

Unannounced Care Inspection Report 17 May 2018



Hollylane Supported Living Accommodation

Type of Service: Supported Living Service
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF
Tel No: 028 71860261 Ext 217863
Inspector: Jim McBride

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Hollylane is a domiciliary care agency, supported living type service based in Gransha Park, Londonderry. The agency provides single person accommodation for up to the sixteen service users with mental health needs. The WHSCT is the main provider of care and support.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual: Ann Kilgallen	Registered Manager: George Walker
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 26/08/2016

4.0 Inspection summary

An unannounced inspection took place on 17 May 2018 from 09.15 to 13.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff training
- service user reviews
- quality monitoring

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the senior support worker, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 31 July 2017

No further actions were required to be taken following the most recent inspection on 31 July 2017.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report and quality improvement plan(QIP)
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the senior support worker
- discussion with staff
- discussion with service users
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- service users' care records
- monthly quality monitoring reports
- staff meeting minutes
- minutes of tenant meetings
- staff training records pertaining to:
 - safeguarding
 - complaints
 - equality
 - human rights
 - conflict resolution
 - confidentiality
- records relating to staff supervision and appraisals
- staff rota information
- data protection policy(2015)
- whistleblowing policy (2018)
- complaints policy (2015)
- safeguarding policy (2017)
- statement of Purpose (2017)
- service user guide (2018)

During the inspection the inspector met with the senior support on duty and three support staff members.

The staff on duty during the inspection were able to give a comprehensive overview of the service. The inspector had the opportunity to meet with three individual service users and has added their comments to this report.

Service user comments:

- “I feel safe and secure here.”
- “The staff are excellent.”
- “I have great support here.”
- “Staff help me with my medication and help me keep well.”
- “The staff respect my view and opinions.”
- “The staff are helping me to move when I’m ready.”
- “I have great support with my allotment here.”
- “I have no complaints.”
- “My privacy is respected by all staff.”
- “The tenants meetings help us to discuss any concerns.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey.

The inspector also asked the manager to distribute ten questionnaires to tenant’s. one service user questionnaire were returned

Comments:

- “I Like Hollylane, good people.”

The inspector requested that the registered manager place a ‘Have we missed you...?’ card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no views had been returned to RQIA.

The inspector would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 July 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the regulations.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)</p> <p>Stated: First time</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to agency records that were not available during the inspection of the 31 July 2017.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The Inspector confirmed that all requested records were available at the time of inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (12) (a) (b)</p> <p>Stated: First time</p>	<p>(12) The procedure referred to in paragraph (6)(a) shall in particular provide for—</p> <p>(a) written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response; and</p> <p>(b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>This area for improvement refers to records in place during the inspection of the 31 July 2017 that may have been required to be reported to</p>	<p>Met</p>

	<p>the relevant agencies. The registered person must review these records and report as required.</p>	
	<p>Action taken as confirmed during the inspection: The inspector noted one incident that has been reported to the relevant agencies.</p>	
<p>Action required to ensure compliance with the regulations.</p>		<p>Validation of compliance</p>
<p>Area for improvement 3 Ref: Regulation 6 Stated: First time</p>	<p>6.—(1) The registered person shall produce a written service users’ guide which shall include— (a) a summary of the statement of purpose; (b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate; (c) a summary of the complaints procedure established in accordance with regulation 22; and (d) the address and telephone number of the Regulation and Improvement Authority. (2) The registered person shall supply a copy of the service users’ guide to the Regulation and Improvement Authority and every service user and, upon request, to the service users’ representative.</p> <p>This area for improvement relates to the current service users guide. The registered person must update the contact details including the relevant telephone contact details.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the current service users guide that was reviewed by the agency in 2018. The document in place was satisfactory.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1) (2)</p> <p>Stated: First time</p>	<p>5.—(1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>(2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency Premises by every service user and the service user’s representative.</p> <p>This area for improvement relates to the current statement of purpose. The registered person must update the contact details including the relevant telephone contact details.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the statement of purpose that was reviewed by the agency in 2017. The document in place was satisfactory.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance ‘Adult Safeguarding Prevention and Protection in Partnership’, 2015. Regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that the safeguarding policy was available and up to date at the time of inspection. The staff were aware of the contact details and name the adult safeguarding champion.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Staff recruitment is co-ordinated and processed by the WHSCT human resources (HR) department. Documentation viewed and discussions with the staff indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with staff showed how that staff are required to attend corporate induction training and are required to complete induction competency documentation. Staff are required to shadow other experienced staff employed by the agency during induction. Staff are provided with the agency's staff handbook (2017) and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by staff; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 21/5/18, 28/5/18 and 4/6/18 the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has a system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. A system is in place to review staff mandatory training and update training as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme and an update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The inspector noted some of the comments made by service users during their annual reviews:

- "Good support."
- "It's great here."
- "I'm happy with the support here."
- "Everything is good, I'm doing well."

One returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to:, Training, supervision and appraisal; adult safeguarding, reviews and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The staff could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit. The inspector noted some of the comments from service users, relatives, staff and HSC Trust professionals:

Service user comments:

- "A great place to live."
- "Great support from staff."
- "Staff look after me well and encourage me to do lots for myself."
- "Staff are in with me regularly and support me with medication."

Staff comments:

- "I have been well supported."
- "A good place to work."
- "It's good to see tenants being as independent as possible."
- "This model of care supports people well in Hollylane."

Relatives:

- "Good staff support for ****."
- "Good staff advice with addictions."
- "Staff try to keep ***** as well as possible."
- "Staff do a terrific job with my *****."

HSC Trust Comments:

- "Clients always seem content and happy living in Hollylane."
- "My clients always settle in Hollylane."
- "Clients appear happy and content."
- "I can see a massive advantage to a scheme like Hollylane."

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or

safeguarding concerns and in addition details of the review of staffing arrangements, documentation and training.

The staff could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with staff and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of staff interactions with service users during the inspection indicated that they communicate appropriately with service users.

Staff and tenants meetings are facilitated within the agency staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

Tenants:

- personal safety
- fire safety
- reviews
- support plans
- complaints

Staff:

- supporting people
- medication issues
- RQIA
- care plans
- tenants issues

One returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme.

From observations of staff interactions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

The inspector noted that service users are asked to respond to questions during the annual quality survey. The service users had the opportunity to give their view on the following:

- I know who my key worker is
- I have been involved in the development of my support/care plan. These plans are meaningful to me
- I feel that staff listen to me.
- I feel at ease and at home in Hollylane
- I have received written information on how to complain
- I can discuss my feelings/wishes /problems/hopes in confidence with staff
- Staff are helpful, supportive and understanding
- I am assisted/supported to pursue leisure time activities
- I am encouraged to participate in Tenant meetings
- I am assisted/supported in attending appointments with other professionals e.g. dentist, G.P. etc.

- I feel free to make my own decisions.
- I feel that I have power in my own life
- I have been informed about the role of the Regulation and Quality Improvement Authority
- I have information leaflets about the medicines I take

Those service users who did reply appeared to be satisfied with the service. Following discussion with the manager he stated that he will address this at the next few tenant meetings as part of the agenda. He will also emphasise the importance of Tenant reflection and review of the service to ensure that all the tenants' needs are being met in Hollylane.

One returned questionnaire from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with staff and service users highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in 2017. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Evidence gathered at this inspection indicates that the service is operating in keeping with its Statement of Purpose.

All relevant staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose (2017).

One returned questionnaire from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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