

# Unannounced Care Inspection Report 25 January 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](http://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**

Hollybank is a residential home registered to provide accommodation for nine persons whose needs have been assessed within the categories cited in the certificate of registration. The home provides a respite service only. No residents are permanently accommodated in the home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Stevens	<b>Registered Manager:</b> Miss Cecelia Donnelly
<b>Person in charge at the time of inspection:</b> Shauna Miller, deputy manager  Cecelia Donnelly, manager, was also present.	<b>Date manager registered:</b> 18 December 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b>  9

### 4.0 Inspection summary

An unannounced care inspection took place on 25 January 2018 from 9 45 to 13 45.

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 the ethos of the home, staff training, good communication with families and a person centred approach to the care.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Shauna Miller, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 03 August 2017.

## 5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with two residents and five staff. There were no visiting professionals and no residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives for completion and return to RQIA. Staff were invited to share their views electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Individual written agreement
- Input from independent advocacy services
- Programme of activities

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 03 August 2017

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 03 August 2017

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 deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. This is particularly important for a home where the residents change on a weekly basis. Additional staff are on duty if indicated by the residents' assessments that this is required.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

The deputy manager has been in post since December 2017. Review of her completed induction records and discussion with the manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. In addition new staff complete a corporate induction provided by the Trust.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager 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; records of competency and capability assessments were retained.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. 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 manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse. Any such allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Individual care needs are discussed at the six monthly allocation meetings. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The home is registered to accommodate nine persons. There were just three residents accommodated on the day of the inspection. Due to the specialist nature of their assessed needs it would not have been appropriate to have any more residents in the home at the same time.

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). Staff have received training on Equality and Diversity which included a focus on DoLS issues.

The deputy manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, bed rails, pressure alarm mats, and sight/sound monitors. All are as a result of individual multi-disciplinary risk assessments. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team 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 registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Records showed that training in IPC was planned for 8 and 13 February 2018. 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. 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.

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

A general inspection of the home was undertaken and the residents' bedrooms were found not to be personalised with photographs, memorabilia and personal items. This is due to residents being in the home only for respite care. Specialist equipment, for example beds, hoists etc was available. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal environment showed no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 4 September 2017 and no recommendations had been made as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 17 November 2017. Records were retained of 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 were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. These were held on a file in the entrance office and were reviewed at each admission.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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



## 6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents. The planned respite service provided by the home is effective in maintaining residents in their own homes by providing a break from caring for the families.

A review of three 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 at the admission for each period of respite.

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. The service provided by the home is one part of the care provision for residents who live at home and often attend day care and/or receive domiciliary support. 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 signed by the resident and/or their representative, where possible.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed 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, accidents and incidents (including falls), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The deputy manager confirmed 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, residents' meetings, staff meetings and staff shift handovers. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home. Observation of practice evidenced that staff were able to communicate effectively with residents.

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. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

### 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 and staff.



## Areas for improvement

No areas for improvement were identified during the inspection.

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

The deputy manager confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced on the day when it was noted that staff had identified a resident (with no verbal communication) was in pain by his/her behaviours. Staff were caring and compassionate in their approach and were timely in their response to the resident's situation.

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.

The deputy manager, staff and observation of practice confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. A summary report of each period of respite care is completed and shared with families when the resident is being discharged.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents can choose whether or not they attend day care or enjoy their respite time as "a holiday". Residents enjoy going to the shops and/or out on bus trips.

## 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. The level of close liaison by the home with residents' families is also noted as good practice.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. 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 Residents Guide, Poster/leaflet etc.

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 and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered manager 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.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

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. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed 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 and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with 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
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report



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