



Inspection Report on

The Hollins Care Centre

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

Date Inspection Completed

30 June 2022

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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	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

This was a focused inspection that explored the quality of care and support people receive and how this impacts on their well-being. We focussed our inspection on Care plan documentation and records of nutrition and hydration in the residential section of the service - Hollins Wood.

We found significant improvements have been made to address the issues raised at the last inspection with up-to-date personal plans in place that reflect the current needs of people. There is evidence people are encouraged to eat and drink frequently and there is good overall monitoring of people's health. Timely referrals to dietician and other appropriate external health care professionals are now in place.

Management of the service has improved, with clearer visibility of the service manager and care staff are being supported and are in receipt of routine supervision and annual appraisals.

Well-being

People have a personal plan that is up to date and reflects their care needs. Improvements have been made to care files and personal plans have been reviewed and updated to meet the current needs of people in the service. There are systems in place to ensure that reviews and personal plan updates are carried out routinely going forward.

People's physical, mental health and emotional wellbeing is promoted. There are good monitoring tools in place to monitor people's health and care needs. Medication is managed well in the service and medical assistance is sought in a timely way if people are appearing unwell. There are a number of staff who have been in the service for some time. They know the people they support well and are able to recognise issues with their health.

People have a voice, and their opinion drives improvements in the service. The responsible individual (RI) has recommenced obtaining face to face feedback with people following the covid pandemic and people's view are considered in driving improvements in the service. Regulatory reports by the RI are in place. The manager of the service has implemented daily walk arounds to improve oversight and routine audits are completed to maintain and improve the service on an ongoing basis.

People are encouraged to develop and maintain positive relationships. People appear settled in the service and we saw good camaraderie between people and care staff. Care staff seen are attentive to people's needs and treat them with kindness and respect. The use of agency staff in the service has been minimised in recent weeks and therefore people are supported by care staff they know and recognise.

People are supported by care staff who receive appropriate support in their roles. Care staff and managers have received supervision and procedures in place to ensure that these quarterly sessions continue. All staff have had or are scheduled to have an annual appraisal to monitor their performance and progression in their roles.

Care and Support

As this was a focused inspection, we have not considered this theme in full and concentrated on the issues raised in the priority action notice and areas of improvement at the previous inspection to monitor improvements and compliance:

People are supported in line with their personal plan of care, and these are updated to accurately reflect their current care needs. We looked at three care files and saw that there was good information available to care staff to understand what is important to them and detail about the history and background. All care files seen have been reviewed and updated and are on a cycle of 4-5 weekly review using a 'resident of the day' approach whereby a person's file is looked at for the day and updated to reflect any changes in their care needs. Corresponding risk assessments are also in place, and these have also been reviewed. We saw good interaction between care staff and people and saw that people were treated with dignity and respect and offered reassurance and comfort when needed.

People's health and well-being is promoted. We saw improvements in the care and support provided to people at risk from malnutrition and dehydration and recordings of intake are now monitored and any issues followed up with the necessary professionals in a timely way. Documentation of drinks and food offered and how much has been taken by individuals is clear and these records are reviewed by the management team to quickly identify concerns. People are weighed routinely and those at higher risk more frequently so that any weight loss concerns can be referred to the dietician promptly. We saw recent referrals and correspondence in care files and saw that guidance from healthcare professionals and supplementary nutrition was being given as instructed. There are now audit checks in place for the management of medication in the service to detect and minimise the risk of any medication errors.

Environment

As this was a focused inspection, we have not considered this theme, however areas viewed were clean and clear of clutter. People appeared comfortable and content in the communal areas where there was music playing and singing heard.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full. However, we made the following observations regarding the leadership and management of the service:

The provider has arrangements in place for the effective oversight of the service. The RI is visible in the service on a weekly basis. We saw that the RI has resumed in person feedback from people and care staff which was paused due to the covid pandemic. These were logged as quotes in the providers quarterly visit report. We also viewed the latest quality of care report which included a summary of this feedback, a review of complaints and audits of care files and systems within the service. Proposed improvements to the service because of this were also included. The RI is aware of the requirement to complete the quality-of-care report bi-annually. The manager has commenced a daily walk around of the service which includes audits of medication, records, and environmental checks. The manager told us this has already improved several aspects of the service and has driven improvements in the recordings and care delivery. The service's Statement of Purpose (SOP) has been updated and accurately reflects the service. This has also been submitted to the CIW online portal as required by the regulations.

Improvements have been made to ensure all care staff included the management team feel supported and valued in their roles. We saw that all care workers have received supervision and further meetings have been scheduled and appropriate alerts are in place to ensure this continues. Most care staff have also received their annual appraisals and those who have not are scheduled to take place. The service is continuing to ensure care staff have completed appropriate training following the Covid pandemic and more courses are scheduled to take place over the next few weeks.

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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35	in 3 of the 5 personnel files viewed appropriate full work history and two written references were not available.	Reviewed
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