



Inspection Report on

Hollybank Care Home

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

Date Inspection Completed

18/08/2023

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About Hollybank Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HOLLYBANK RESIDENTIAL CARE HOME LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	16 February 2023
Does this service promote Welsh language and culture?	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 are happy with the care and support provided at Hollybank Care Home. People told us care staff are friendly and approachable. Personal plans are person centred and promote independence, but do not always accurately reflect people's care and support needs. People's involvement in the development of their care and support plans is not always evidenced.

Care staff enjoy working at the service and are keen to provide the best possible care and support. The Responsible Individual (RI) has good oversight of the service and is keen to improve the service, including the variety of activities available to people.

Well-being

People are supported to have control over their day to day lives. Personal plans promote independence and positive risk taking. Care staff treat people with dignity and respect. The RI regularly seeks the views of people living at the service.

People are supported with their physical, mental and emotional well-being. Activities take place on most days of the week, including bingo, quizzes, and singing. The service provider has plans in place to provide day trips for people living at the service and to have regular entertainment from local musicians. Records show people are supported to access healthcare services. The menu offered differs each day and healthy options are available. People told us they like the food at the service. Improvements are required for care plans to fully reflect people's care and support needs and include information from the relevant health assessments. The involvement of people and/or their representatives is not always evidenced in the development and reviewing of the care and support provided.

People are protected from abuse and neglect. People told us they feel safe at the service and all staff are friendly and approachable. There are safeguarding procedures in place, these provide clear guidance on how to raise a concern. The service ensures Deprivation of Liberty Safeguards are requested to ensure people's rights are protected.

The accommodation provided at the service, supports people to achieve their personal goals. The home is clean and tidy throughout, people are encouraged to have their own personal belongings on display in their rooms. The communal areas are decorated with a homely feel and people can choose where they spend their time.

Care and Support

Personal plans are person centred and promote independence. We reviewed a sample of care files. We found pre-admission assessments are detailed and gather the relevant information to ensure they can meet people's needs, before they move to the service. Information is person centred, with a strong focus on what is important to the person and includes a summary of the support required. Care staff keep clear and accurate records to demonstrate the support provided, which is in line with the personal plans. Personal plans encourage people to maintain their independence, by supporting people to do as much as they can. People are supported to access healthcare and other services to maintain their health and well-being. Care records demonstrate care staff engage well with health services and make referrals to the appropriate health professionals when required. Not all care plans and risk assessments are fully reflective of people's needs. We found not all identified risks regarding health issues had the relevant risk assessments in place. One care plan included a report from a medical professional, however the advice provided was not included within the care plans. This could mean people do not receive the right support at the right time. Not all personal plans and reviews evidence the person or their representative being involved. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

We spoke with people living at the service, they told us they are happy with the care and support provided. Feedback from people includes "[it is] *very nice, people are very good here*". People are supported to see their family and friends, during the inspection visit, we saw people received visits from their loved ones. Relatives we spoke with are positive about the service. They told us they can visit as often as they wish and care staff are very good at keeping them updated. Feedback from relatives included "*[staff are] very friendly and always there if you want to have a word with them*". We observed interactions between care staff and people living at the service, care staff engage with people in a warm and friendly manner.

The service provider has measures in place to promote hygienic practices, to manage the risk of infection. The home is clean and tidy throughout each building. The service provider employs domestic staff to maintain the cleanliness of the home.

Environment

People receive care and support in a location and environment with facilities and equipment which help people to achieve their personal outcomes. People have access to specialist equipment where required to support them to safely achieve their goals, such as stair lifts and shower chairs. Equipment is serviced regularly to ensure they are safe to use. Each building is decorated with a homely feel and most of the furniture is well maintained. People can choose where they spend their time, either in their rooms or in the communal areas. Communal areas, such as living rooms and dining areas provide people with the opportunity to socialise with others if they wish. We viewed a selection of bedrooms and people are encouraged to have their personal belongings, such as photos on display. There are signs in place to help navigate people around the buildings, the service provider has plans to add Welsh signs.

The service provider takes steps to mitigate most risks to health and safety. Regular checks and services are carried out on equipment, including fire safety equipment. The service provider takes the appropriate action, following professional advice regarding health and safety, and records when the actions have been taken. The service provider has effective systems in place to record and report any maintenance issues, the maintenance person documents when the works have been completed.

Leadership and Management

The service provider has good oversight of the service. We reviewed the reports from the RI's regulatory visits. The visits take place every three months and evidence the RI seeks the views of staff and people living at the service. The reports also evidence the RI inspects the premises and reviews the relevant documentation, including complaints records. Quality of care review reports are completed every six months and reflect what the service does well and ways in which it could improve. Policies and procedures are in place, reviewed regularly and most policies follow the relevant guidance and legislation. Regular management audits are completed, these highlight any issues which require improvement.

The service provider has oversight of the financial arrangements and investment in the service, to ensure it is financially sustainable and supports people to achieve their goals. There are systems in place to ensure the premises is maintained and safe. People have access to the equipment they need, to help them to achieve their personal goals. We viewed the supplies for food, cleaning equipment and Personal Protective Equipment (PPE), we found there are sufficient supplies held at the service. Invoices for supplies delivered, show the service receives regular deliveries throughout the week to maintain the supplies of the required goods.

People are supported by a service which provides appropriate numbers of staff, in line with the service's Statement of Purpose (SOP). Staff personnel files show the service provider undertakes robust recruitment checks before employing new staff. Where staff administer medication, they are regularly assessed to ensure they are competent to do so. There is a plan in place for staff meetings to take place more frequently, minutes from staff meetings show staff can discuss issues and make suggestions. We spoke with care staff who work at the service, they told us they feel supported in their roles and said the management team are very approachable. Feedback from care staff includes *"This is my happy place. I love working here"*, *"[we] work quite well as a team"* and *"the manager is approachable"*. Supervision records we reviewed, evidence care staff are given the opportunity to reflect on their practice, review training and development needs, they also receive feedback on their performance. We reviewed a sample of training records, the RI has provided assurance staff training is being increased to ensure all staff receive training in specialist areas.

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
15	The service provider has not ensured personal plans fully reflect people's needs. Risk assessments	New

	have not been put in place where there is an identified risk. When completing the personal plan, the service provider has not ensured the outcome of health assessments have been incorporated.	
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.	Reviewed

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