



# Unannounced Care Inspection Report 5 December 2019



## Hollybank Manor

**Type of Service: Residential Care Home**  
**Address: 186a Bangor Road, Newtownards BT23 7PH**  
**Tel no: 02891823573**  
**Inspector: Debbie Wylie**

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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> 9

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 09.45 hours to 16.45 hours. This inspection was undertaken by the care inspector.

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 staffing, the environment, activities, and the dining experience.

Areas requiring improvement were identified including completion timely review of care records; notifiable events and completion of care record audits.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

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>	1	*3

\*The total number of areas for improvement includes one under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Jordan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 December 2018. 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, registration information, 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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A total of eight questionnaires were returned showing that all nine were either satisfied or very satisfied with their care.

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

- staff duty rotas from 25 November to 5 December 2019
- staff training matrix
- one staff recruitment and induction record
- staff supervision and appraisal schedule

- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 4 April to 5 December 2019
- reports of visits by the registered provider
- a sample of minutes of meetings
- RQIA registration certificate
- a record of staff registration checks
- the fire risk assessment
- a record of fire safety checks
- a record of fire drills carried out

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 16 September 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 29.1 Stated: First time	The registered person shall ensure a record is maintained to show when fire safety recommendations have be actioned.  Ref: 6.4	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire risk assessment was reviewed and actions had not been completed. There is a new owner in place who is aware and is working to meet these actions.  This area for improvement has not been met and has been stated for a second time.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure the risk assessments are reviewed and updated for the identified resident.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified resident is no longer in the home. Other records in the home were inspected and evidenced deficits in relation to care planning. A new area for improvement has been made.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The home was warm, well lit, free from malodours and well-presented throughout. Communal rooms were well decorated, uncluttered and tidy. Residents were well presented and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken.

Residents' bedrooms were found to be clean tidy and personalised with their own memorabilia and personal belongings. Corridors were clutter free and bathrooms were found to be clean and tidy.

Personal protective equipment, such as gloves and aprons, were observed to be available to staff in the home. Staff were observed to be bare below the elbow and wearing aprons when required.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents' dependency levels. A review of the duty rota from 25 November until 5 December 2019 confirmed that staffing levels were maintained as planned. No concerns were raised with staffing levels during discussion with residents or staff. The hours worked by the manager were evident on the rota and the person in charge was highlighted.

Discussion with staff confirmed that a period of induction was completed relevant to their roles and responsibilities. One staff recruitment and induction file was reviewed and found to have been fully completed. Observation of staff showed that interaction with residents was appropriate respectful and staff were knowledgeable in relation to individual residents’ needs. A relative told us:

“The staff are very caring and look after mum really well.”  
 “Staffing levels are not a problem that I can see.”  
 “Staff are so friendly and patient.”

Fire exits were clear from obstruction and records of fire equipment checks were complete and up to date. The fire risk assessment had been completed on 27 March 2019. A review of the fires risk assessment evidenced that there were outstanding actions. The new owners were aware of this and assured us that they were working toward meeting these actions. An area for improvement made at a previous inspection was stated for a second time.

A review of the staff training matrix confirmed that mandatory training was continuing and monitored by the manager. Discussion with the manager and staff confirmed that they were receiving mandatory training regularly had a good knowledge of training requirements.

Staff also demonstrated a good knowledge of adult safeguarding procedure and how to report concerns or poor practice.

We reviewed two residents’ care records which evidenced that following admission to the home staff completed relevant risk assessments and care plans to manage care needs. The records were seen to be stored confidentially and recorded in a professional manner. Monthly care plan evaluations were reviewed and not completed regularly for falls, personal care, incontinence and breathing. An area for improvement was made

**Areas for improvement**

The following areas were identified for improvement in relation to care plan documentation and review.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Residents were seen to enjoy their breakfast and morning snacks including warm and cold drinks. The lunch time meal was served in the dining room. The meal appeared hot and appetising and a choice of meal was provided. Residents were observed enjoying their meal and staff assisted those who required help in a timely and appropriate manner. Residents confirmed to us that the food was lovely. Residents and staff were seen to be relaxed and discussed their choice of drinks while music played in the background. The home does not have a menu board but on discussion with the manager it was confirmed that this had been ordered and will be put in place as soon as it arrives.

Staff were aware of the individual dietary needs of residents. Staff were knowledgeable about the international food and fluid descriptors.

Interactions between staff and residents was observed to be respectful, caring and kind. Residents appeared at ease and those spoken with confirmed that they were well cared for and staff were wonderful. We spoke with one family member during the inspection who complimented the staff on how caring and responsive they were.

Residents were seen to enjoy singing in the lounge during the day with staff assisting them in guessing the tune. A notice board was displayed in the hall showing residents the activities planned for the day.

Discussion with staff confirmed they were knowledgeable about resident care needs and we saw them respond to residents' requests for assistance in a caring way.

No areas for improvement were identified within this domain.

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

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Residents told us that the home was comfortable and that they were well looked after. There was a relaxed and calm atmosphere noted throughout the inspection. There was music playing in the background in the dining room and the television was available for residents who preferred to watch it.

We saw that residents were treated with dignity and respect with staff taking their wishes and preferences into account when servicing snacks, meals and while taking part in activities. Residents told us:

“Staff are so wonderful.”  
 “Staff are good to us all.”

During the lunchtime meal staff were observed to be kind and asked residents about their preference of drinks and food. Residents were assisted with their meals with both staff and residents chatting and relaxed.

The manager confirmed that a relatives meeting had been held on 16 October 2019. A relative told us that staff kept her up to date with any changes and found them very helpful.

We provided questionnaires for resident and relatives to complete; none were returned.

No areas for improvement were identified within this domain.

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

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Since the last care inspection on 16 September 2018 Caron Jordan had been appointed registered manager of the residential home. RQIA was notified of the changes as required.

Inspection of a sample of audits carried out by the manager including falls, complaints, medication and dining experience confirmed that these were completed on a regular basis. The manager evaluated the audit information; for example we saw the analysis of the incidence of falls in the home on a monthly basis. This analysis allowed the manager to identify any patterns or trends which could be addressed to reduce the number of falls. The care file audits were reviewed from August to November 2019 but actions required completion. An area for improvement was made.

Review of the record of incidents in the home evidenced that not all notifiable incidents have been reported to RQIA. This was discussed with the manager and an area for improvement was made.

A staff member described the manager as being “absolutely brilliant and approachable”. We saw that the interactions between the manager, staff and residents was friendly, caring and professional.

We reviewed the record of quality monitoring visits undertaken by the provider’s representative. These visits were undertaken monthly and in accordance with Regulation 29. An action plan was included in each report and signed as complete.

Staff were invited to provide comments via an on-line questionnaire. None were received.

**Areas for improvement**

The following areas were identified for improvement in relation to completion of audit actions and reporting of incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caron Jordan, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 30</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 all notifications of death, illness and other events are made to RQIA.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has reviewed this and all notifications of death, illness and other events are reported to the RQIA as required.</p>

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

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 29.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure a record is maintained to show when fire safety recommendations have been actioned.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>MD Helathcare took ownership of Hollybank Manor on 30<sup>th</sup> August 2019 and immediately identified that the majority of areas highlighted on the Fire Risk Assessment in March 2019 had not been actioned. On the day of the inspection the inspector was shown the areas already actioned and discussed progress with the contractor who was in the Home finishing the works in the roofspace as identified on the Fire Risk Assessment. All works have been completed and this is evident on the Fire Risk Assessment.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: 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: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All resident care plans have now been fully reviewed. An individual review/ evaluation form is now in place for each individual careplan to ensure care plans are not overlooked and that all care plans are reviewed/ evaluated as required. The registered manager will continue to monitor this area through the auditing process with particular reference to falls, personal care, incontinence care and breathing.</p>

<p><b>Area for improvement 3</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: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has discussed this with the individual staff and any actions identified through the care plan audits have been addressed. The registered manager will continue to monitor this area and follow up as necessary to ensure actions identified from the care plan audits are addressed and completed in a timely manner.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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