

# Inspection Report on

The Hollins Care Centre

Hollins Wood Nursing Home The Hollins Neath SA11 3BQ

### **Date Inspection Completed**

09/01/2023

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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	21 September 2022
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

The Hollins Care Centre is a dual registered care home with a separate nursing annex-Hollins Park and a residential annex- Hollins Wood. Both parts of the service provide support for adults with personal care needs with Hollins Park offering the additional support of nursing. This was a focused inspection in Hollins Wood following up on areas of noncompliance raised at the last inspection. On this occasion we did not consider the themes of the inspection in full.

People live in a service that is calm and comfortable. Following a period of significant support from the Local Authority who provided additional funded staffing, Improvements have been made in the staffing numbers of the service overall and there is less reliance on the use of agency staff. This has improved the consistency of the service and enabled people to get to know and familiarise themselves with the care team supporting them. Improvements have also been made in the documentation at the home, with more detailed recordings of fluid and nutrition input and personal care interactions logged more frequently.

The service is currently going through a transitional period which has dominated almost all of the Responsible Individual's (RI) time. As a consequence, improvements are still required in their oversight of the service as a whole, which also includes financial oversight. The service remains non-compliant to the regulations in these two areas.

#### Well-being

As this was a focused inspection, we have not considered this theme, in full.

People are supported to maintain their physical health and well-being. We found improvements have been made to the care and support for people who require monitoring of their fluid and nutritional intake and skin integrity. We found that most care workers complete documentation relating to fluid and nutritional intake appropriately. Skin integrity checks seen are completed appropriately and routinely to evidence staff intervention and minimise the risk of skin breakdown. There are procedures in place for the oversight of this documentation and to drive further improvements.

People are supported by care staff who are getting to know them well. Improvements have been made to ensure appropriate staffing levels are in place to meet the changing needs of people. Following a temporary measure of support from the local authority, the service has recruited large numbers of staff to the care team and the use of agency staff has been minimised. Key members of the management team are now able to carry out their roles in the oversight of the service. The activities coordinator can plan for more activities in the future, following a period of working as a care worker to support the care team.

People live in an environment that supports their well-being. People are able to enjoy large communal areas in the service to socialise with others. The service is clean, and bedrooms are personalised with people's belongings. There is refurbishment needed to some areas of the service, but this will be followed up at the next full inspection.

Improvements are still needed to ensure the service is financially stable. Concerns remain around the financial position of the service which may be contributing to the overall compliance issues. The service is however going through a transitional period at present, and this will be re-assessed at the next inspection.

At the last inspection we noted that improvements were needed in the overall oversight and governance of the service. This was due to financial in-stability and lack of support for the operational managers in the service, this was impacting on the care and support delivered to people. These improvements have not been fully addressed. The RI told us they have been unable to fulfil their role in recent months due to the transitional period the service is currently going through. This area needs to significantly improve once this transitional period is completed. The priority action notice has been re-issued to the provider.

As this was a focused inspection, we have not considered this theme, in full

A Priority Action Notice (PAN) was previously raised in relation to the record keeping in the service particularly around fluid and nutritional intake logs, skin integrity checks, weight monitoring and risk assessment completion. At this inspection we found significant improvements have been made to minimize the risk to people at the service. We looked at four care files and found they had all been reviewed within the last three months and reflected well the current care needs of the individuals. Corresponding recording sheets and paperwork were mostly completed appropriately. The records seen indicate overall that people receive good fluid and nutritional intake and weight logs also indicated that the weight of these people was also stable. We noted however: records completed on weekends still needs improving, this was something that has already been detected by the service and is being addressed. These supplementary records are now audited routinely, and any issues are fed back to staff appropriately to prevent reoccurrences.

People are supported by care staff who are attentive to their needs. We saw care staff overseeing communal areas and saw multiple positive interactions with people. Whilst the service has four large communal areas, on the day of the inspection visit the largest of these was not in use for most of the visit due to it being difficult to support people in four different areas at once. Chair sensors are in place for people who are at higher risk of falls, and call bells pressed were answered within reasonable timescales. Care staff spoke with people and supported them as required throughout the inspection.

#### Environment

As this was a focused inspection, we have not considered this theme, in full

People living in Hollins Wood benefit from large communal areas where they can spend their time. On this inspection visit, we noted the larger dining/ lounge area is mainly used at mealtimes and the smaller lounges used at other times. This enables care workers to monitor people and support them more effectively. We walked around the service and found it clean and saw domestic staff working tirelessly. Bedrooms viewed are clean and personalised. The service overall needs some refurbishment; however, this is an ongoing area for improvement which will remain in place and followed up on the next full inspection.

The service promotes hygienic practices and manages the risk of cross infection. On entering the service, we were required to show a negative lateral flow test. Hand sanitiser and a visitors' book are available on entry. Communal areas and bathrooms are kept clean and domestic staff were seen busy cleaning bedrooms during the inspection. The service is following the current national guidance in minimising the risk of Covid-19 from coming into the service.

#### Leadership and Management

As this was a focused inspection, we have not considered this theme, in full

Improvements have been made in the overall staffing levels at the service. Since the last inspection the Local Authority have supported the service by providing additional agency staff and volunteers. This support has now been withdrawn, however; a Local Authority social worker is in place to support the management team in the service. We looked at the last two-week staff rota's and saw that the use of agency staff has been reduced significantly. The next two weeks rota's have also been completed without the need for scheduling agency staff. The supporting social worker explained that they are still actively recruiting new staff for the service to have additional resources for ongoing holiday and sickness cover. This is in order to remove the need of agency staff altogether. Continuity of care provision for people has now improved which has minimised the impact on people's well-being.

Slight improvements have been made since the last inspection to the oversight of the service, however there are still significant compliance issues that have not been met. At the last inspection the deputy manager and activities coordinator were unable to fulfil their roles as they were needed to provide hands on care duties. Due to the increased staffing available in the service this has now been minimised. We spoke with the RI who confirmed that since the last inspection they have been unable to fully fulfil their duties within the service as they have been overseeing a transition. No regulatory reports have been completed however, they have assured us these will be completed and provided to us by the end of the month. The RI is based at the service most days of the week and is contactable when required. Without this oversight there is still the potential of serious impacts on people's health and wellbeing and placing them at risk. The existing Priority Action notice has not been achieved and has been re-issued to the service. The provider must take immediate action to address this issue.

There are ongoing concerns around the financial position of the service. The RI has been open and transparent with the Local Authority informing them that the service is experiencing financial difficulties. The Local Authority continues to support the service with additional staffing of which is now reducing. However, the overall financial position of the service remains unchanged which means there is a still a high risk of this impacting the day to day running of the service. The existing Priority Action notice has not been achieved and has been re-issued to the service. The provider must take immediate action to address this issue.

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	
66	The responsible individual has not supervised the service in a way which enables them to have an appropriate oversight of the management, finances, quality, safety and effectiveness of the service being delivered ensuring people are safe and their wellbeing promoted. Without intervention by the Local Authority this situation would have been significantly worse. This remains unchanged from the last inspection visit.	Not Achieved	
11	The Responsible individual has been open and transparent in relation to the financial difficulties the service is currently facing. The service is going through a transitional period and although improvements have been made to the staffing levels at the service, increasing vacancies have added	Not Achieved	

	financial pressures on the service. The manager is currently absent from work and the deputy manager is being supported by a Local Authority funded Social worker for a limited period. There is no minimal oversight by the RI with the running of the service at present and no plans in place to support the deputy	
	manager once the Local authority support is withdrawn.	
21	People with skin integrity issues are at significant risk of developing pressure sores. Ensure staff checks and regular re-positioning is being carried out at appropriate timely intervals and always recorded. People at risk of weight loss or dehydration are being placed at risk due to inconsistent monitoring of BMI, nutritional and fluid intake. Ensure staff monitor and log people's dietary and fluid intake appropriately. Management oversight and auditing procedures need to significantly improve to safeguard people from developing pressure sores and to ensure people's nutrition and hydration needs are being met and accurately monitored.	Achieved
34	Sufficient staffing levels are not in place to ensure that peoples care needs are met. The provider must prioritise staffing levels in the service by evaluating and adapting the dependency tools, with consideration to the environment and communal space in the home to determine safe staffing levels. Communal areas should be supervised to ensure people at high risk of falls are supported in a timely way to prevent falls. Correct staffing levels should ensure that staff have sufficient time to record all aspects of care appropriately and allow for staff to have time to undertake training and supervision.	Achieved

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
35	in 3 of the 5 personnel files viewed appropriate full work history and two written references were not available.	Reviewed
44	Areas of the home require improvement and refurbishment to offer people an improved standard of living.	Reviewed

#### Date Published 07/02/2023