



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

**Hollybank**

**121 Saxon Street  
Wrexham  
LL13 7BB**

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## **Description of the service**

Hollybank is registered with Care Inspectorate Wales, (CIW), to provide accommodation and personal care for up to 21 people aged 65 or over who have a diagnosis of dementia/mental infirmity. The registered provider is Hollybank Care Home Ltd and they have nominated a person to be the responsible individual. The registered manager is Sarah Evans.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found that people receive a good service at Hollybank with a high standard of care. We saw staff were kind and respectful and quick to respond to peoples needs.

### **2. Improvements**

This section is not relevant as this was the first inspection after re registration.

### **3. Requirements and recommendations**

Section Five of this report sets out our recommendations to improve the service and areas where the registered person(s) are not meeting legal requirements. These include;

- Improvements are needed in medicines management.

# 1. Well-being

## Summary

People are encouraged to make choices and their views are consistently sought by staff. Opportunities to be positively occupied are available to suit peoples' needs and preferences. People are provided with a variety of nutritious food which they enjoy. Improvements are ongoing to ensure access to services in Welsh.

## Our findings

People are encouraged and supported to be active and make their own decisions as much as possible. We saw people offered choices about how they spent their time, where they sat and if they wanted to join in activities. Our observations confirmed staff were familiar with people's individual needs and preferences and were able to anticipate and support people with kindness and respect. We saw people being offered choices about meals and drinks. Relatives told us they were always made welcome and could visit at any time with comments including, *"always offered a cup of tea and told where to find relative"* and *"can visit anytime"*. A professional told us that staff were, *"very good at maintaining independence where possible"*. People are enabled to make choices and have their individual identities and routines recognised and valued.

People are purposefully occupied if they choose to be. Comments made by a relative included, *"staff spend a lot of time with residents"*. We saw a range of activities within and outside of the home were available to suit people's interests and abilities. Details of forthcoming activities and events were advertised on a noticeboard and posters. On the day of the inspection we saw people were offered the opportunity for a hand massage, manicure, to play dominoes and to have contact with, and touch small animals including a snake, gerbils, guinea pigs and a tortoise. People were supported by staff to enjoy this activity if they wanted to and people clearly enjoyed holding and talking about the animals. Comments from relatives and professionals included the, *"activities person is absolutely brilliant, nothing is too much trouble"*, that the activities person was, *"fantastic always something going on"* and that the service *"makes good efforts to arrange outings and visits and has some events in the home"*. A variety of opportunities are available for people to be positively occupied.

People are offered a choice of meals and drinks. A relative commented that Hollybank served a, *"good variety of food"* and that staff were, *"always willing to hold food back until later"* to suit people's needs, this means that the service is flexible about mealtimes. The menu is repeated two weekly and had recently been updated to include the preferences of people who live at Hollybank. The menu was displayed so people knew what was available at each mealtime and we saw people enjoyed the lunchtime meal. Although there was only one main meal choice, the cook confirmed that alternatives to the menu were always available on request or when staff were aware of individual's preferences. We saw people were supported by staff discreetly if required, with specialist diets such as pureed food served in line with good practice, for example all foodstuffs pureed separately for those people who experience swallowing difficulties. Staff were seen wearing plastic aprons and in some cases, plastic gloves at lunchtime which detracted from the relaxed and homely atmosphere which we discussed with the manager. People were also offered snacks and drinks in between meals if they wanted them. We used the Short Observational Framework for Inspection, (SOFI), at lunchtime. People are offered a variety of meals with discreet support provided.

People's access to a service in Welsh is improving. The pre admission assessment form asks prospective residents what their preferred language is and this is included in the care plan. Pictorial signage in English, Welsh and Polish is in place throughout the home to help people find their way around and encourage independence. Pictorial translation information from English to Welsh and Polish is readily available for people and staff. The Statement of Purpose / Service User Guide is being updated to tell people how the service would meet people's Welsh or Polish cultural and language needs. Improvements are ongoing to support people's access to information and services in Welsh and other languages when necessary to meet people's needs.

## **2. Care and Support**

### **Summary**

Peoples' individual needs and preferences are known to staff and recorded. Care and support is provided in a way that meets people's needs. People are supported by staff to stay as well as they can be and relationships between people and staff are comfortable and positive.

## **Our findings**

People are offered warmth, encouragement and support. People living in the home were unable to tell us about how staff looked after them but we saw people being treated with courtesy and respect by staff with friendly banter and easy going humour. Comments made by relatives included, "*professional support from staff*", "*staff caring, helpful and diligent*", "*staff kind and friendly*" and "*staff are genuinely kind and compassionate*". Comments from professionals included that people were, "*treated with respect and dignity*" and "*appear happy and well cared for*". We saw staff responded promptly when people needed help or reassurance and people were very comfortable with staff that were familiar with their individual preferences and needs. People are treated with kindness, respect and compassion.

People receive appropriate care and are encouraged to keep fit and well. A relative commented that the person's, "*mental health has improved (since admission) – which is a credit to the care provided. I think they should be encouraged in their approach*". Records checked showed people were supported to access medical and healthcare professionals promptly if needed. Comments received from professionals included that, "*records easy to follow, entries well documented*" and "*overall approach and enthusiasm of staff care is individualised*". We saw the care record format was person centred and included one page profiles which clearly stated how people wanted their care and support to be delivered. Daily records checked confirmed this was understood, respected and carried out by staff. Plans included details of people's life history, and risk assessments individual to the person where necessary. Measures were in place to check, review and update care plans and risk assessments when people's circumstances changed.

We checked the way medicines were managed and found they were stored safely, securely and people received medicines as prescribed by their GP. However, we saw that staff practice did not include recording the actual amounts of medicines coming into the home on admission, or two staff signatures on handwritten entries on the Medication Administration Record, (MAR), chart. Signage was not in place in relation to oxygen storage, and the oxygen cylinder was not secured so it could not fall over. The registered manager notified us after the inspection that the issues in relation to oxygen had been addressed. People's individual needs and preferences are understood and anticipated so they receive the right care at the right time but minor improvements are needed in the way medicines are managed.

## **3. Environment**

### **Summary**

People live in a comfortable environment which they are able to personalise and which is constantly improving. Systems are in place to make sure facilities and equipment are maintained and safe. Measures are in place to ensure good practice to reduce the risk of infections.

## **Our findings**

People are cared for in a comfortable and homely environment. People are encouraged to bring personal possessions with them to personalise their bedrooms in line with their tastes and preferences. Comments made by relatives included, “*homely feel to the place and it isn’t impersonal. Has improved its décor and furnishings*”, “*atmosphere is homely*” and “*need bigger outdoor area*”. The outdoor space is very limited but the registered manager told us plans were in place to improve this to encourage people to spend time outside if they chose to. Multi lingual pictorial signage was in place so people knew where the communal bathrooms and toilets were and we saw a framed notice outside people’s rooms with their name on and a picture of something that relates to them individually. Overall, people live in an environment that meets their needs and is regularly updated and improved.

People live in an environment where equipment and facilities are checked and measures are in place to ensure the home is always clean. A relative told us the home was “*very clean*” and a professional commented, “*the home is always clean and inviting*”. Laundry systems were in place to make sure people received the right clothing and dedicated staff were responsible for cleaning and laundry. A cleaning schedule was in place and all areas of the home were clean and tidy. Measures were in place to make sure the risk of healthcare associated infections were reduced, including foot operated bins so people and staff did not have to touch bins to dispose of waste. Records showed equipment and facilities in the home were serviced and maintained to make sure they were safe and fit for use. This included fire safety equipment, the call system, clinical waste, the lift and emergency lighting. A fire risk assessment was in place and had been regularly reviewed. People are cared for in an environment where equipment and facilities are regularly checked and systems are in place to ensure the home is always clean.

## 4. Leadership and Management

### Summary

The service is managed to ensure improving outcomes for people. Measures are in place to monitor, review and improve the service including seeking the views of people who live there. Staff are recruited in line with the service's policies and procedures and provided with necessary training and support.

### Our findings

Information about the service, including how to raise concerns or complaints, is provided in a Statement of Purpose/ Service User Guide which includes all the required and recommended information, so people can make an informed choice when considering using the home. The information telling people how to contact the Local Government Ombudsman refers to England not Wales and this needs to be amended. The registered manager had produced a simplified version of the Service User Guide for people considering using the service. Relatives who completed our questionnaires all told us they knew how to raise any concerns or complaints, one person commented, "*never needed to complain as I cannot fault them*". The service had received three complaints since the last inspection. Whilst there was a record of the complaint and actions taken, we could not evidence complaints had been acknowledged in writing or people informed in writing of the outcome. Since the inspection the registered manager has developed and sent to us, a formal complaints recording form that will include details of the complaint, a record and copy of acknowledgment and details of the investigation and outcome. No safeguarding incidents had occurred since the last inspection but measures were in place through policies, procedures and staff training to ensure any such issues would be dealt with appropriately. People are able to make an informed decision about using the service based on information provided but improvements are needed in the way complaints are recorded.

Recruitment practices keep people safe. Staff records checked showed new staff did not start work until all relevant checks had been completed. This included an application form that asks applicants about their Welsh language skills, satisfactory references, proof of identity and a satisfactory check from the Disclosure and Barring Service. People can be confident that robust policies and procedures are followed when new staff are recruited.

Staff receive regular support and training. Comments from staff spoken with, and who completed our questionnaires, were very positive about working at the home. They included, "*management is very flexible and understanding to meet my needs*", "*training always up to date*" and "*happy atmosphere with the staff creates a bond with the residents*".

Professionals described staff as, "*always a friendly and professional attitude*", "*always upbeat*" and one person told us that they felt the, "*care given is exceptional; all staff are knowledgeable, caring and professional*". The induction for new staff was in line with guidance published by Social Care Wales and provided a structured in depth introduction to working in care. Training records provided showed staff are provided with a range of training opportunities. The registered manager told us they were currently sourcing more in depth training on dementia to further enhance staffs skills and knowledge to meet people's needs. Records showed regular meetings were held for staff and staff confirmed they were able to raise issues and give their point of view. A meeting for people who live in the home and their relatives was held in November 2017 with people being asked for their views on activities and menus. Records checked showed staff were

provide with regular, formal supervision and an annual appraisal to make sure they were provided with support, training opportunities and working in line with the values and expectations of the service. People benefit from a service where staff are well led, supported and trained. Systems are in place to monitor, review and improve the quality of the service, including seeking the views of people who use the service whenever possible.

## **5. Improvements required and recommended following this inspection**

We have not issued any non compliance notices as a result of this inspection.

### **5.1 Areas of non compliance from previous inspections**

This section is not applicable to the first inspection following a services' re registration with CIW.

### **5.2 Recommendations for improvement**

- Improvements are needed in the way medicines are managed. Medicines received into the home should be checked by two staff and the actual amounts recorded. Handwritten entries on MAR charts should be signed by two staff.
- Information in the Statement of Purpose/Service User Guide should refer to the Local Government Ombudsman in Wales, not England as this is not relevant.

## 6. How we undertook this inspection

This was a planned, full inspection following the services change of company structure and subsequent re registration with Care Inspectorate Wales. We made an unannounced visit on 21 March 2018 between 9.45.a.m. and 3.15.pm.

The following methods were used:

- We used the Short Observational Framework for Inspection, (SOFI). This tool enables inspectors to observe and record care to help us to understand the experience of people who cannot communicate with us.
- We spoke with the registered manager, four staff, two relatives and five people who use the service.
- We toured the premises and viewed some people's bedrooms, the communal areas including lounge/dining rooms and communal bathing facilities.
- We looked at a range of records. We focused on the Statement of Purpose, Service User Guide, the complaints records, staff recruitment, training and support records.
- We reviewed medicines management.
- We sent out questionnaires to people who use the service, relatives, staff and other professionals. We received five from professionals, four from staff and five from relatives of people who use the service. Their responses are included in this report.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Hollybank Care Home Ltd
Registered Manager(s)	Sarah Evans
Registered maximum number of places	21
Date of previous CSSIW inspection	Not applicable, first visit post registration
Dates of this Inspection visit(s)	21/03/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes working towards
<b>Additional Information: This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b>	