

Inspection Report

30 September 2021



Hollybank

Type of service: Residential (RC)
Address: 13 Union Road Magherafelt BT45 5DF
Telephone number: 028 7963 3369

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Miss Cecelia Donnelly Date registered: 17 December 2020
Person in charge at the time of inspection: Cecelia Donnelly	Number of registered places: 9
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 5
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 9 people with learning disabilities for short break periods. The home occupies the ground floor of the building that also includes Hollybank Supported Living Scheme.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2021, from 10:45 am to 16.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Staffing levels were found to be safe, effective and adjusted according to the group of residents accessing the service at any time. Staff were seen to be polite and professional in their interactions with residents and confirmed they felt supported in their roles.

Residents were seen to be well cared for, with evidence of attention to personal care and dressing. Feedback from residents in keeping with their level of understanding was positive. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The home was warm, clean and tidy throughout. Staff confirmed they felt well supported by the manager of the home.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

Areas requiring improvement were identified in relation to fire safety and risk assessment.

RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Hollybank.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Cecilia Donnelly, registered manager, at the conclusion of the inspection

4.0 What people told us about the service

During the inspection we spoke with five residents, five staff and the manager. In accordance with their capabilities residents spoke in positive terms about the care they received and their interactions with staff.

There were systems in place to ensure staff were trained to do their job. Staff received regular supervision and training specific to their roles.

Staff said there was good teamwork and they were well supported by the manager. Staff also shared that the needs of residents were very important to them.

One completed residents questionnaire was returned within the identified timescale. This included positive feedback. There were no responses received from the staff questionnaire within the identified timescale.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely manner.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 27 Stated: Second time	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 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment showed that the carpet had been replaced and the identified paint work had been improved upon.	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the duty rota confirmed that it accurately reflected all staff working over a 24 hour period and the capacity in which they worked.	

Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken where necessary.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of information available showed there were regular audits completed to monitor working practices within the home.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff were supported to complete a structured induction relevant to their job. Records in the home showed staff had been assessed as being competent and capable to take charge in the home in the absence of the manager.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. If on occasion there was short notice staff absence, staff confirmed every effort would be made to get extra cover.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. In addition resident admissions were planned in such a way to ensure the best level of compatibility for residents attending short breaks.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents were observed listening to their favourite music, while others engaged in art or looking at favourite picture books.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident said “Im happy enough, I like coming here” One staff member shared their view that “its five star, and so it should be. It has been harder to get out as much as we would like. We have to keep (residents) them safe”.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful and understanding to residents' needs. For example staff shared how one resident had a favourite pastime of listening to music using specific headphones. The resident was supported to engage in this activity and appeared settled and relaxed during the inspection.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff explained that they were aware of the admission and discharge process for residents accessing the service and any recent changes would be recorded at admission.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records showed some risks were identified for residents and information was included on how the risks could be best managed. However it was noted other incidences were not reflected such as the risk of falls, or use of transport in some of the records. This issue was discussed with the manager, as was the benefit of ensuring comprehensive risk assessments being implemented. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Observations confirmed the dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, and had a pleasant experience including a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered to residents, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch time meal was a pleasant and unhurried experience for the residents.

Care records completed by staff were regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected

throughout the records. Care plans contained specific information on each residents' care needs and what or who was important to them. Care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

It was noted that on occasions there were delays in updated care plans being provided by the referring Trust for short break users. This issue was discussed with the manager who advised mechanisms were in place for regular review of information maintained in the home and at each admission but care management reviews could be delayed. The manager provided written confirmation that the issue was being raised with key workers. The need to ensure regular contact with resident's keyworkers was also discussed.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Discharge reports were compiled at the end of each residents stay and were shared with relevant parties as required.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was clean, tidy and generally well maintained. The manager explained plans were in place to improve identified kitchenette areas. Progress with the improvements shall be followed up at the next care inspection.

Residents' bedrooms were clean and tidy, staff confirmed residents could if they so wished bring personal items with them for the duration of their stay. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was a fire safety risk assessment in place dated October 2020, actions were recorded as addressed. It was noted however during inspection of the home that two fire doors were observed as being propped open. The issue was discussed with the manager, an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff. The manager confirmed any outbreak of infection would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents in keeping with their level of understanding confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed they liked to engage in activities important to them. Staff shared during stays at the home every effort is made to ensure residents can participate in their preferred activities. Staff also explained how the Covid 19 pandemic was having an impact on resident's ability to access regular community events.

It was observed that residents were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents, a range of games, books and music options were available for residents in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager identified the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Review of the home's record of complaints showed there had been no new complaints recorded since the previous inspection.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Based on the inspection findings we are satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led.

As a result of this inspection two areas for improvement were identified in respect of risk assessment and fire safety. Details can be found in the Quality Improvement Plan included.

Residents were comfortable and content in their environment and interactions with staff were warm and friendly, it was observed residents had obvious time given to their personal care and dressing. Staff were seen to be attentive and focused on the needs of the residents in the home.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Cecelia Donnelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.(4).(d). (1) Stated: First time To be completed by: 20 September 2021	The registered person shall ensure adequate precautions are taken against the risk of fire, this includes the cessation of the practice of propping fire doors open. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff within the unit have been reminded to ensure doors are not propped open at any time to ensure fire safety within the home.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 5.2 Stated: First time To be completed by: 3 October 2021	The registered person shall ensure individual risk assessment for residents, taking account of specific risks including but not limited to risks associated with using transport and falls. Ref: 5.2.2 Response by registered person detailing the actions taken: Senior support workers have been informed to include a section in the In House Care Plans which provides information on risks in relation to the service user.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care