

# Unannounced Care Inspection Report 30 August 2016



## Hollybank

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hollybank respite residential home took place on 30 August 2016 from 9 50 to 15 40 .

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

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, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Cecelia Donnelly acting 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 13 December 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Northern Health and Social Care Trust	<b>Registered manager:</b> Cecelia Donnelly ( acting)
<b>Person in charge of the home at the time of inspection:</b> Cecelia Donnelly	<b>Date manager registered:</b> 20 June 2016
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 9

## 3.0 Methods/processes

Prior to inspection we analysed the following records: The previous inspection report and notifications of accidents/incidents received at RQIA.

During the inspection the inspector met with four residents, four staff and the acting manager.

The following records were examined during the inspection

- Staff duty rota
- Induction programme
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Programme of activities
- Policies and procedures manual

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 9 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector. This QIP will be validated by the inspector at the next medicines management inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 Standard 6.3 and 11.5</p> <p><b>Stated:</b> First</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>A review must be undertaken of the care files to ensure that the legislative requirements and minimum standard are met.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>• Signatures of all concerned should be in place on the care plan</li> <li>• Copies of review minutes should be in place</li> <li>• The care plan should be updated at least annually</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed that the care plans had been reviewed to include the elements outlined above.</p>	

##### 4.3 Is care safe?

The acting 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. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

Manager x 1  
Support workers x 2  
Ancillary staff x 2  
Administrative x1

Review of completed induction records and discussion with the registered manager and 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 views questionnaires 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 available for inspection.

The acting manager shared a newly devised template to record the outcome of competency and capability assessments for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. The acting manager confirmed that the process of undertaking individual competency assessments had commenced but had not been completed as yet for all staff. These records will be inspected at the next inspection of the home.

Discussion with the acting manager confirmed 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 Trust's Human Resources department.

Enhanced AccessNI disclosures were confirmed by the acting manager for all staff prior to the commencement of employment. The Human Resources department of the trust confirm that all checks are in place before any new staff member takes up employment in the home.

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

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 acting manager, 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.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Residents are accommodated on a planned respite basis. There are no permanent residents in this home. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to each admission. This is commendable practice as needs may have changed since a resident's previous admission to the home.

The acting manager confirmed there were restrictive practices were employed within the home, notably keypad entry systems and at times, lap belts, bed rails, pressure alarm mats, etc. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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

The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

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. 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised to a limited degree. Hollybank provides respite care only and no residents live in the home permanently. The home was fresh smelling, clean and appropriately heated.

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. Discussion with the acting 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 18 July 2016 and recommendations were noted to have been appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 11 February 2016 and was planned for 1 September 2016. 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.

Staff spoken with during the inspection made the following comments:

- "We work well together as a team and are supported by management and good training opportunities"
- "Residents regard their stay here as a holiday so we try to make it as enjoyable as possible"

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

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

A review of 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 statements of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated at each period of respite to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how individual care was delivered to residents.

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 acting 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.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These are conducted formally by satisfaction questionnaires and informally at each period of respite when families share information informally with staff when they leave the resident to the home. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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.

Staff spoken with during the inspection made the following comments:

- "All the staff know the likes and dislikes of the residents and this information is updated if there are any changes each time they ( residents)come to stay"

**Areas for improvement**

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care

The acting manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. Staff spoken with individually and privately were well able to articulate the values of confidentiality and how this underpins the delivery of care.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. As has been previously highlighted in this report residents come to Hollybank for short stay periods. Residents told the inspector that this is “a wee holiday”. As such community activities are arranged such as picnics, cinema shopping etc.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. Examples included information notices throughout the home which were presented in pictorial form as was the complaints process.



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. For example an evaluation is undertaken after each respite stay. Information received is used to inform the next time the resident comes to stay in the home.

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. An action plan was developed and implemented to address any issues identified.

Residents spoken with during the inspection made the following comments:

- “I like coming here, I come all the time”
- “The food is good”

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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 were 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 DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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 available for inspection. 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 quality improvement which included regular audits and satisfaction surveys. It was commendable that the satisfaction questionnaires were presented in pictorial form. 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 acting 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. For example training on Epilepsy Awareness was provided for staff in November 2015. There had been additional training provided by the trust's lead for the protection of vulnerable adults in April 2016. A review of the training record showed that the session was arranged to inform staff of the new regional guidelines for the protection of vulnerable adults.

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. The most recent was undertaken in August 2016

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

### **Areas for improvement**

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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