

Inspection Report on

The Hollins Care Centre

Hollins Wood Nursing Home The Hollins Neath SA11 3BQ

Date Inspection Completed

30/06/2023



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	9 January 2023
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 large care home for adults in Cimla, Neath. The service is divided into two separate units. Hollins Park is predominately for people with nursing care and Hollins wood is a residential unit for people who need support with personal care. Both units have their own communal and garden areas and separate care teams. There is a large kitchen and laundry which services both parts of the home.

People appear comfortable in the service and have good relationships with others and care staff. Significant improvements have been made since the last full inspection to ensure personal plans accurately reflect people's current support needs. Care workers are recruited safely and feel supported in their roles and have appropriate training. The whole service is now overseen by one general manager who is supported by a deputy and senior care workers in both units. This has improved the operation of the service in general and staff morale is much better. The service is fully staffed without the need to use agency staff, however, are actively recruiting more staff including an activities coordinator for Hollins Wood.

Improvements have also taken place in the general and financial oversight of the service by the Responsible Individual (RI). They now obtain feedback from people to drive improvements and complete regulatory reports as required. The manager can access additional equipment needed to support people safely. Improvements are still required to the general environment as the service is looking tired and run down. This will be followed up at the next inspection.

Well-being

People have a voice and are treated with dignity and respect. Personal plans give a good overview of people and the support they require. People told us that they can make choices daily whether that's in relation to what they eat, what they wear or where they spend their time. Care workers and the management team have a good rapport with people, and we saw good camaraderie between people and their care workers. The RI visits the service regularly and speaks with people, their relatives, and staff to obtain feedback about the service.

People are protected from harm and neglect. There are policies and procedures in place to safeguard people. Care workers are aware of these and their responsibilities to protect people and how to report safeguarding concerns. Entrances and exits to the home are secure with a keypad system in place, and there is a signing in/out book in place for visitors. The service is clean and domestic and laundry staff work hard to ensure and any cross-infection risk is kept to a minimum. Improvements have been made to ensure staff are vetted appropriately prior to employment with appropriate documentary evidence in personnel files.

People's physical, mental health and emotional wellbeing is promoted. There are good systems in place to manage medication in the service. The staff team is now more settled and consistent for people to build relationships with them and allow them to get to know them well and to notice any changes in their presentation and health. This enables the care team to ensure timely referrals for medical assistance or additional support takes place. The service is currently recruiting another activities coordinator to ensure there are planned activities available to people in both parts of the home on a regular basis.

People live in an environment that meets their needs; however, improvements are still required to refurbish the service. Whilst people have personalised bedrooms and plenty of choice of communal space in the service, the general state of repair of the building is tired and the garden areas are in need of some work. The provider is aware of this, and a refurbishment plan is currently in discussion.

Improvements have been made to maintain the oversight of the service. There is now a general manager in post who oversees both sides of the service. Routine audits have been implemented to ensure systems and procedures are being followed appropriately. The RI has resumed obtaining feedback from people, family/ representatives, and staff to drive improvements in the service. Required reports to meet the regulations are now being completed appropriately. Financial oversight has also improved. Staffing levels are adequate and agency staff are no longer needed to support the service. There is sufficient stock of domestic products and food supplies in the service. Any equipment required to meet people's needs is purchased as required.

Care and Support

eople or their representatives are encouraged where possible to be involved in the planning of their care to ensure it meets their needs. Six care files were viewed, and each personal plan had been recently reviewed. We saw good information about the person and could understand their support needs. All documentation in the service is in hard copies and the new manager and their team have been working tirelessly to try to get all files audited into the same layout. This makes it easier for staff to find the relevant information required to deliver the care to people successfully. Personal plans are reviewed frequently and updated as required to reflect peoples changing needs. Risk assessments are also in place to correspond with the personal plans. We did not see any signatures in agreement of personal plans in place. However, feedback from relatives confirmed that they are kept aware of any issues or any changes in health of people, comments included "They notify me of any important issues and normally ring monthly" and "They keep in touch when needed and will let us know about any issues".

There are good systems in place for the management of medication in the service. We carried out medication checks in both Hollins Wood and Hollins Park. There are designated staff who carry out their roles effectively to order, book in and return medication when no longer needed. We saw medication stored securely in both areas in designated medication rooms. Daily temperature checks are logged to ensure that medication is stored appropriately. We viewed Medication Administration Records (MAR) which were all completed appropriately with two signatures seen on any handwritten additions (i.e., antibiotics or newly prescribed medication) this minimises the risk in dosage errors. Care staff responsible for supporting people with medication have completed medication training with competency checks in place to ensure they are confident to do so.

People are protected from harm and neglect and the service is responsive if additional support is required for people. Care staff receive safeguarding training and those spoken with are aware of their responsibilities to report any concerns about people they support. There is a safeguarding policy in place which care workers have access to. People who do not have the capacity to make their own decisions about aspects of their care and support and accommodation have appropriate Deprivation of Liberty Safeguards (DoLS). These are in place to keep people safe. We saw these are reviewed and updated as and when required. Records for monitoring people's health has improved and timely referrals take place when additional support is required by people. This includes dietician, mental health services, GP practice or others.

Environment

Improvements are required to ensure the service continues to support people to achieve their personal outcomes. We saw communal areas looked tired, and carpets were very worn in places. External areas of the home also looked a little untidy including the enclosed garden areas. Despite this the manager assured us that all equipment required to provide people with the care and support they needed was always available and replacements purchased as and when required. People's bedrooms seen are in a better state of repair and are comfortable, homely, and personalised. We saw domestic staff work tirelessly during the inspection to keep the environment clean. Despite the environment being run down, people told us they were happy with the support they received in the home. Whilst all commented on the tiredness of the environment, they did not feel that it was impacting on the care that they were receiving. We have noted this as an area for improvement and expect the provider to take action to improve the environment in the service. This will be followed up at the next inspection.

The provider has systems in place to minimise any risks to health and safety. There are two maintenance people employed in the Hollins. We looked at the maintenance file and saw routine checks are carried out to ensure the environment remains safe for people. Checks seen included water temperature, window, and bed checks. Certificates are in place for annual servicing of utilities in the service which include, gas, electrical appliance testing (PAT) and electricity safety. The multiple passenger lifts and manual handling equipment have also been serviced in line with the legal requirement for lifting equipment. There is a fire risk assessment in place and people have personal evacuation plans that are reviewed routinely. We noted the kitchen has been awarded a rating of 5 which is very good for food hygiene in the service.

Leadership and Management

The service provider has systems in place to support the safe operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. The provider has policies and procedures to inform the running of the service, these are reviewed as required. The manager has started to undertake routine audits of systems and procedures within the service and carried out dip sampling of documentation to ensure that it is completed correctly. The manager confirmed that there is good communication between them and the RI who also visits the service regularly. We saw the last two RI feedback reports which details the feedback received from people and care staff in the service to drive improvements. The quality-of-care review was also seen which confirms that the RI has resumed their role in the oversight of the service following a period of absence due to unforeseen circumstances.

Improvements have been made to ensure care workers are suitably vetted prior to employment at the service and once employed supported appropriately in their roles. We looked at six personnel files and found recruitment and background checks are in place along with up-to-date Disclosure and Barring Service checks with all relevant documentation visible in personnel files. The manager has set up a matrix to monitor staff supervision and appraisal and personnel files seen showed that supervision is being carried out routinely. The training matrix indicates care staff undertake numerous e-learning modules and face to face training to give them the knowledge to undertake their roles. Those spoken are complimentary of the training received and comments included: "we are constantly learning in the role, and I am always told to ask if there is anything I'm unsure of which I do", and "there's really good support here, the deputy and manager are very approachable".

The overall financial oversight of the service has improved. The manager told us the staffing levels in the service have improved due to ongoing recruitment and there is no longer a reliance of agency staff. Care workers also confirmed this, and that staff morale has improved with the new management structure in place. At the time of the inspection the manager requested specialist equipment to be ordered and this was done without hesitation. The manager confirmed that when equipment was needed the RI would not hesitate to authorise this to ensure people's needs could be met. People seemed to enjoy the food being served and we heard people being offered more if they had cleared their plates. Domestic staff confirmed that they have adequate stock of cleaning equipment available to ensure the service remained clean to minimize and infection control risks.

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	
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.	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	Achieved	

at the service, increasing vacancies have added 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.	
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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.	Not Achieved	
35	in 3 of the 5 personnel files viewed appropriate full work history and two written references were not available.	Achieved	

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