

Unannounced Care Inspection Report 14 March 2017



Hollybank

Type of service: Residential care home
Address: 13 Union Road, Magherafelt, BT45 5DF
Tel no: 02879 633369
Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hollybank residential home took place on 14 March 2017 from 09:50 to 14:30. It should be noted that Hollybank is a respite unit only and there are no residents who live there permanently.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential 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 training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made in regards to residents' information obtained pre admission.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents and 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Darren Mitchell, senior support worker in charge during the inspection and Cecelia Donnelly, acting manager, by telephone, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust Anthony Baxter Stevens	Registered manager: Ceceilia Donnelly - Acting
Person in charge of the home at the time of inspection: Darren Mitchell, senior support worker.	Date manager registered: Cecelia Donnelly- Acting
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 9

3.0 Methods/processes

Prior to inspection the following records were analysed: The report of the last inspection and notifications of incidents/accidents to RQIA since that date.

During the inspection the inspector met with four residents and three care staff. There were no visiting professionals and no residents' visitors present.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide

- Minutes of recent staff meetings
- Complaints records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 August 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 30 August 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The senior support worker 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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Induction records were reviewed at the last inspection. These were not examined on this occasion.

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

reviewed during the inspection. This showed that appraisal for staff takes place in March each year and individual supervision sessions take place every three months.

The senior support worker confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the senior support worker 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 organisation's personnel department.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff whose registration with NISCC has lapsed are suspended from duty until the registration is reinstated.

The adult safeguarding policy and procedure in place was 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 complete. 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. This was on view on the staff notice board. 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 most recently on 2 December 2016.

Discussion with the senior support worker, 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 senior support worker confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior support worker identified that the home did not accommodate any individuals whose assessed needs could not be met. The home provides a regular respite service to an identified group of service users who live in their own homes with their families. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to the original admission. The senior support worker stated that if there were any changes between admissions family or the social worker would usually inform the home. In the absence of any such updated information the home continues to follow the original care plan. The inspector felt that this process could be more robust. A recommendation is made that the home receives written confirmation before each admission that the care plan they are implementing remains current and unchanged.

The senior support worker confirmed there were restrictive practices employed within the home, notably keypad entry system and bed rails. Discussion with the senior support worker regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Examination of care records confirmed that individual Deprivation of Liberties (DoL's) risk assessments were in place.

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

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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken. The residents' bedrooms were not personalised as residents are just in the home for few days at a time. 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 senior support worker 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. There were no recommendations for further action.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 22 September 2016 and 8 February 2017. 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.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from residents and staff included:

- “I like coming here, I like going out in the bus” (resident)
- “All staff that start in our service receive induction. We are constantly attending mandatory training. The unit is clean and any environmental faults are reported and acted upon immediately” (staff)

Areas for improvement

One area for improvement was identified in relation to pre admission information.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the senior support worker established that staff in the home responded appropriately to and met the assessed needs of the residents. As previously referenced in this report, Hollybank is a respite unit. The acting manager meets on a quarterly basis with the community team to allocate respite periods. The discussion takes into account individual risk assessments as this impacts on the persons and numbers accommodated at one time.

A review of four 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 statement 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 regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Residents consider their stay in the home as a holiday and enjoy a break from day care activities. Residents can enjoy a lie in; choose what they wish to do during the day and what time they wish to retire.

The senior support worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, accidents and incidents (including falls) and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The senior support worker confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The senior support worker 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.

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. The senior support worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from residents and staff included :

- “I like coming because it gives me a wee break” (resident)
- “I do feel we provide a holistic approach in all aspects of our care (staff)
- “I feel we communicate well with our clients, families and all services involved with our clients” (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The senior support worker confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home.

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. Residents have individual communication log books. Staff in the home assist residents to complete an evaluation at the conclusion of each stay in the home. A copy is given to the resident to share with his/her family.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. This was specifically notable in the observation of the preparation for residents to go on a shopping trip. Staff practice confirmed their awareness of promoting residents’ rights, independence and dignity demonstrated how residents’ confidentiality was protected.

The senior support worker and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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.

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. Residents were making Mother's Day cards during the inspection. They then went on a shopping trip to a nearby town.

Five completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff and residents included:

- "I can get whatever I want when I'm here, I just ask the staff" (resident)
- "I believe that we to the best of our ability listen to the clients views/wants and offer choice, promote independence and are highly trained in all aspects of the care we provide" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The senior support worker outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 was 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 Department of Health (DOH) 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The record showed that no complaints had been received since the last inspection.

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 reviewed as part of the inspection process. 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.

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 senior support worker 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.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 most recently on 13 March 2017. A report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

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 senior support worker confirmed that the registered provider was kept informed regarding the day to day running of the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the senior support worker and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place based on the findings of any such investigation. The senior support worker confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior support worker confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Five completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

Comments received from staff included:

- "I can talk comfortably to our new manager and ways to communicate are adhered to. We have regular staff meetings" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should receive written confirmation in regard to the current status of the residents' care plans prior to each period of respite care.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Care plans are reviewed on an annual basis by the Key workers. If any changes to care plan the Key worker will inform the home and will provide the amended care plan. The focus of updating remains with family/carer during admission and amendments to in-house care plans are made. Staff contact key workers for updated information.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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