



## Inspection Report on

**Hollybank Care Home**

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

## **Date Inspection Completed**

07/08/2024

**Welsh Government © Crown copyright 2024.**

*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.gov.uk](mailto:psi@nationalarchives.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 Without Nursing
Registered Provider	HOLLYBANK RESIDENTIAL CARE HOME LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	18 August 2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.

### Summary

Hollybank is comprised of three separate buildings, with no more than seven people living in each unit. Each building is homely and welcoming, having the feel of a family home. There are well maintained accessible communal gardens which people can enjoy in warmer weather. There is regular entertainment which everyone in the service can enjoy and which provides an opportunity to socialise with others.

Care staff know people well and treat people with dignity and respect. They ensure their needs are met and take time to chat and spend time with people. Care staff are supported by the manager, deputy manager and responsible individual (RI), who are approachable and available to address any concerns. They ensure the service is running smoothly and staff are trained and competent for their roles.

People have personal plans which detail their care needs and explain individual needs and wishes. These personal plans are reviewed regularly alongside risk assessments. This was an area for improvement at the last inspection which has now been met.

## Well-being

People can make decisions about their day-to-day lives, such as when to get up and where to spend their time. There are a variety of activities on offer from which they can choose. There is an activities coordinator, and on the day of our inspection people enjoyed a relaxation and manicure session with them. There are some activities provided with the use of a projector, we saw this used for a game of tabletop football, which provided entertainment for those watching as well as those participating. Care staff told us the projector is a good investment as it is easy to use and they can provide interactive activities for everyone, including those who are bedbound. People can also choose to join trips out, which are planned bi-monthly. The menu provides two choices for each meal, and people can request alternatives. People we spoke to were positive about the service. One person described it as “*Absolutely wonderful*” and another said, “*I love it.*” A relative told us Hollybank is “*Like being at home.*”

People can contribute to decisions about the service. There are resident’s meetings every two months, and people are asked for their views on the food, activities and the care and support offered. People can contribute to the service, for example, some people managed stalls at fundraising events, assisting the service to raise money for charity.

Care staff are trained in safeguarding and ensure people are safe from the risk of harm and neglect. Care staff told us they are confident to report any concerns for people to management and that these will be addressed. People who lack capacity to make decisions about their care and support have their rights protected by Deprivation of Liberty Safeguards (DoLS). This means they have someone appointed to represent their views and uphold their rights.

People are supported to maintain relationships with friends and family and can receive visitors when they choose. They can access the privacy of the conservatories for their visits. All the relatives we spoke to were positive about the service, with one relative commenting, “*I don’t know what we would do without it.*” There are currently no Welsh speakers residing at the home and the staff do not speak Welsh. Documentation is not currently provided in Welsh; however, it could be translated if required.

## Care and Support

People receive care and support which is tailored to their individual needs by care staff who know them well. People's personal plans are person-centred and give a clear picture of the person. They contain detailed daily routines for care staff to follow which explain how people would like their care to be delivered. This means a new member of staff would be able to follow these clear instructions to deliver person centred care. Risks are identified and risk assessment and management plans are in place which are consistent with people's personal plans. These plans and risk assessments are reviewed regularly to ensure they are updated with any changes. The manager is continuing to develop and improve these personal plans, and a new software system has been purchased which will aid this process. Personal plans were an area for improvement at the last inspection and this has now been met. Care staff are responsive to people's needs and call bells are answered in a timely manner. The whole team: care staff, the manager, and the RI, know people well and could tell us about people's needs and preferences. People enjoy chatting to care staff and the management team. We spoke to a social care professional who told us the service works hard to meet people's individual needs and wishes. People told us the staff were kind and caring. One person told us "*I won't have a bad word said about the staff.*"

People's health care needs are met by care staff who ensure they have access to the healthcare services they need. Care staff complete regular monitoring of health conditions, such as repositioning charts in line with personal plans. Care staff ensure medication is administered safely. They keep clear documentation such as medication administration records (MAR) charts and medication returns information. The staff responsible for administering medication have completed the required training. The manager has recently introduced a homely remedies policy, meaning people are able to receive homely remedies, such as painkillers when required.

People are protected from the risk of infection. Care staff are trained in infection control and have access to personal protective equipment (PPE). There are cleaning schedules in place for care staff to follow. Domestic staff are employed seven days a week and they alongside care staff, have good systems in place to ensure communal areas and bedrooms are kept clean and tidy.

## Environment

People live in a home which is homely and comfortable and is designed to meet their needs. Each separate building has its own lounge and dining area, meaning that people have small and relaxing communal areas in which to spend their time. Bedrooms have recently been renovated and the service has invested in new matching bedroom furniture. People have also been consulted on their choices for the replacement of curtains and linen. People can personalise their rooms to suit their individual tastes. We saw people had brought photos and ornaments from home. Each building has a home style kitchen which people can access and those who are able can use this to prepare their own drinks and snacks. There are well maintained and accessible gardens which can be enjoyed in warmer weather, with comfortable seating areas, flowers, and plants which provide interest. There is a decorative family tree in the entrance of each building with photos of staff members.

The RI and manager ensure the buildings and grounds are well maintained, and health and safety requirements are met. We saw certification of gas and electrical safety checks. Water and fire safety checks are completed regularly and we saw evidence of remedial work being undertaken as advised. Specialist equipment is serviced to ensure it is in safe working order.

## Leadership and Management

People are supported by sufficient numbers of care staff who are well trained and confident to carry out their role. The manager ensures that recruitment checks are completed for new staff and we saw evidence of Disclosure and Barring Service (DBS) and reference checks prior to commencing employment. Care staff receive all their core training and ensure this is kept up to date. They also receive training to meet specialist needs, such as diabetes and dysphagia. The retention of care staff is good with several having worked for the service for many years. One member of staff has received awards for their long service and achievement in their role. People are cared for by a consistent staff team, without the need to access agency staff. Care staff told us they enjoy their jobs and feel well supported by the manager and RI. They told us they attend regular staff meetings; we saw records of these being held every two months with any agreed actions recorded. Care staff told us the manager considers their needs; their personal circumstances are considered when planning the rota, and some care staff have been supported to change roles.

The RI and manager provide good oversight to ensure a good quality service is being delivered. The manager and deputy manager complete regular audits, such as medication and infection control audits. There are policies and procedures in place which are reviewed regularly. The service has received many compliments, and when complaints are received, we saw these are taken seriously and fully investigated. The service has recently received an award for its work towards person centred care and is now working towards the next stage of this award.

The RI is heavily involved in the service and is based there several days a week. They complete a report every three months, and these include records of speaking to a selection of people and staff for their views. They also inspect the premises and review a selection of records including personal plans. The RI also completes a six-monthly quality of care report in which they review what is working well for the service and whether any improvements can be made.

The service provider continues to invest in the service. The home is well maintained, and bedroom furniture has recently been replaced. They have invested in a new software system for care records and the use of this system is making continued improvements to the service's care planning.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



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

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 17/09/2024