

Inspection Report

21 May 2024



Hollybank

Type of service: Residential
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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 Health and Social Care Trust Responsible Individual: Jennifer Welsh	Registered Manager: Mrs Mairead Quinn- not registered
Person in charge at the time of inspection: Mairead Quinn	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: 3
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 residents. The home provides care on a short term respite basis, and operates over two floors.	

2.0 Inspection summary

An announced estates inspection and unannounced primary inspection took place on 21 May 2024 by a care and estates inspector from 10.00 am to 6.00 pm.

The inspection assessed progress with recent refurbishment to an existing corridor within the home. The inspection also sought to review the 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.

Residents enjoyed a day trip on the day of inspection and were observed to be relaxed on their return to the home.

Areas for improvement identified during the inspection are detailed throughout this report and can be found in section 6.0.

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

The findings of this report will provide the management team with the necessary information to improve the safety in the home.

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 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 Ms Mairead Quinn, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents appeared relaxed in their interactions with staff; some residents had been on an outing for most of the day whilst another attended day centre.

Residents unable to clearly verbally express their thoughts, indicated positively through body language or non-verbal communication, such as smiling or giving the thumbs up.

Staff said that they felt residents were well cared for and there was a nice team of staff. They also said that teamwork was good and they were well supported in their roles.

Two resident / relative questionnaires were returned within the allocated time frame; all comments from same were shared with the manager for review and action as necessary.

5.0 The inspection

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

Areas for improvement from the last inspection on 07 March 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 32 (1) (h) Stated: First time	The registered person shall give notice in writing of any proposed significant alteration to the registered premises of the home.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 19.2 Stated: Second time	The registered person shall put in place a checklist to be received from the human resource department confirming that the applicant has been recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is stated for a third time.	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that a full and accurate record is kept of all staff working in a 24-hour period, and the capacity in which they worked. This is stated in relation to the person in charge being identified, and the designation of staff.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.	

Area for Improvement 3 Ref: Standard E26 Stated: First time	The registered person shall ensure that each residents bedroom has a lockable storage space, for use by the resident.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Standard 28 Stated: First time	The registered person shall ensure that a suitable call bell system is installed throughout the home, in order that staff and residents, can appropriately summon assistance if and when required.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 5 Ref: Standard 29.6 Stated: First time	The registered person shall ensure that all staff participate in a fire drill once a year, and a record is kept of action taken or deficits identified.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 6 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that paper towel dispensers, and soap dispensers, are provided in all areas where care is provided.	Not met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment is led and managed by the human resource department of the Northern Health & Social Care Trust. Records reviewed evidenced that a recruitment checklist had been introduced to provide the manager with oversight of the

recruitment process. However the checklist reviewed was not fully completed, dated or signed by the person completing it. This was discussed with the manager and an area for improvement made as a result of previous inspections, was stated for a third time.

There were systems in place to help ensure that staff were trained and supported to do their job. Mandatory training for care staff included the following topics: fire safety, basic first aid, adult safeguarding, manual handling, infection prevention and control and deprivation of liberty safeguards (DoLS).

It was noted however that staff had not attended an annual fire drill. Assurances were provided following the inspection that all staff had attended a fire drill.

There were systems in place to ensure staff members were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the grade and numbers of staff working in the home on a daily basis.

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

It was noted that there was sufficient staff on duty within the home to respond to the needs of the residents in a timely manner; staff were also observed providing residents with a choice in relation to how they wished to spend their day. Residents were observed throughout the home engaging with staff in a relaxed and friendly manner.

A review of the competency and capability assessments undertaken for any member of staff with the responsibility of being in charge when the manager is not on duty evidenced that these had been completed in keeping with best practice.

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 met at the beginning of each shift to discuss any changes in the needs of the residents and to provide a handover to any staff coming on duty. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

Care records were reviewed on admission to ensure any changes to the residents' needs since their previous discharge were identified.

A sample of care records were reviewed and were noted to be detailed and person-centred. Comprehensive care plans were in place to inform and direct staff in regard to caring for the residents. Care records also included important details about the residents' likes and dislikes. However, care plans lacked sufficient detail for those residents who required bespoke one to one care; this was discussed with the deputy manager and an area for improvement was identified.

Progress notes were found to be maintained on a daily basis and outlined the care which the residents were receiving.

There were no residents in the home for lunch however the provision of meals was discussed with the manager who explained the meal time arrangements. She advised that they are currently in the process of recruiting a new cook to the home and how meals are delivered on some occasions from the main kitchen of the hospital due to staffing issues. There was no meal plan/menu available to inform staff or residents of the meal choices. This was discussed with the manager who agreed to review the meal options with the kitchen to ensure staff and residents are aware of the choice of meals on offer are.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. The décor and furnishings throughout were well maintained. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and tidy.

A number of fire doors throughout the home were observed to be wedged open. This was addressed with the manager at the time of inspection. An area for improvement was identified.

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

Not all rooms had appropriate handwashing facilities available in each bedroom. This was discussed with the manager who advised that they were awaiting delivery of some hand towel dispensers and an area for improvement was stated for a second time.

5.2.4 Quality of Life for Residents

Residents were on a planned outing to the coast on the day of inspection and another resident had attended day centre. Residents were observed relaxing in the lounge following the outing.

Residents told us they were happy in the home and that the found staff friendly.

There was evidence of planned activities and staff told us that these were tailored to each residents' preferences.

5.2.5 Management and Governance Arrangements

At the time of this inspection, Mrs Mairead Quinn, Manager, was in charge of the home. She displayed good competence and knowledge throughout this inspection.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability from the manager and deputy manager.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure.

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 and care practices.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager however not all had been reported to RQIA appropriately. This was discussed with the deputy manager and an area for improvement was identified.

A range of audits were undertaken to monitor the quality of care and services within the home however, some of these audits were delegated to other staff members and were not signed by the person undertaking them; there was no evidence of managerial oversight. This was discussed with the manager and an area for improvement was identified.

A record of compliments was maintained. This contained thank you cards and messages which were very complimentary of the care provided in Hollybank and of its staff.

A review of records identified that monthly monitoring visits in accordance with Regulation 29 were being conducted monthly and were available in the home for review.

5.2.6 Management of building services & environment

An application to vary the registration of the home was submitted to RQIA. The focus of the estates inspection was to review alterations completed in accordance with the application submitted. Building services reports, risk assessments, maintenance certificates and building user control monitoring records were reviewed. The documents reviewed provided evidence that a satisfactory planned preventative maintenance regime was implemented. Fire and legionella risk assessments had been completed in April 2024, progress with the implementation of the relevant action plan items will be reviewed at the next inspection.

The final evaluation of the variation to registration application works was not approved as some pre-registration requirements had not been completed, this will be reviewed during the next planned inspection.

There were no areas for improvement identified as a result of the estates inspection.

6.0 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 (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one that has been stated for a third time and one stated for a second time and two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mairead Quinn, 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 16 (1) Stated: First time To be completed by: From the date of inspection 11 May 2024	The registered person shall ensure person centred detailed care plans are in place for those residents who require bespoke one to one care provision. Ref:5.2.2 Response by registered person detailing the actions taken: List was compiled of all service users requiring bespoke one to one or two to one care provision. Discussion was had with social work team leads as to the level of detail required for careplans, social work teams are actively updating careplans to include this level of detail.
Area for improvement 2 Ref: Regulation 27 (3) (c) Stated: First time To be completed by: 1 September 2024	The registered person shall ensure the practice of propping open of fire doors ceases with immediate effect. Ref 5.2.3 Response by registered person detailing the actions taken: All door wedges have been removed from the building and staff have been reminded that this practice is not permitted.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard E26 Stated: First time To be completed by: 1 May 2024	The registered person shall ensure that each residents bedroom has a lockable storage space, for use by the resident. Ref: 5.2.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 26 Stated: First time	The registered person shall ensure that a suitable call bell system is installed throughout the home, in order that staff and residents, can appropriately summon assistance if and when required.

<p>To be completed by: 1 August 2024</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3 Ref: Standard 19.2 Stated: Third time To be completed by: 11 September 2024</p>	<p>The registered person shall put in place a checklist to be received from the human resource department confirming that the applicant has been recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Checklist has been compiled and is in place, being completed by manager or deputy manager for each new start</p>
<p>Area for improvement 4 Ref: Standard 35.7. Stated: Second time To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that paper towel dispensers, and soap dispensers, are provided in all areas where care is provided.</p> <p>Response by registered person detailing the actions taken: Soap and paper towel dispensers have been ordered and are currently being installed in all areas where care is provided</p>
<p>Area for improvement 5 Ref: Standard 20.10. Stated: First time To be completed by: 30 August 2024</p>	<p>The registered person shall ensure any audit undertaken on behalf of the manager is signed by the person completing it and there is clear evidence of the manager's oversight of the audits.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: Audit system has been amended to ensure manager has oversight, manager is countersigning and actioning same.</p>

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