

Inspection Report

28 October 2024



Hollybank Supported Living Scheme

Type of Service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Mrs Mairead Quinn
Responsible Individual: Ms Jennifer Welsh	Date registered: 11 October 2024
Person in charge at the time of inspection: Mrs Mairead Quinn	
Brief description of the accommodation/how the service operates: Hollybank is a supported living type domiciliary care agency which supports adults with a learning disability to live independently in their local communities. It provides support for 22 people in a variety of privately rented accommodation throughout the Mid Ulster area. Service users are assisted with tasks of everyday living, emotional support and assistance to access community services.	

2.0 Inspection summary

An unannounced inspection took place on 28 October 2024 between 9.15 a.m. and 1.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management- and Covid-19 guidance was also reviewed.

An area for improvement identified related to the recruitment process.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Hollybank Supported Living Service uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Staff commented positively regarding their roles with one staff member describing how they loved their job and how it didn't 'feel like work' to them. All those consulted with were aware how to raise any concerns they may have.

Positive comments from HSC Trust' representatives were also noted within the monthly quality monitoring reports.

One comment described working alongside the service users and staff as being ‘a pleasure’, with the staff being described as ‘responsive’ and ‘accommodating.’

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “I get at plenty around the shops and for something to eat. I get out with my family to see the horses and to the hotel for food. I miss the Gateway Club (run by the Trust) this year as it does not start to November, but I am looking forward to the Christmas party.”
- “I like living in Maghera.”
- “All staff are good and know their jobs.”

No responses were received to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 4 July 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Designated Adult Protection Officer (DAPO).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the DAPO and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained the relevant authorisation forms and this was reflected within their care plans.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance. Advice was given regarding the need for this information to be recorded in section 8 of the quality monitoring report. This will ensure that there is ongoing oversight of those about which RQIA may need to be informed.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Activities service users attended included a recent Gala Ball and plans were in place for a number of service users to go to Euro Disney in Paris.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. A small number of staff were awaiting a date for training in this regard. The manager was signposted to a training video on how to respond to choking incidents, which staff could view whilst awaiting the formal training.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's recruitment records identified that criminal records checks (AccessNI) had not been consistently undertaken on all staff. It was explained that this was due to the Trusts' policy and procedure in relation to Trust staff moving to other posts within the Trust. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Advice was given in relation to the need for an Induction to be developed for the newly appointed deputy manager, rather than using the Senior Support Worker's proforma. This will be reviewed at future inspection.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was

engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. Advice was given in relation to including stakeholder feedback into the report. This will be reviewed at future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Given that the manager is also responsible for managing the adjoining residential service, advice was given in relation to recording their presence within both of the registered services, in as much as is practicable.

All staff were able to access service users' bedrooms/apartments should they require emergency access.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs Mairead Quinn, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (3)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users; this includes all staff regardless of whether or not they have transferred internally within the Trust.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff for whom Access NI checks were not carried out (due to internal transfers) have been identified, and these staff have been asked to complete same.</p> <p>This issue has been escalated to senior management; there are ongoing discussions between RQIA, HSC employers and DOH with regards to this.</p>

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