



The Regulation and
Quality Improvement
Authority

Hollybank
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**Unannounced Care Inspection
of
Hollybank**

27 August 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 27 August 2015 from 10 15 to 13 45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013).

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no further actions required to be taken following the last care inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 0 |

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|---|
| Registered Organisation/Registered Person: Arlene Stewart | Registered Manager: Arlene Elizabeth Stewart |
| Person in Charge of the Home at the Time of Inspection: Mrs Arlene Stewart | Date Registered: 01/04/2005 |
| Categories of Care: RC-LD, RC-LD(E) | Number of Registered Places: 9 |
| Number of Residents Accommodated on Day of Inspection: 4 | Tariff at Time of Inspection: <i>£13.01 per day</i> |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: Residents' Involvement

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: notifications to RQIA of accidents and incidents.

During the inspection the inspector met with one administrative staff, one catering staff and one domestic staff. There were no residents in the home and no visitors.

The following records were examined during the inspection:

- Care files x 4
- Policy on Managing Continence
- Monthly monitoring reports
- Fire records
- Accidents/incidents
- Annual Quality Reports

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a pharmacy inspection dated 25 September 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection 24/6/14

No requirements or recommendations were made as a result of the previous inspection.

5.3 Standard 1- Residents' involvement

Is Care Safe? (Quality of Life)

Hollybank residential home provides respite care on a planned programme to a core group of service users who live in the community with their families. There are no permanent residents in the home. Residents' stays in the home may vary from a week- end to a seven night period. We inspected care records which identified that residents' choices and preferences were clearly detailed and that these are re assessed and amended if necessary before each respite stay. A written account of each respite stay is prepared by staff and the resident and is then given to families when the resident is discharged.

Is Care Effective? (Quality of Management)

We inspected the monthly monitoring reports for 21 July 2015 and 17 August 2015. These were found to meet legislative requirements. Staff training is provided in the mandatory areas as well as in matters specifically related to the residents' care. For example, training in specialist feeding techniques was recently provided by a speech and language therapist. Staff meetings take place regularly and minutes were available for inspection. A senior staff meeting was organised for 9 September 2015 and for support workers on 4 November 2015. The registered manager confirmed that staff supervision was on going in line with Trust policy.

In our discussions with the registered manager she confirmed that staff from the home contribute to and attend care management reviews of all residents. We noted that information on how to make a complaint was available throughout the home. The information was in symbol and pictorial form.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and inspection of care records we identified that residents were listened and responded to by staff. Residents attend day care and staff in the home are on hand when they return to talk over the day's activities and plan the evening. Staff were knowledgeable about the needs, preferences and abilities of residents. Steps were taken to ensure that specific needs, for example in regard to food, bedroom choice and activities were in place before residents were admitted.

Areas for Improvement

There were no areas of improvement identified in relation to this standard. Overall the standard was assessed to be safe, effective and compassionate.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We noted that residents' care records identified that person centred assessments and care plans were in place relating to continence. Staff in the home would not usually make an initial referral for a continence assessment but were aware of the importance of recording and reporting any changes in relation to continence habits. Our inspection of the premises and in our discussion with the registered manager we confirmed that there was adequate provision of laundered bed linen and towels. Also that gloves, aprons and hand sanitising dispensers were present.

Is Care Effective? (Quality of Management)

The policy on the management of continence was dated 20 December 2011. The policy was noted to be a generic Trust document for the guidance of community nurses. A policy on how the home manages continence should be devised and implemented. A requirement has been made in this regard. An inspection of the care records showed that person centred assessments and care plans were in place in relation to continence management. Residents who use the respite service already have a continence regime established. Each resident brings a supply of continence products with them on admission to the home. The registered manager stated that the home retains an amount of continence products for use in an emergency. The home disposed of incontinence products in line with infection control guidance.

Is Care Compassionate? (Quality of Care)

There were no residents present and direct care delivery could not be observed on this occasion. Staff with whom we spoke were aware of the potential loss of dignity associated with incontinence. The registered manager confirmed that continence care is provided in a discreet, private and respectful manner.

Areas for Improvement

Overall the assessment is that care relating to the theme of managing continence is assessed as safe, effective and compassionate. However a requirement has been made in relation to the continence management policy.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 1 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Additional Areas Examined

5.4.1. Residents Views

There were no residents in the home at the time of this inspection. Resident satisfaction questionnaires were left with the manager. Five of these were completed and returned to the RQIA in time for inclusion in this report.

The comments on the questionnaires were all positive in relation to the experience of residents in Hollybank. A selection of which are re produced below - :

“I like coming here”

“They (staff) take me out for walks”

“Hollybank is good”

5.4.2. Staffing

In addition to the registered manager there was 4 ancillary staff on duty. We spoke with each. They presented as knowledgeable about their work and about the residents who use the service. We were informed that the staff team works well together and are supported with a range of training provided by the Trust.

We were informed that when residents are in the home there are never less than 3 support care workers and one senior support worker on duty. Staffing levels may increase depending on the assessed needs of the residents accommodated at the time.

5.4.3 Environment

The home was found to be warm, bright and tidy.

There was a good standard of cleanliness throughout the home. The rooms designated for residents were satisfactorily furnished and decorated. There were neither hazards nor malodours noted on our inspection of the building.

5.4.4 Complaints

We inspected the complaints records and found that two complaints since the previous inspection had been dealt with satisfactorily. We noted that an area of dissatisfaction raised by one family was not recorded in the complaints record. The Trust was in the process of responding to the complaint. However a requirement has been made in regard to the recording of complaints.

5.4.5 Fire Safety

Fire training for staff was last provided on 15 January 2015 and was planned for 30 September 2015. The registered manager confirmed that a fire risk assessment in line with HTM84 was undertaken on 2 April 2015. Fire alarms are checked weekly from a different point and the outcome recorded.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Stewart, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | | | |
|---|---|-----------------------|------------|
| Statutory Requirements | | | |
| Requirement 1 Ref: Standard 21 appendix 2 Stated: First time To be Completed by: 20 September 2015 | The home should devise a policy on the Management of Continence Response by Registered Person(s) Detailing the Actions Taken: Local policy on Management of Continence has been devised for Hollybank Short Break Service. | | |
| Requirement 2 Ref: Regulation 24 and Regulation 19 (2) 11 Stated: First time To be Completed by: 1 September 2015 and on going | The home's complaints record should record all complaints made by or on behalf of a resident. Response by Registered Person(s) Detailing the Actions Taken: All staff now aware that all complaints must be recorded. Discussed at staff meeting and put in Senior Communication Book. | | |
| Registered Manager Completing QIP | Arlene Stewart | Date Completed | 08/10/2015 |
| Registered Person Approving QIP | Tony Stevens | Date Approved | 08/10/15 |
| RQIA Inspector Assessing Response | Ruth Greer | Date Approved | 20/10/15 |

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address