the Trust.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 27 November 2017 and was planned again for 1 December 2018.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

One resident and staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "We realise how important it is for families to have respite for their son/daughter in the home and we try to make sure that the experience is a really positive one for every resident."
(staff)
- "I come here all the time and I like it." (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Two areas of improvement were highlighted in relation to the review of an incident and the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). Staff had been provided with GDPR awareness training.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident’s care plans and associated risk assessments.

Discussion with the person in charge and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident’s skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident’s wound pain was found to be managed appropriately.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review and accidents and incidents (including falls, outbreaks), were available for inspection and evidenced that any actions identified for

improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The person in charge advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. Staff meet with families at the start and conclusion of each respite stay. Information is shared and updated and a record is made of any changes and signed by all parties.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One resident and staff spoken with during the inspection made the following comments:

- “My Daddy is on his holidays and I’m here on mine too.” (resident)
- “We meet with families when the resident is admitted and see if there have been any changes since their last stay with us. Then we meet again when they come to pick up their son/daughter so as we can tell them how the stay has gone. This is a good communication method.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The person in charge advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The person in charge residents and staff advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. This was well evidenced in how staff managed an incident of challenging behaviour observed during the inspection. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial format. Picture prompt cards were being used for one resident.

Discussion with staff and one resident and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Residents/families were consulted with about the quality of care and environment at the conclusion of each respite period. The findings from the consultation were in the process of being collated into a summary report. The registered manager advised that the report would be published within the next four weeks and be made available for residents and other interested parties to read.

Discussion with staff, one resident, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The person in control advised that the majority of residents do not attend day placements when they are in the home resulting in their stay being regarded as a holiday. While in the home residents visit the cinema/go ten pin bowling/take bus trips. There is a fund set aside to pay for these activities. Activities in the home include pamper sessions, games, baking, crafts etc. The home has a Jacuzzi which, it is reported, residents really enjoy.

One resident and staff spoken with during the inspection made the following comments:

- "I've been out for a walk and got ice cream." (resident)
- "There is a scheme which means we have money for entrance to cinemas etc. This is good as we like to take the residents out as much as possible while they're here." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified 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 person in charge outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The person in charge advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the person in control confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example – Dysphagia, PEG feeding and Makaton. As a result of learning from analysis of a recent incident, training has been organised for staff in professional recording.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The person in charge stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Betty McGarry, Person in Charge and Cecelia Donnelly, Registered 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 care 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall review the compatibility of residents to be accommodated at the same time to ensure that the needs of all are fully met and to ensure a safe environment for residents and staff.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Planned Short Break allocations have been reviewed. After careful consideration of the compatibility of Service Users, there has been a reduction in the number of Service Users being accommodated at certain times to ensure a safe environment for all.</p> <p>Due diligence continues to be used to carefully select Service Users being accommodated simultaneously. Input from Multi-disciplinary Services/Day Care has been sought to further advise on compatibility of Service Users and to determine the potential impact on each of their stays on one and other.</p> <p>A review of each Service User's stay is completed upon discharge, to ensure that the needs of all are fully met.</p> <p>It has been agreed with Positive Behaviour Services staff that a debrief session will be provided after any further incident of distressed behaviour.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2018</p>	<p>The registered person shall ensure a programme of refurbishment and redecoration is undertaken in the home. This should include re painting and replacement of stained and faded carpets.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Minor Capital Works Requests for refurbishment and redecoration have been submitted and authorised Assistant Director and Estates Services are scheduled to visit Hollybank on Tuesday 02nd October to cost the requests.</p>

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



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