



Inspection Report on

Hollybank Care Home

**Hollybank Residential Care Home LTD
Shotton Lane Shotton
Deeside
CH5 1QS**

Date Inspection Completed

16/02/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Hollybank Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HOLLYBANK RESIDENTIAL CARE HOME LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with CIW.
Does this service provide the Welsh Language active offer?	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 living at Hollybank receive good quality care and support, from a staff team who support people to maintain their independence. Care staff treat people with dignity and respect and are kind in their approach. People told us they are happy with the support they receive and spoke positively about the staff working at the service.

Staff work from personal plans which are mostly clear on how to support the person, not all personal plans and risk assessments are reflective of the persons current needs. People are supported by staff who are enthusiastic about providing the best possible care and support.

The Responsible Individual (RI) has good oversight of the service. The RI has regular contact with staff, residents and visitors at the service. The RI is keen to develop and improve the service.

Well-being

People have control over their day to day lives. We found people are able to choose how and where they spend their day. People told us they feel listened to and their wishes are respected. Personal plans mostly reflect the person's needs, wishes and goals, some personal plans have not been updated when a change has occurred to the person's needs. People are supported to maintain their independence. We found people are regularly approached for their views on the day to day running of the service.

People are supported to maintain their physical health, mental health and emotional wellbeing. People told us they are supported to access appropriate services, we saw evidence of this in personal plans. The service has recently employed an additional activities co-ordinator to provide more activities in the home. People told us they are happy with the food at the service and they are able to request a larger portion and an alternative meal if they wish.

People are protected from abuse and neglect. People told us they feel safe at the service and are able to approach staff and the RI if they have any issues.

People are supported to maintain relationships with their family and friends. People told us they are able to have regular visiting. Visiting family members told us the staff at the home are very welcoming and they are able to visit as often as they like.

People are supported in an environment which is homely, well maintained and is suitable to meet the needs of the people living at the service. People can choose where they spend their time, bedrooms provide privacy should they wish to spend time in their rooms. People are able to access the communal kitchens to make their own drinks, which supports people to maintain their independence.

Care and Support

People living at Hollybank Care Home received good quality care and support. We spoke with people living at the service, who told us staff understand their needs and preferences. People told us they make their own day-to-day decisions, including how they spend their time, when they get up and go to bed and decisions around how the support will be provided. One person we spoke with, told us *“I really like it, I’m well looked after”* and another person told us *“the staff are lovely”*. People told us they are involved in the development and ongoing reviews of their care and support.

We reviewed a selection of personal plans. The service carries out thorough and in-depth pre-admission assessments before agreeing to provide the service to an individual. People’s views and wishes are obtained, these were detailed in the ‘getting to know me’ documentation, which include the persons preferences, what is important to them and any interests and hobbies. One page profiles detail how best to support the person with activities of daily living. Care plans are written using person centred language. We found evidence of the service mostly seeking appropriate medical advice when required. Not all the care plans and risk assessments are up-to-date and reflect the person’s current needs. The provider has not ensured there are specific risk assessments in place relating to specific health conditions. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow this up at the next inspection.

We saw people are allocated a key worker, regular reports are completed with the person and their key worker, which provides people with the regular opportunity to discuss the service they receive.

Relatives visiting the service told us the service meets their loved ones needs. They are able to visit their loved ones as often as they wish and are kept informed by staff at the service of any changes or concerns. Family and friends’ feedback from anonymous surveys rated the care excellent at the service and positive comments were made regarding the quality of care at the service.

The service provider has mechanisms in place to safeguard people living at the service. The provider ensures the relevant legislative framework is in place, the service requests Deprivation of Liberty Safeguards authorisations to ensure people’s rights are being upheld. Not all staff we spoke with are familiar with the service’s own policies and procedures. We found some staff are not up to date with the mandatory training. The RI assures us this will be addressed, we will test this at the next inspection.

The service has safe systems in place for medicines management. We found there are systems in place for the ordering and storage of medicines. The medication room is secure and the appropriate checks are carried out on a daily basis. The service completes regular auditing of medication which identifies where improvements are required. Staff have received up to date competency assessments to ensure they are competent to administer medication.

Environment

The service provider ensures that the care and support provided is carried out in a location and environment with facilities and equipment to support people to achieve their personal outcomes. We found the environment is in line with the description in the Statement of Purpose (SOP). There are signs on doors to indicate what the room is, however, these are not bilingual and during inspection we found there are people living at the service whose first language is Welsh. The provider told us they will install bilingual signage. People are able to access communal areas, including the communal kitchen and living rooms as they wish. We saw people are provided with equipment to promote achievement of their personal outcomes, such as mobility aids, we found these are up to date with the regular servicing of the equipment. The service has sufficient heating throughout the home. Most large pieces of furniture are securely attached to the wall. People have access to call bells to request assistance when required. The building and facilities are mostly well maintained and there are plans in place for the replacement of windows. The service has systems in place for works around the home to be reported and it is clear once these tasks have been completed.

The service provider mostly identifies and mitigates risks to health and safety. The home is clean and tidy and there is sufficient Personal Protective Equipment (PPE) available. Relevant health and safety checks, such as the five-year electrical check and annual gas safety checks are up to date.

People told us they are happy with their bedrooms and the facilities at the home. We saw people are able to have their own belongings on display, to create a homely environment. Communal areas have a homely décor and enable people to socialise if they wish.

Leadership and Management

The service provider has good governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing good quality care and support to people living at the service. The Responsible Individual (RI) has good oversight of the service and evidences this through the recording of their regulatory visits. People told us they find the RI is approachable and accessible and regularly seeks their views on the day to day running of the service. We received positive feedback from professionals who visit the service, staff at the service engage well with visiting professionals and follow instructions as directed by the professional. Policies and procedures are reviewed and amended regularly. On the day of the inspection, the new manager of the service was not yet in post, they have since started in their role.

There is sufficient oversight of financial arrangements at the service, to ensure people are supported to be safe and achieve their personal outcomes. We found the provider ensures there is plenty of food available at the service, with regular deliveries of fresh produce. People told us they are happy with the portion sizes and they are asked by staff if they would like more food. Staff told us there is plenty of PPE available and the provider ensures they have cleaning equipment in place.

People are supported by a service which provides appropriate numbers of staff who are suitably fit and have the skills and qualifications to provide the levels of care and support which enable people to achieve their personal outcomes. We reviewed a selection of staff files, we found the provider ensures the appropriate checks are in place prior to commencing employment. Staffing levels are provided in line with the services own SOP.

Feedback from staff we spoke with is positive, staff feel well supported in their role. At the time of the inspection, staff had not previously received regular supervisions, these have since taken place and the provider has assured us they have a plan in place to ensure these take place at least every three months. Staff we spoke with told us staff meetings take place at the service and they feel listened to. Staff benefit from receiving regular training to help them maintain their professional competence. Not all staff are up-to-date with mandatory training or have received specific training relating to the individual needs of the people living at the service. The provider has assured us the mandatory training has since been completed and they have put measures in place to improve the frequency of staff training.

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
16	The provider has not ensured personal plans are amended and developed to reflect changes in the individual's care and support needs. The service provider has not evidenced the person and/or their representatives involvement with the development and ongoing reviews of their personal plans.	New

Date Published 05/05/2023