



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 5 February 2020



## Hollybank Manor

**Type of Service: Residential Care Home**  
**Address: 186a Bangor Road, Newtownards, BT23 7PH**  
**Tel no: 028 9182 3573**  
**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to nine residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashdon Care Ltd  <b>Responsible Individual:</b> Lesley Catherine Megarity	<b>Registered Manager and date registered:</b> Caron Jordan 20 August 2019
<b>Person in charge at the time of inspection:</b> Caron Jordan	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) DE – Dementia MP - Mental disorder excluding learning disability or dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 5 February 2020 from 10.30 hours to 16.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment and the delivery of care.

Two areas of improvement identified during the previous inspection were not fully reviewed during this inspection and have been carried forward to be reviewed at the next care inspection.

Residents described living in the home as being a good experience. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with staff and other residents.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*2

\*The total number of areas for improvement have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Caron Jordan, Manager and Heather Murray, Quality and Development Manager for Ashdon Care Ltd as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 5 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection we met with five residents, two residents' relatives and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- fire risk assessment
- staff duty rotas
- two residents' records of care including food and fluid intake charts
- care records audits
- accident/incident records from 5 December 2019 to 5 February 2020
- the most recent monthly monitoring report
- RQIA registration certificate

Two areas of improvement identified during the previous inspection were not fully reviewed during this inspection and have been carried forward to be reviewed at the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 5 December 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that all notifications of death, illness and other events are made to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Prior to the inspection all notifications submitted to RQIA following the previous inspection were reviewed.  A review of accident/incident records and discussion with the manager confirmed that RQIA have been informed of notifiable events with the exception of one event that occurred two days prior to the inspection. This event was reported to RQIA appropriately following the inspection.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> Second time	The registered person shall ensure a record is maintained to show when fire safety recommendations have been actioned.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the fire risk assessment dated 25 March 2019 evidenced that not all of the recommendations made had been actioned. This was discussed with the manager and following the inspection RQIA received written confirmation that all of the recommendations made had been actioned.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that care plans are reviewed. This is in particular reference to falls, personal care, incontinence and breathing.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of care plans of two residents evidenced that some of the care plans had been reviewed and updated since the previous inspection.  We were informed that a system has been put in place to review all of the care plans for each resident living in the home.  Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.  <b>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.10   <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the actions from the care file audits are completed.</p>	<p><b>Carried forward to the next care inspection</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of care file audits of three residents evidenced that not all actions from the care file audits had been completed.</p> <p>We were informed that a system has been put in place to carry out care file audits for all of the resident living in the home.</p> <p>Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.</p> <p><b>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	

**6.2 Inspection findings**

**6.2.1. Staffing**

The duty rota for the week of the inspection was reviewed and staffing levels were discussed with the manager. The duty rota reviewed accurately reflected the staffing levels discussed. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. Staff were responding to residents’ needs in a prompt and caring manner.

We were informed by the manager that staff were finding it difficult to meet the behavioural needs of one identified resident. We advised the manager to discuss this with the resident’s care manager and general practitioner (GP). Following the inspection RQIA were informed that the identified resident’s care needs had been reviewed by the social worker and GP and the resident had been admitted to hospital for a period of assessment.

No concerns regarding staffing levels were raised by residents during the inspection. However, we were informed that care assistants regularly carry out cleaning duties due to domestic staff shortages. This was discussed and we were informed that Ashdon Ltd is currently recruiting extra domestic staff to cover staff shortages and sickness. Assurances were given that, in the interim period, domestic staff who work in Beverly Lodge Nursing Home which is located on the same site will be rostered to also work in Hollybank Manor on a daily basis.

## 6.2.2 Environment

Information was available at the entrance to the home for residents and visitors in relation to the RQIA registration, infection prevention and control, planned activities and details of the most recent monitoring visits.

Patients' bedrooms, the lounge and dining room were found to be warm, comfortable, clean and tidy. Most of the bedrooms had been individualised with pictures, family photographs and items brought in from home.

We identified some areas where the home's environment could be improved and these issues were addressed either during the inspection or immediately following the inspection therefore an area for improvement was not required on this occasion.

## 6.2.3 Residents' views

The residents we spoke with confirmed they were content living in the home and that staff were kind to them. We observed relaxed and positive interactions between staff and residents throughout the inspection. Specific comments from residents included:

- "Could not be treated any better."
- "Everyone gets on."
- "A happy home."
- "Good food, clean room, no complaints."
- "I am happy."

Following the inspection, five questionnaires were returned by residents who confirmed they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led.

## 6.2.4 Care delivery

Residents were well presented and it was clear that staff had given them time and support to attend to their appearance and personal care.

We observed one resident enjoying a craft activity led by the activity coordinator while other residents were being visited by relatives either in their bedrooms or in the communal lounge.

Residents were being treated with dignity and respect; staff supported residents to be independent where possible. Staff provided residents with choice throughout the day including where they wished to eat, what they wished to eat and drink, and how they wanted to spend their time.

During lunch a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was warm, bright and well ventilated. Table cloths, condiments and place settings were appropriately set on dining room tables and the environment was pleasant for residents to eat their meals. There was a range of choices available for residents to choose from, portion sizes were good and the meals were well presented. The day's menu was displayed on the notice board and staff were observed being attentive to residents' needs during the meal service.



Discussion with staff confirmed that a person centred approach underpinned care delivery in the home. Staff were able to describe residents' individual preferences, needs and wishes in detail.

### Areas of good practice

Evidence of good practice was found in relation to the environment and the delivery of care.

### Areas for improvement

Two areas for improvement relating to care records have been carried forward to be reviewed at the next inspection. No further areas for improvement were identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that care plans are reviewed. This is in particular reference to falls, personal care, incontinence and breathing.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and is carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that the actions from the care file audits are completed.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and is carried forward to the next care inspection.</b></p>



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