



Inspection Report on

The Hollins Care Centre

**Hollins Wood Nursing Home
The Hollins
Neath
SA11 3BQ**

Date Inspection Completed

12/10/2023

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About The Hollins Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cherish Care Homes (Wales) Ltd
Registered places	92
Language of the service	English
Previous Care Inspectorate Wales inspection	28 June 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive care and support from care workers who are dedicated in their role and treat them with kindness and respect. Overall care plans are written well, are up to date and give good instruction for care staff to follow. However, inconsistencies in documentation and recordings were viewed for skin integrity checks and fluid and nutrition logs which increases risk of skin breakdown and malnutrition/ dehydration. Feedback from care staff and records on staffing rota's showed times when the service has been understaffed and we were told that on these occasions, peoples care, and support needs are prioritised, and documentation not always completed effectively.

People's health and safety is at risk due deteriorating standards of the environment in the service and defective equipment, which has led to poor standards in infection control and hygiene. A sufficient investment in the building and more effective cleaning programme is needed to reduce infection and health and safety risks to people.

Following this inspection, the service has been issued with a Priority action notice (non-compliance) as the service is not being delivered in accordance with its Statement of Purpose (SOP). The provider needs to take urgent action to improve the environment and hygiene in the service, staffing arrangements, and recording of information relating to monitoring people's health, care, and treatment.

Well-being

People feel content at The Hollins, where they can make decisions about most aspects of their life where possible. People have developed good relationships with staff who support them. However, people's health and well-being is not always promoted. The service needs to improve its record keeping to make sure people receive appropriate care and support. Skin bundle documentation in Hollins Wood did not evidence sufficient skin integrity checks were taking place for people at high risk of skin breakdown. We also found gaps in fluid and hydration records for people at risk of malnutrition and dehydration. As a result, care workers and professionals may not have accurate information available to them to assess people's health appropriately. This could impact on how care workers support people and on the advice and treatment given by professionals.

People are supported by dedicated care staff who have built up good relationships with them. We saw genuine warmth and kindness towards people by care staff who work hard in the service. Care and domestic staff spoken with genuinely care for the people they support but feel improvements are needed to maintain staffing levels in all departments to improve the overall quality of care in the service. Routine quarterly one to one supervision sessions are not in place to support and nurture staff which is impacting staff morale. This is part of the priority action notice issued to the service.

People are not always protected from harm. The service needs to make sure risks to people's health and safety are identified and reduced where possible. We found the overall standard of hygiene and infection control to be unsatisfactory. Manual handling equipment in the service is not cleaned routinely with stains and debris visible on them. Mattress linings are not checked routinely, stains, malodour and fluid seepage is evident. Storage rooms and sluice rooms are not always locked appropriately, and some contain chemicals which are hazardous to health. The number of domestic staff working on the day of the inspection was low, which prevented any deep cleaning from taking place. Many armchairs and side tables are in poor condition and therefore difficult to keep clean.

People are supported in a service where the Responsible Individual (RI) is visible. The RI spends a lot of time in the Hollins and has been transparent with the difficulties around finances needed to improve the environment in the service. The RI engages with people during their visit and completes quarterly reports with feedback obtained. The bi-annual quality of care review is also completed as required to drive improvements in the service where possible. There is a committed manager in the service who oversees both Hollins Park and Wood and routine audits of aspects of the service are carried out routinely.

Care and Support

People have developed meaningful relationships with others. We saw people looking content and comfortable in their home, good camaraderie was seen among people and care staff. Care workers treat people compassionately and support them where possible to make everyday choices including the food they would like to eat. We heard heartfelt conversations with care staff, saw people responding well when care workers comforted them and gave them clear verbal support. Feedback from people living in the home about the staff supporting them was positive.

The service ensures care plan documentation in place is reviewed routinely to ensure it consistently reflects the needs of people. However, inconsistencies on recording how care is delivered has a potential to impact the well-being of people. We viewed six personal plans which give a good overview of people's current care needs. However, when looking at corresponding documentation and care notes, some handwritten notes are illegible and not appropriate. Skin integrity documentation is not recorded correctly in Hollins Wood. On all three samples viewed, skin observation checks were recorded as "snacks" or "lunch given" rather than logging whether skin had been viewed and if any additional treatment was needed. Inconsistencies were also seen on fluid and nutrition records. We were assured short staffing levels had impacted upon record keeping for that day. However, this is potentially placing people's health and well-being at risk and has formed part of the priority action notice raised. The provider must take immediate action to address this issue.

There are systems in place to manage medication at the service. A recent audit of medication has been carried out by the medication management team, where an action plan has been put in place for improvements to be completed. We looked at the medication rooms which were clean and clutter free. We looked at medication administration records and any gaps where medication was not given had supplementary evidence available to determine why. Medication is stored in locked trolleys in designated locked rooms in Hollins Wood. And in two separate rooms on each floor in Hollins Park. The service needs to work through the action plan to ensure the systems in place are more robust.

There are procedures in place to protect people from harm and neglect. Care workers spoken with have a good understanding of their responsibilities to report any concerns they have about people they support. Training levels for Hollins Park care staff for safeguarding were viewed and most had completed safeguarding training. No information about training for Hollins Wood staff has been received. The provider has a safeguarding policy in place which reflects current legislation. Up to date Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make their own decisions about their care, support, and accommodation.

Environment

The provider does not always ensure individuals care, and support is provided in a location and environment with facilities and equipment which can meet their needs. The general environment in The Hollins is run down with refurbishment needed in many areas to improve the service to better meet the needs of people. We walked around all areas of the service during the inspection. In Hollins Wood, we saw multiple chairs and tables that are damaged and not possible to clean effectively to minimise the risk of infection. Visible stains were seen on manual handling equipment and within mattresses, walls in bathrooms are cracked and flooring needs replacing. Only one domestic worker was on duty in Hollins wood during the inspection and one laundry worker. In Hollins Park there were two domestic staff on duty, one on each floor. Further issues to the environment were also discovered in Hollins Park: a recent leak in the ceiling had been repaired and an electric light was on but not attached to the ceiling, bathrooms were being used as storerooms and were not locked. People are using damaged furniture and equipment that must be repaired or replaced so that it is cleaned effectively to be safe to use. Recent infection control audits found risks to residents to be high due to poor standards of the environment and equipment in the service.

The service does not always promote people's health and safety. To ensure people are safe in the service, routine maintenance checks are required to ensure all aspects of the service are safe. We looked at the maintenance file and saw routine checks on the environment including water temperature checks (to minimise risk of legionella) and window restrictor checks were not always carried out. Gaps were seen on monthly checks for July and September. Relatives spoken with told us that security at the service is not good, they said they can enter and leave the building and no-ones even knows if they are there or not, due to the side entrance being open and no signing in or out procedures in place. This, as well as the unsafe environment and poorly maintained equipment are placing people's health and well-being at risk, and we have included this in our priority action notice. The provider must take immediate action to address these issues.

Leadership and Management

The manager has arrangements in place to oversee the service. During this inspection the manager was on leave, however we saw evidence of monthly audits taking place. These included environmental walk arounds, kitchen checks, and DoLS. Regular staff meetings take place, and these are for all the different teams of staff in the service, including domestic, kitchen, nursing, and care teams. The RI of the service is visible in the service routinely and completed quarterly reports to demonstrate engagement with people and staff at the service. Bi-annual quality of care reviews are also completed as required by the regulations.

People are supported by care workers who are recruited effectively; however, improvements are needed to ensure they are supported and trained appropriately for their roles. Personnel files viewed held the appropriate documentation for safe recruitment. This includes up to date Disclosure and Barring Service (DBS) checks. We looked at the training records for Hollins Park which showed appropriate training is being delivered to the care team, however the training matrix for Hollins Wood was not forwarded. Feedback from care workers spoken with in Hollins Wood in relation to training was poor with many saying they hadn't had much at all. Improvements are also required in the frequency of supervision as many of those seen were duplicated group supervision sessions and not one to one sessions where care staff are able to discuss any issues they may have in their work. We spoke to many staff during the inspection and feedback was varied. With some positive and some negative comments about working in the service.

The service has policies and procedures in place for the smooth operation of the service, however improvements are required to ensure the service is run in accordance with the service SOP. We viewed a sample of policies and procedures and saw these are reviewed and updated as required. We looked at the SoP and found many areas do not reflect how the service is currently operating, this includes health and safety, infection control, staffing levels and record keeping. A priority action notice has been issued to the service to address all these issues, we expect the provider to take appropriate action to minimise the risk to people and ensure their safety.

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
6	The service is not being delivered in accordance with the statement of purpose. Staffing levels at the service is not always appropriate and staff do not feel supported or receive adequate supervision in their roles. We also found multiple failings around health and safety in the service and poor infection control programmes. The provider must take action to ensure that people are safe and risks of infection minimised as far as reasonably possible. Safe staffing levels must also be maintained during this transitional period to ensure that people receive the care and support that they need.	New

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
N/A	No non-compliance of this type was identified at this inspection	N/A
44	Areas of the home require improvement and refurbishment to offer people an improved standard of living.	Achieved

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