



Inspection Report on

Hollies

**The Hollies Day Centre
34 Caecerrig Road Pontarddulais
Swansea
SA4 8PB**

Date Inspection Completed

05/12/2023

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About Hollies

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	30 June & 01 July 2022
Does this service promote Welsh language and culture?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

The Hollies is a good service supporting adults with non-nursing needs and those diagnosed with dementia. The service is large with well-kept grounds. Internally the provider is making positive changes to the environment and décor to support those with a diagnosis of dementia. The service has good support from the local community, particularly the local school. The Hollies has a long-established team with good knowledge of individuals needs and aspirations. There are appropriate numbers of staff who are suitably qualified. The provider has converted one of the larger bedrooms as a lounge, easily accessible to those with a diagnosis of dementia. The manager informed us they have eight emergency beds. All applications for admission to the service follow a “suitability of service assessment”. A process to ensure minimal disruption to those people living in the service long term.

The service actively offers the Welsh language, “active offer”. The deputy manager is the Welsh champion for the service and encourages the use of Welsh daily within the service. People have expressed the positive impact the active offer has on their wellbeing.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality-of-service delivery. We saw robust procedures in place for the safe recruitment of staff and ongoing training and supervision to support staff development within their role.

Well-being

People have a voice which is heard and listened to. People commented they are happy in the service; stating the food is good, and they can request alternatives to those on offer. Relatives told us; *“Care is tailored to the individual”*. And *“We are involved in the care planning and risk assessment process”*. Relatives said they feel listened to by the manager and the staff team. The active offer is encouraged by the Welsh champion, this was observed on the day of inspection.

The service has a longstanding staff team. Staff are supported through supervisions and appraisals carried out within regulatory time scales. Staff are trained and able to support people to achieve their outcomes and what matters to them. Not all refresher training is up to date on the staff training report seen. Staff told us; *“They are pretty good with training, and we are back to face-to-face training”*. We saw people actively engaged in activities including cake making and board games, which is reflected in their personal plans and risk assessments.

People feel safe, secure, and protected from abuse and neglect. The provider has robust systems and processes in place to safeguard people. Staff receive safeguarding training. There are policies and procedures in place to support the recruitment of staff, which are updated regularly. The environment supports the wellbeing of people with dementia. We saw equipment in contrasting colours and murals on the walls to reflect an everyday street, to support the wellbeing, and safety of people.

People’s physical and emotional well-being is supported well. We saw good written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. We spoke with people and relatives who supported this. Daily recording seen, show people being supported to access healthcare professionals as and when needed.

We saw effective governance and oversight of the service from the RI. The RI has good systems in place to monitor the quality of service. The deputy told us they are supported in their personal development by the manager and RI through effective supervision, reflective practise and shadowing.

Care and Support

This is a good service. People have a voice and are listened to. The service provider has personal plans and risk assessments in place reflecting the support needs of people which are reviewed regularly. The review process adequately captures the extent to which an individual has achieved personal outcomes. They include contributions from the person or appropriate representative. Relatives told us; *“We are involved with the care plan, supported by the key worker, and if I asked to tweak it, I could do that”*.

People are supported well, with personal plans and risk assessments that reflect people's needs. The standard of care and support is good and is reflected in the responses from staff and external bodies. We saw staff contributing to the well-being of people, through engagement in meaningful activities like cooking, and through sensitive interactions. People were supported to speak through the medium of Welsh and asked to buddy up with new residents who also spoke Welsh. Relatives told us; *“Their efforts with speaking Welsh it's massive here”*. And *“Staff and residents try to speak Welsh; and “It made her day when she knew they spoke Welsh”*. People told us this has a positive impact on how they feel.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. Staff spoken with understand their role and responsibilities with regards keeping people safe and reporting. One staff member told us; *“Safeguarding is keeping people safe from harm, reporting to the manager and if I needed to, I would whistle blow”*. The training planner shows staff have received safeguarding training, although refresher training is inconsistent.

The health and well-being of people is supported. Most staff have worked in the service for some time and can recognise any deterioration in health and seek medical attention when needed. We saw staff are very familiar with the likes and dislikes and communication needs of the people they support. People are supported to maintain relationships with relatives and the local community. Relatives and staff told us they have a strong relationship with the local school. One staff told us; *“I am helping with the working men's club fundraising; the whole community wants this place to do well”*.

Environment

The property meets the needs of people. The service is warm, friendly and we saw people being treated with respect. The decoration and furnishings have been tastefully chosen to support those people with dementia. Staff told us; *“We have made great strides with the dementia unit; all the bedroom doors now have murals on them to replicate what looks like a front door”*. And People told us; *“I don’t think I could be in a better place”*.

We saw people comfortable in their surroundings and communal space, and engaged in conversation with each other, staff, relatives and visiting professionals. The home is a large enough property to give people choice either to socialise or spend time alone. Each communal area is homely and well furnished with kitchenette. Enabling people to self-serve drinks and snacks and adding to their opportunities for independence. Bedrooms are personalised with items important to people. Staff have been creative in the design of a street through murals and contrasting colours within areas of the home. The deputy manager told us this was to better meet the needs and well-being of those people with dementia. Not all the changes are completed, but the service has made a strong start. Relatives told us; *“We requested they come back here, because this home has a good atmosphere, and lounges are small, more comfortable, not too many people.”*

The provider has systems in place to identify and mitigate risk to the health and safety of people. All safety checks are carried out and certificates seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP’s) for people.

The management team have a good understanding of deprivation of liberty safeguards (DoLS), ensuring appropriate safeguards are in place for people who lack the necessary capacity to be fully involved in some aspects of their care and support. This was evidenced in the documentation seen. The provider ensures steps are taken to identify and reduce risks to people. The service is secure with a key code entry system. On arrival our identity was checked, and we were requested to sign the visitors book, in accordance with fire safety arrangements.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place to support the operation of the service. The RI gathers views of staff, relatives, and professionals to drive improvement. The RI is actively involved with the service on a regular basis. Staff told us; *“I’ve seen the RI a few times, he’s always chatty”*. The RI carries out quality-of-care reviews and associated documents shows good oversight and governance. People articulate their needs and wishes through the medium of Welsh and English and this is supported by the service.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual needs and outcomes. We spoke with staff and saw some certificates to support this. Not all refresher training is up to date on the staff training report seen. Staff told us; *“Training is good, I recently had safeguarding and will have, manual handling and inhouse fire training next week”*. *“They are pretty good with training”*. Documentation seen shows all staff are registered with or working towards registration with Social Care Wales (SCW) the workforce regulator. The service has good recruitment processes in place to safeguard people. Records show the provider carries out the necessary regulatory checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date. There are several long-standing staff within the service, which provides continuity of care and support of people.

We looked at three staff personnel files and saw supervision and appraisal records, showing staff are well supported one to one on a regular basis and their well-being is considered. We saw documentation to show regular team meetings take place to support the staff team. Staff told us; *“Everyone here works as a team, no matter your role. And “It is very important we unite, this will enable individuals we support to feel comfortable in approaching any staff member, as it is their home”*.

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the “suitability of service assessment” is included in the Statement of Purpose (SoP) which is reviewed regularly. A document that shows people the support they can expect from the service. The provider has produced a good welcome pack as a guide to services, explaining the complaints process, frequently asked questions, sample menu’s along with other relevant information.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to safeguarding, health and safety and dementia care.	Achieved
44	The environment needs to improve to ensure it promotes the wellbeing of people living with dementia and sight difficulties. Improvements are needed to the colour schemes in communal and bathroom areas as to develop colour contrasts to assist people to identify handrails, toilet seats and different areas of the building. In addition there is no accessible safe external space for people living with dementia to access without staff supervision.	Achieved

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