



Unannounced Care Inspection Report 17 February 2020



Hollybank

Type of Service: Residential Care Home
Address: 13 Union Road, Magherafelt BT45 5DF
Tel no: 02879633369
Inspector: Gerry Colgan

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.

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 registered residential care home which provides care for up to nine residents with learning disabilities who access the service for short break periods only. There are no permanently placed residents in the home.

3.0 Service details

Organisation/Registered Provider: Northern Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager and date registered: Cecilia Donnelly 18 December 2017
Person in charge at the time of inspection: Cecilia Donnelly	Number of registered places: 9
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 5

4.0 Inspection summary

An unannounced inspection took place on 17 February 2020 from 09.00 hours to 15.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, record keeping, audits and reviews, and communication between patients and staff. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the environment and ensuring that risk assessments and care plans are received prior to residents presenting for respite care.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. They described living in the home in positive terms.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Cecilia Donnelly, registered manager, 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 inspection dated 8 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two completed questionnaires were returned within the identified timescale.

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

- staff duty rotas from 26 January 2020 to 1 March 2020
- two staff recruitment files
- staff training schedule/ matrix
- two staff competency and capability records
- five residents' records of care
- complaints and compliments records
- accident/incident records from 8 August 2019 to 17 February 2020

- a sample of reports of visits by the registered provider
- minutes of staff meetings
- restrictive practices register
- RQIA registration certificate
- fire safety risk assessment

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 Cecilia Donnelly, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 8 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (d) Stated: First time	The registered person shall give notice to RQIA without delay the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Met
	Action taken as confirmed during the inspection: A review of all accidents and incidents occurring since the last care inspection and conversation with the manager confirmed that the home will notify RQIA of any event which adversely affects the care, health, welfare or safety of any resident.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: Second time	The registered person shall review the record keeping in relation to enteral feeding and fluid intake records.	Met
	Action taken as confirmed during the inspection: Record keeping for the identified residents last period of respite confirmed that records were all documented appropriately.	

<p>Area for improvement 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff complete fire safety training at least twice annually.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the training matrix confirmed that staff complete fire safety training twice yearly.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure the blinds on the identified bedroom windows are repaired so they can be opened properly.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that there was difficulty accessing the original company who manufactured these windows. Estates have now got access to another company and the relevant parts have been ordered. Invoice was available at inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for the management of pain include details of how pain is expressed and managed.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records for residents who can express pain and those who cannot, confirmed that care plans for the management of pain include details of how pain is expressed and managed are in place.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure the identified care plan relating to the management of epilepsy is reviewed and updated accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed by a telephone call with the Trust Learning Disability nurse that this identified care plan had been reviewed and updated on 5 June 2019 but had not been shared with Hollybank. There was evidence in all care records reviewed that Hollybank staff were sending numerous e-mails to the relevant health care professionals asking for the most up to date risk assessments and care</p>	<p>Partially met</p>

	plans prior to the respite admissions but these were not forthcoming. This is discussed in the report and a further area for improvement given.	
Area for improvement 6 Ref: Standard 20.4 Stated: First time	The registered person shall ensure any absence of the registered manager of more than 28 days is notified to RQIA and arrangements for managing the home in the absence of the registered manager are approved by the RQIA.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that any absence of more than 28 days of the manager would be notified to RQIA.	

6.2 Inspection findings

6.3 Is care safe?

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

Staff spoken with advised on the staffing levels for the home; no concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota from 26 January 2020 to 1 March 2020 confirmed that it accurately reflected the staff working within the home. The manager confirmed the rota was subject to regular review to ensure the assessed needs of the residents were met.

The manager confirmed recruitment records were maintained in Trust human resources department. Information was available for review in the home that showed relevant pre-employment checks had been completed including confirmation on the vetting of applicants to ensure they were suitable to work with the residents in the home.

Discussion with the manager, staff and a review of records maintained in the home confirmed that mandatory training was regularly provided and updated for staff. Staff spoken with confirmed that they had regular supervision and appraisals were completed annually.

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. A sample of three staff competency and capability assessments was reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

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 and contact information. The manager advised an annual safeguarding position report will be completed for the period 1 April 2019 to 31 March 2020. Staff spoken with during inspection were knowledgeable and had a good understanding of adult safeguarding principles. They were 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.

The manager 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.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Observation of practice and discussion with the manager established that staff 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, and towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

A general inspection of the home was undertaken. The residents' bedrooms were found to be spacious, clean and some residents had brought personal items with them. It was pleasing to learn that there are plans to convert a redundant kitchen into a much needed sensory room. The home was fresh-smelling, clean and appropriately heated. However it was noted that the walls above identified radiators had become discoloured and a carpet in a kitchen was damaged and should be replaced. These were identified as areas for improvement to comply with the standards.

The home had an up to date fire risk assessment in place. Review of staff training records confirmed that staff completed fire safety training twice annually. Practice fire drills were completed on a regular basis with staff. During the inspection all exits were clear with no obvious risks observed.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to the environment of the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Discussion with the staff, manager and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five residents care records confirmed that they did not include an up to date assessment of needs, risk assessments and care plans. There was e-mail evidence in all care records that Hollybank staff had requested up to date needs, risk assessments and care plans from key workers in the community prior to each residents respite admission. There was further evidence in the responsible individual monthly monitoring visits. However this is not happening. An area for improvement is given.

Contemporaneous recording within residents care records was observed to be well maintained and staff were aware of the need to continuously update care records regarding any changes.

Regarding the dining area we could see that the dining room was clean and bright. There was a picture menu on display and the menu was set according to the individual likes and preferences of residents for the duration of their stay. A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Discussion with staff confirmed they were aware of the specific dietary needs of residents and how to access relevant dietary information.

There was a keypad in place on the front door to the home: other restrictive practices in use in the home included for example the use of monitors, and restrictive behavioural interventions. The manager advised in any instance where restrictive practices are in use they were reflected in the residents risk assessment and care plans, and were reviewed regularly. From the sample of care records viewed restrictive practices were appropriately reflected. Care plans reviewed were signed by residents and/or their representative as necessary.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes. Staff said there was very good team work and 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.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's manager was "very approachable".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews and communication between residents and staff.

Areas for improvement

An area for improvement was identified in relation to ensuring that risk assessments and care plans are received prior to residents presenting for respite care.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Throughout the inspection staff interactions with residents in the home were observed to be positive with detailed knowledge of residents' choices, likes, dislikes and assessed needs. There was a pleasant atmosphere within the home; residents interacted with staff in a relaxed manner. Two residents spoken with during the inspection confirmed that they enjoyed their visits to Hollybank and were satisfied with the care provided. Staff were observed to respond promptly to residents requests for assistance.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example, food and activity preferences were recorded. Staff advised plans for each resident's short break were based around their assessed needs and preferences to ensure an enjoyable experience. Staff said that plans were flexible and that resident choice was always a priority.

We could see that residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their care. For example, the daily menu was displayed in pictorial format in the main dining area and individualised daily schedules were also used as needed to support residents using their individualised and assessed communication strategies.

Activities such as arts, crafts, board games, DVD's, and computer games were available for residents to use, a plentiful supply was observed in the home. In addition staff shared how residents were supported during stays to access local community facilities such as visiting shops, parks, and cafes. Activities and outings are always planned according to the wishes and interests of residents. On the day of inspection each resident was participating in an activity of their choice.

Ten questionnaires were provided for completion and return by residents and or their representatives to ascertain their views about the service. There were three questionnaires returned within the specified timescale. Each resident was very satisfied with the care provided at Hollybank.

We met with one resident's representative during the inspection, comments received from the representative included:

- "We think this is an excellent facility. My takes his seat belt off as soon as we arrive. If he did not like it he would not get out of the car."

Comments from staff included:

- “It is a great place to work. We are well supported by our manager.”
- “Everything is good. We all help each other.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives.

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 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The manager explained the organisational workings within the home and how staff including seniors and support workers, and the ancillary team of staff work to ensure the assessed needs of residents was met within the home.

Staff confirmed they were aware of their roles and responsibilities and found the management within the home approachable and supportive if they were to raise any issues. Staff meetings are held quarterly and the minutes were available at inspection.

There was a complaints policy and procedure in place, a user friendly complaints procedure was also displayed in a central part of the home for resident’s information. There was a system in place to record any complaints received including actions taken in response to the complaint. The manager confirmed the home had not received any recent complaints.

Discussion with the manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding, care reviews, staff training, NISCC membership and the environment.

We reviewed records relating to accidents, incidents from August 2019 until the day of inspection. None of the 22 incidents recorded were notifiable events.

The manager confirmed that there was training provided for staff in addition to mandatory training that was relevant to the needs of residents who would access the service. Records showed that staff had completed additional training in autistic spectrum disorder, epilepsy management, dysphagia awareness and deprivation of liberty.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed. We looked at the reports of the visits from August 2019 to January 2020 and found that these evidenced a gathering of views from residents, their families and staff on the care in the home; they also checked that incidents, complaints, and environmental issues were properly managed and shared, where necessary. They also mentioned that the residents' key workers should provide Hollybank with the residents most recent needs assessments, risk assessments and care plans as stated in section 6.4 of this report.

Staff spoken with confirmed there was good working relationships in the home with both internal and external stakeholders.

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 Cecilia 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 30 April 2020	The registered person shall ensure that: <ul style="list-style-type: none"> • the identified carpet in the kitchen is replaced • walls above the identified radiators are made good Ref: 6.3
	Response by registered person detailing the actions taken: The has been completed.
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: Immediately	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. Ref: 6.4
	Response by registered person detailing the actions taken: Requested made to team leaders and we have received updated care plans for service users.

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



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