



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Hollybank**

**13 December 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 13 December 2015 from 09:45 to 13:45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSPSS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with Darren Mitchell and Julie McCallion, senior support workers, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Arlene Elizabeth Stewart
<b>Person in Charge of the Home at the Time of Inspection:</b> Darren Mitchell, senior support worker	<b>Date Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 4	<b>Weekly Tariff at Time of Inspection:</b> The daily tariff is £13.01

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' Involvement – Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: the previous inspection report, quality improvement plan and notifications of accidents/incidents since the previous inspection.

During the inspection the inspector met with three residents and four staff. The inspection took place on a Sunday and there were no visiting professionals or families present.

The following records were examined during the inspection: Four care files, staff rotas, record of accidents and complaints record.

### 5. The Inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 17 September 2015. The completed QIP was returned and approved by the specialist inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

The last care inspection was undertaken on 27 August 2015 and two requirements were made.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Standard 21</b> <b>appendix 2</b>	The home should devise a policy on the Management of Continence	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the policy was available and up to date at the time of inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 2</b>  <b>Ref:</b> Regulation 24 and Regulation 19 (2) 11	The home's complaints record should record all complaints made by or on behalf of a resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the complaints record was appropriately maintained	

### 5.3 Standard 1- Residents' involvement

#### Is Care Safe? (Quality of Life)

Hollybank residential care home provides care on a respite basis only. There are no permanent residents living in the home. There are nine registered places and on some occasions the home is full. On the day of this inspection there were four residents only.

On the basis of their assessment of need it had been decided that the residents accommodated would not settle if there were any more residents accommodated. There was a multi-disciplinary care plan for each resident which set out the overall care provided. In addition, the home had devised a separate "working care plan" which specified the care to be provided while the resident is in Hollybank.

We examined the care files of the four residents at the time. The care plans showed that staff were aware of what residents enjoy and how they prefer to spend their time. It was noted that the care plans required some updating. Signatures of family were not present in all the care plans examined. Copies of the most recent review minutes were not in place in some of the files. A requirement has been made in relation to the maintenance of the care files. Staff ensure that, while residents are in Hollybank care is provided to maintain the lifestyle, needs and routines of each one. Records showed that many residents enjoy going out with staff to the cinema, shopping and other community events.

#### Is Care Effective? (Quality of Management)

Senior staff stated that they receive regular training in areas specific to the needs of the residents as well as the mandatory areas. Staff confirmed that staff supervision is provided and that they receive an annual appraisal. The respite care provided by Hollybank is an essential part of the overall care provision by the Trust. Families benefit from a break as full time carers and residents enjoy a degree of independence and the company of their peers. There is a good multi-disciplinary management system of the scheme and respite is agreed several months in advance. In some instances emergency respite can be provided, where possible, if requested by families.

## Is Care Compassionate? (Quality of Care)

The care provided in the home is part, in most instances, of more extensive care packages. Residents live with families in the community and regard their stay in Hollybank as a break/holiday. Care is provided on the basis of what the resident enjoys and their usual routine while in their own homes.

There were four residents on the day of the inspection, all of whom had complex care needs. Apart from one, residents were unable to express their views in regard to staying in Hollybank. The practice we observed was seen to be respectful and friendly. One resident did engage with the inspector. He/she demonstrated an ease with staff and his/her surroundings and was observed interacting with staff in a familiar and good humoured manner. Staff with whom we spoke felt that the care provided in the home was compassionate. The atmosphere in the home on the Sunday morning was unhurried and assistance was provided to residents in a timely manner and at the residents' own pace.

### Areas for Improvement

Some work is required to ensure the records in the care files are updated and meet the minimum standards.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.4.1. Residents

There were four residents accommodated on the day. One was able to engage with the inspector and demonstrated that he/she was happy in the home and familiar with the staff on duty.

### 5.4.2. Staff

The following staff were on duty:

- Senior support workers x 2
- Support workers x 3
- Cook x 1

The senior support worker in charge confirmed that this was satisfactory to meet the needs and numbers of residents accommodated. We spoke with all staff on duty. Staff presented as knowledgeable about the residents in their care and confirmed that a comprehensive hand over report had been provided for them by the staff going off night duty.

### 5.4.3. Environment

Inspection of the environment found that the premises were warm, bright and clean. Residents' rooms are generally not personalised with belongings. However, any specialist equipment, for example, beds, mobility aids etc. were seen to be in place. There were no malodours or hazards noted in the home.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Mitchell as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**

**Ref:** Regulation 16  
Standard 6.3 and 11.5

**Stated:** First

**To be Completed by:**  
31 January 2016

A review must be undertaken of the care files to ensure that the legislative requirements and minimum standard are met.

Specifically:

- Signatures of all concerned should be in place on the care plan
- Copies of review minutes should be in place
- The care plan should be updated at least annually

**Response by Registered Person(s) Detailing the Actions Taken:**

Senior Support Workers are currently carrying out a review of all Service Users files to identify those which require to be updated. Furthermore I have contacted the Head of Service, Mrs Pauline Cummings, to highlight this requirement and request that it be cascaded to her teams.

<b>Registered Manager Completing QIP</b>	Arlene Stewart	<b>Date Completed</b>	28.01.2016
<b>Registered Person Approving QIP</b>	Tony Stevens	<b>Date Approved</b>	28/1/16
<b>RQIA Inspector Assessing Response</b>	Ruth Greer	<b>Date Approved</b>	15.02 2016

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**