



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow-up Care Inspection Report 25 February 2019



## Hollybank

**Type of Service: Residential Care Home**  
**Address: 13 Union Road, Magherafelt BT45 5DF**  
**Tel No: 028 7963 3369**  
**Inspector: Marie-Claire Quinn**

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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 provider 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 care home providing short term respite care for individuals living with a learning disability, who live with their family in the community. There are no permanent residents in the home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager:</b> Cecilia Donnelly
<b>Person in charge at the time of inspection:</b> Orla McMullan, Senior Support Worker  Cecilia Donnelly, registered manager, later joined the inspection.	<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 inspection took place on 25 February 2019 from 10.45 to 13.50.

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 focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last care inspection on 11 September 2018.

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>	*1	0

The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 September 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed including any written and verbal communication regarding the home, the previous care inspection report, the returned QIP, and notifiable events since the previous care inspection.

During the inspection the inspector met with the registered manager, three residents and two staff. Questionnaires and 'Have we missed you cards' were left in the home to give residents and/or their family and friends with an additional opportunity to provide feedback on the home. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

We also inspected the home's general environment, including a sample of bedrooms, and observed staff's interactions with residents.

The following records were examined during the inspection:

- duty rota for support workers dated from 15 February – 1 March 2019
- duty rota for senior support workers dated from 27 January – 23 February 2019
- staff training matrix
- adult safeguarding guidance
- care records for four residents

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 the most recent inspection dated 6 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 11 September 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time	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.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussed in Section 6.3	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> First time	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.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussed in Section 6.3	

## 6.3 Inspection findings

### Environment

The home was clean, tidy and warm. The home was sparsely decorated, as the residents require a low stimulus environment. Some walls were decorated with photographs of residents enjoying a range of activities including baking, art, bowling, dressing up, birthday parties, and discos. The home retains a selection of books, jigsaws, DVDs and CDs; however, these are stored in a locked cupboard. The rationale for this is because some residents may experience PICA and items must be secured to maintain their safety.

Bedrooms are not individualised as there are no residents living permanently in the home. However, residents are encouraged to bring a range of personal items for their comfort and support in the home, for example weighted blankets, fluffy blankets, and toys.

An area of good practice was identified in relation to the use of pictorial and written signage in the home. For example, information is displayed on how to make a complaint. The home also promotes the use of Makaton, through the 'signs of the week' displayed in the office.

Discussion with staff confirmed that some refurbishment had been completed in the home, including repainting of certain areas before Christmas. The curtains in the home had also been replaced. However, the carpets had yet to be replaced, which was necessary due to the level of wear and tear. The registered manager advised that the costings for this work had been completed, and carpets were to be replaced with lino. However, there was no timescale identified for the completion of this work. This area for improvement was stated for a second time.

## **Compatibility of residents**

When the inspector arrived at the home, some residents had left to attend day opportunities while others had their own individual routines within the home. One resident was relaxing in the lounge completing a jigsaw while another resident was joking, hugging and interacting with staff. A third resident had enjoyed a lie in, and was now being supported to get washed and dressed.

Residents were unable to give verbal feedback to the inspector; however, the residents were clean, dressed appropriately, and appeared calm and relaxed in their surroundings. One resident was able to confirm that he liked the home and that staff were nice. Staff were observed to be attentive, gentle and kind towards residents. Residents were always spoken to directly and given clear guidance and information. Staff did not appear rushed and there appeared to be a warm rapport between staff and residents.

On the day of inspection, the registered manager was meeting with the trust senior management to plan which residents would be accessing the service over the next six months. Dates of respite are allocated depending on the individual needs of residents. For example, the home will reduce the number of residents accommodated at one time if a resident presents with certain challenging behaviours and requires additional staff support. This ensures that the home is staffed adequately to support the needs of residents, as well as minimising any risk of harm to residents and/or staff.

Staff advised that the addition of one member of care staff during the day shift has further contributed to ensuring the home provides safe and effective care to residents. Review of the duty rotas confirmed that it accurately reflected the staff on duty on the day of inspection and that staffing levels remained consistent. The duty rota also recorded the resident to staff ratio required to safely meet residents' needs.

Input from multi-disciplinary services is continually sought, in terms of both planning and managing respite. This ensures the home has a thorough, holistic assessment and care plan for each resident, to ensure they can meet their needs. This is essential when considering new residents to the home. The home also arranges for a phased period of admission, by offering "tea visits". Potential residents come to the home for a short period, to enjoy a meal and meet other residents and staff. This ensures the resident is content in the home's environment and identifies any potential issues prior to a resident being accommodated overnight.

When necessary, a member of the Positive Behaviour Support team works in the home in an advisory capacity. This ensures staff have additional guidance and support to work effectively with all residents. The Positive Behaviour Support team also provides a debriefing session to staff, if there are any incidents of distressed behaviour from residents. This provides an opportunity to support staff and identify any learning for future practice. Discussion with staff

confirmed they felt supported and they commented, "It's a great place to work...It can be difficult to get to know residents due to the nature of respite, but anything new is updated in the care plans...I have no concerns about staffing levels."

Upon discharge, staff provide a detailed overview of residents' time in the home, including if there are any personality clashes, or residents who don't manage well together during their time in the home. Residents are enabled to provide their views and thoughts on their stay, using pictorial and written feedback form. Relatives are also asked to provide feedback. This is relayed to management and further contributes to respite planning and allocation.

This area of improvement has therefore been met.

### **Staff training**

Review of the staff training matrix confirmed that mandatory training was up to date. Such training included fire safety training which was completed on 4 May 2018; 4 September 2018 and 9 November 2018. Staff were also provided with additional training tailored to the specific needs of the residents: dysphagia, dementia awareness, epilepsy, Makaton, and enteral feeding. Staff could also access e-learning to ensure their training remained up to date.

Discussion with staff confirmed they felt that they had the skills and knowledge to effectively care for residents. Staff stated that induction was detailed and they felt supported, for instance they were not allowed to support residents during meals until they had received the appropriate training: "I get fantastic supervision and I can always go to the other staff who have years of experience."

### **Adult Safeguarding**

Review of the home's Adult Safeguarding guidance confirmed that policy and procedures were in line with regional guidelines. Discussion with staff confirmed they had a good knowledge and understanding of the principles and procedure for adult safeguarding. Staff were aware of the home's whistleblowing policy, and of their own duty to report any concerns as part of their professional registration. None of the staff on duty expressed any concerns regarding the care provided in the home.

An area of good practice was identified in relation to quality improvement in adult safeguarding. An example of this was further developing staff's skills and knowledge in the identification and management of unexplained bruising. This ensures that accurate and thorough information is recorded, contributing to the residents' safety. Staff also completed reflective post incident learning, to further develop their own practice and drive quality improvement throughout the home.

### **Care records**

Review of the care records of four residents evidenced that there was excellent communication between residents, their families, staff and multi-agencies. Care plans were person centred, individualised and highly detailed, including residents' preferred routines, comforts, and triggers. This was evidence from one care record where this resident prefers sitting in a room where the blinds and curtains were closed, and they had access to weighted blankets and cuddly toys. Observation of practice during the inspection confirmed that these arrangements had been made available for the resident, who appeared comfortable and relaxed. Care records also reflected residents' spiritual needs, for instance one resident has a specific night time prayer which staff say with her as part of her bedtime routine.

A range of arrangements was in place to promote the safety and health of residents. This included the use of lap belts, locked doors, keypad entry, bed rails, and visual monitors. Any safety measures were discussed and agreed with residents and/or their relatives and the multi-agency team. This was detailed in residents' care plans and written records of consent retained. Care records also considered the human rights of each resident and how to ensure these were protected at all times, while maintaining the resident's safety. The home retained close liaison with the trust, including specialist teams to ensure that any intervention was regularly reviewed and that it was proportionate to the resident's needs.

Discussion with the person in charge identified areas where the home could further improve its adherence to General Data Protection Regulations (GDPR). The office where medication and care records are stored is currently accessible by key. However, the filing cabinets in this room containing care records are not always locked. Discussion with the manager confirmed that a keypad will be installed on the door ensuring that records are securely stored at all times.

### Areas of good practice

There was evidence of good practice in relation to multi-agency working and the detailed, person centred care records completed with residents.

### Areas for improvement

One area of improvement was identified during this inspection. This was in relation to the replacement of carpets in the home. This has now been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure a programme of refurbishment is undertaken in the home. This should include replacement of stained and faded carpets.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>I have been liaising with NHSCT Estates Department. Replacement of stained and faded carpets within Hollybank has now been costed and is hoped to be complete within the next three months.</p>

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



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