



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Service and Establishment ID: Hollybank Manor (1618)**

**Date of Inspection: 19 November 2014**

**Inspector's Name: Priscilla Clayton**

**Inspection No: IN017835**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**1.0 General information**

<b>Name of home:</b>	Hollybank Manor
<b>Address:</b>	186a Bangor Road Newtownards BT23 7PH
<b>Telephone number:</b>	02891823573
<b>Email address:</b>	janet@ashdoncare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Ashdon Care Ltd Mr James Edward Russel Cole
<b>Registered Manager:</b>	Jessica Dobson
<b>Person in charge of the home at the time of inspection:</b>	Jessica Dobson
<b>Categories of care:</b>	RC-MP, RC-DE
<b>Number of registered places:</b>	9
<b>Number of residents accommodated on day of Inspection:</b>	8
<b>Scale of charges (per week):</b>	As per trust contract
<b>Date and type of previous inspection:</b>	29 April 2014 Secondary Unannounced Inspection
<b>Date and time of inspection:</b>	19 November 2014 Primary Announced Inspection 10.30 and 5.15pm
<b>Name of Inspector:</b>	Priscilla Clayton

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	2
Relatives	Nil
Visiting Professionals	One district Nurse

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	3

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
  - Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
  - The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Hollybank Manor is a nine bedded single storey residential home located off the dual carriageway from Bangor to Newtownards. The home is situated in the same grounds as Beverley Lodge Nursing Home.

Mr James Cole became the registered provider in 2012. Mrs Jessica Dobson is the registered manager who is employed 20hpw within the residential home. The manager is based within the home and is assisted in the day to day running of the home by a team of care and support staff.

The home is registered to accommodate nine residents in category RC-DE. Residents living in Hollybank Manor require variable degrees of support and assistance.

Management confirmed that each resident has a statutory key worker and receives on-going support from care management in the referring Trust. Additional support is provided by the GP, and district/community nurses.

The accommodation within Hollybank Manor comprises of a lounge, dining room, nine single bedrooms two with an en-suite, combined bath/ shower/toilet, a separate toilet, clinical room, sluice room, office and reception.

Car parking spaces are available and the grounds are tidy and well kept.

### **Residential care**

DE	Dementia
MP	Mental disorder excluding learning disability or dementia

## 8.0 Summary of Inspection

This primary unannounced care inspection of Hollybank Manor was undertaken by Priscilla Clayton on 19 November 2014 between the hours of 10.30am and 5.15pm. The manager, Jessisa Dobson, was available during the inspection and for verbal feedback at the conclusion of the inspection.

Three requirements made as a result of the previous inspection conducted on 29 April 2014 and one recommendation made on 4 January 2014 were examined. Review of documentation, observations and discussions demonstrated that areas identified for improvement had been addressed. The detail of the actions taken by the manager, Jessica Dobson can be viewed in the section following this summary.

Prior to the inspection, the manager, Jessica Dobson completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager in the self-assessment were not altered in any way by RQIA.

The inspector met with residents, staff and one visiting professionals, discussed the day to day arrangements in relation to the conduct of the home, the standard of care provided to residents, observed care practice, issued 10 staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Staff responses to residents were appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

## **Inspection findings**

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort. Residents' care records outlined their usual routine, behaviours, communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the commissioning trust multi-disciplinary team.

A review of a sample of care records evidenced that residents or their representatives had been included in any decisions affecting their care. One requirement made related to ensuring all accidents / incidents are notified to RQIA in accordance with Regulation 30 (f).

The evidence gathered through the inspection process concluded that Hollybank Manor was moving towards compliance with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed and evidenced that activities were provided throughout the course of the week and were age and culturally appropriate. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. However one recommendation made related to ensuring that the timescale of the activity is always recorded within the activity records. The evidence gathered through the inspection process concluded that Hollybank Manor is substantially compliant with this standard.

During the course of the inspection the inspector met with residents, staff and visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views and choices. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory. Lighting within the lower end of the front corridor was noted to be insufficient. Recommendation was made in this regard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and seven recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 29 April 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ensure that when two staff are not on duty in the home that the decision making process around this change in staffing is recorded.</p> <p><b>Ref: 9.0</b></p>	<p>Discussion with the registered manager, staff, and residents, and examination of the staff duty roster evidenced that staffing was in keeping with RQIA Staffing Guidance for Residential Care Homes. Competency and capability assessments of staff were in place.</p> <p>Examination of the duty roster evidenced that two staff were on duty each day.</p>	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
2	19 (2) Schedule 4 (6) (e) & (7)	<p>The registered person must ensure that the staff duty rota is kept up to date at all times and includes the following information:</p> <ul style="list-style-type: none"> <li>• the registered manager's hours;</li> <li>• the grades of staff members;</li> <li>• record of staff sickness; and</li> <li>• record of when staff leave Hollybank Manor to assist in Beverley Lodge.</li> </ul> <p><b>Ref: 9.0</b></p>	Examination of the staff duty roster evidenced that the listed recommendations had been addressed.	Compliant
3	27 (2) (b) (d)	<p>The registered person must ensure that the following environmental issues are addressed:</p> <ul style="list-style-type: none"> <li>• Reupholster the identified chair;</li> <li>• Replace the identified corridor carpets; and</li> <li>• Make good the woodwork around the reception desk.</li> </ul> <p><b>Ref: 10.0</b></p>	Discussion with the manager and observation of the environment evidenced that areas identified for improvement had been addressed. (Carpets within the corridor had been steam cleaned and had addressed the problem identified at the previous inspection)	Compliant

1	Standard 16.2	The procedures for the Protection of Vulnerable Adults should be included in the homes records of Induction and Competency assessment documents	Examination of associated documents evidenced that protection of vulnerable adults had been included in the induction and competency assessment records which were noted to be based on NISCC Standards.	Compliant
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**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
All staff have a good understanding of each residents usual conduct and behaviour. Staff respond appropriately to unusual conduct or behaviour through the following, encouraging communication, good listening skills, reassurance, distraction techniques, activities, involving family/friends , comfort, music, reminence, changes to environment etc	Compliant
<b>Inspection Findings:</b>	
Discussion with staff on duty evidenced that they had knowledge and understanding of residents conduct, risk assessments, care plans and interventions.	Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Should a residents behaviour be uncharacteristic, the staff would immediately report this to the manager, they would then begin to work through the "Challenging Behaviour Checklist " to try and define the problem whilst informing care manager, mental health team or GP if necessary if a medical cause for the behaviour is suspected. All staff are able to contact GP if a medical cause is suspected, for example if a resident is symptomatic of a UTI or chest infection. Staff are competent in the taking of a temperature and are able to pass this information on to the GP if necessary. The staff are able to assess through non verbals and facial expressions if pain, is an issue, or note a change in appetite or any new swellings or inflammations etc. All staff refer to the Challenging behaviour checklist if an unusual behaviour occurs and work through it point by point in an attempt to find the cause of the behaviours for example pain, side effects of medications, a new medication/ hunger, thirst, under or over stimulated, depressed, overtired, change to environment etc. Staff then seek possible solutions to the potential problem by involving the family, care manager and GP</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The home had a policy / procedure on Challenging Behaviour which was dated 1 October 2014. Information as illustrated by the manager in the self- assessment was discussed and care records examined. There was evidence of good multi-professional collaboration recorded within care records examined. The manager and staff demonstrate good knowledge on the modes of communication to trust professional staff.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Any resident that needs a consistent approach is detailed in their care plan the reasons why this approach is to be used, and how. The care plan is then signed by the residents representative and reasons explained	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that staff would always be aware of residents who require a consistent approach which would be reflected within the care plan with needs and interventions recorded as agreed by the commissioning care manager and resident representative where appropriate. The manager confirmed that any changes in behaviour of residents would immediately be notified to the care manager and a record of same retained. This detail was verified by staff who spoke with the inspector	Compliant
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
In the event of a resident needing a specific behaviour programme, this would be approved by an appropriately trained professional and the resident would have a care plan in place	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that specific management programmes are developed by the trust professional with recommendations recorded within the care plan by staff.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
For any behaviour management programme all staff would be provided with the appropriate training, guidance and support. All staff receive annual training in the areas of Challenging Behaviour and Dementia management	Compliant
<b>Inspection Findings:</b>	
Information as illustrated within the manager's self- assessment was verified through discussion and examination of staff training records which evidenced that training was provided in challenging behaviour on 1 October 2014.	Compliant

<p><b>Criterion Assessed:</b>                      10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Should an incident be managed outside the scope of the care plan, it is recorded in the daily progress notes and the behaviour chart and reported to the care manager and GP if necessary. A care review is organised if necessary and referrals made to multi disciplinary professionals if needed</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated by the manager in the self- assessment was discussed, care records and accident / incident records examined. The manager confirmed that all accidents were notified to the care manager, the resident representative and recorded within care records. The home’s policy on Accidents / Incidents, dated 13/3/14 makes reference to notification of accidents to RQIA.                      The manager confirmed that referral to the thrust falls clinic was made to the general practitioner when residents are assessed as high risk.</p> <p>One requirement was made as several accidents relating to minor accidents was not notified to RQIA in accordance with Regulation 30 (f) which call for any accident in the home to be notified to RQIA.</p> <p>In addition it is recommended that the general practitioner is notified immediately of any accident where a resident has a fall sustaining a knock to the head.</p>	<p>Moving towards compliance</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> Restraint is not used	Compliant
<b>Inspection Findings:</b> The manager confirmed that restraint has never been required and would only ever be used as a last resort. The manager confirmed that restraint training was included within the training in challenging behaviour in the form of de-escalation. The manager also confirmed that if there was an episode of challenging behaviour this would be notified to the care manager and appropriateness of placement reassessed by the trust professional.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Working towards compliance

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The programme of events and activities is based on the identified needs and interests of the residents. The manager undertakes daily audits of the activity sessions to ascertain which activities are most enjoyable to the residents . The manager also interviews residents and representatives and compiles a six monthly report on which activities will be most suitable based on the findings of the audits, interviews and feedback	Compliant
<b>Inspection Findings:</b>	
The home has a programme of activities and events which staff confirmed was based on residents’ needs and preferences. Staff explained that this is frequently changed as residents choose, at late notice, to do other things Care plans examined reflected resident chosen activities.	Compliant

<p><b>Criterion Assessed:</b>                      13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b>                      All activities are age appropriate,culturally appropriate, stimulating, manageable, and flexible and depend on the residents mood, personal interests, level of dementia, and physical capabilities. . The activities may be cognitive, emotional or social or a combination of all three. The activities may be passive or active. The activities are constantly audited and under review to meet changing needs of the residents.Activities encourage healthy living eg chair exercise and spitual needs are catered for</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b>                      Information as illustrated in the manager’s self –assessment was verified through discussion with residents, staff the manager and examination of associated records.</p>	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents who stay in their rooms are interviewed and asked to contribute suggestions to the programme of events based on their needs and interests. They are very much involved in formulating the programme of events and activities. Each residents suggestions and ideas are taken into account in formulating the programme of activities and events.	Compliant
<b>Inspection Findings:</b>	
Information as illustrated in the manager's self- assessment was verified through discussion with one resident who prefers to remain in their bedroom.	Compliant
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme of events is written daily on a white board located centrally within the home so it is visible to residents and visitors.	Compliant
<b>Inspection Findings:</b>	
The programme of activities was displayed, in a suitable format, in the hallway of the home.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Any specialist equipment is provided based on the residents assessed needs	Compliant
<b>Inspection Findings:</b>	
There was a satisfactory range and supply of resources available.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The activities take into account the abilities of the residents and so are time appropriate in relation to duration. the activity may be done in short bursts and broken down into short manageable sections so they are more manageable for the residents. If residents are tired, activities can be resumed later	Compliant
<b>Inspection Findings:</b>	
Examination of the provision of activity records evidenced that the duration of each activity was not recorded. Recommendation was made.	Not compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities are provided by staff within the home which is closely overseen by the manager	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that no persons are commissioned to undertake activities in the home.	Not applicable
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where activities are provided by outside providers, staff would inform them of any changed needs.	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that this criterion was not applicable but if there was a person contracted this criterion would be applied.	Not applicable

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All activities are documented and audited daily, the enjoyment of that particular activity, who took part and led the activity and all feedback received	Compliant
<b>Inspection Findings:</b>	
Records of all activities recorded included the names of residents participating.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The manager compiles a comprehensive six monthly report on the activities based on the audits, the interviews and the feedback received and adjusts the program accordingly	Compliant
<b>Inspection Findings:</b>	
The manager and staff confirmed that activities are regularly reviewed based on residents' choice and preferences	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with all residents, three individually and with others in group format. Residents were observed relaxing in the communal lounge, participating in organised activity during the afternoon. Some residents were observed to move freely around the home or relax in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

### **11.2 Relatives/representative consultation**

No relatives visited during the inspection period.

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with two staff and issued ten staff of which three were completed and returned to RQIA within the timescale. Review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

### **11.4 Visiting professionals' consultation**

One district nurse who visited the home during the inspection to administer anti – flu vaccinations spoke with the inspector and expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. No issues or concerns were expressed or indicated.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff was observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. All residents were observed to be appropriately clothed, neat and tidy in appearance with personal care needs attended.

Care plans examined reflected personal care needs.

Discussion with the manager took place in regard to one resident with high dependency needs. The manager agreed to liaise with the commissioning trust care manager to ensure placement remains appropriate within the residential care setting. One recommendation was made in this regard. During the course of the inspection one resident fell in the bedroom. Staff promptly rendered first aid and called for medical assistance. The resident was transferred by ambulance to hospital casualty, accompanied by a staff member, for assessment and treatment. Relatives and the care manager were notified.

The manager confirmed that the trust district nurse would be notified if required and a visit to the home would take place with nursing assessment, including risk if necessary undertaken. Resources, as prescribed by the district nurse, would generally be issued. However, on one occasion there was a delay in providing a mattress. The manager recorded that she had informed the commissioning trust care manager of the delay. Examination of interventions recorded within care records evidenced some spaces between daily intervention entry dates. One recommendation was made in this regard.

## **11.6 Care Management Reviews**

Prior to the inspection information of residents' care management review questionnaire was forwarded to the home for completion and return to RQIA.. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated and the complainant's satisfaction with the outcome of the investigation was sought and recorded within records retained. The manager is currently awaiting the outcome of one complaint being investigated by the commissioning trust.

The registered manager confirmed that lessons learnt from investigations of complaints were acted upon. One recommendation was made in regard to the recording of this detail within the template used for complaints. Additionally it was recommended that a complaints register is established to show reference number of complaint, resident name, complainants name or whistle-blower and resolution / date.

One recommendation made as a result of the discussion with the manager regarding one complaint investigated by the trust related to ensuring that written confirmation is requested from the care manager when arrangements are being made in respect of a proposed admission to the residential home and that when a new resident is admitted a formal written confirmation of acceptance / admission is forwarded from the manager to the commissioning care manager.

## **11.8 Environment**

The inspector viewed the home and inspected all residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory. One recommendation made related to the

lighting within the lower of the corridor (opposite the entrance door) which was considered to be dull.

### **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire to RQIA which was signed by the registered manager was forwarded to the aligned estates inspector.

The inspector examined the home's most recent, annual fire safety risk assessment. Review identified that the recommendations made as a result of this assessment had been duly actioned as signed by James Cole, responsible individual, on the day of inspection. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the manager who recorded confirmation that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Jessica Dobson, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Hollybank Manor

19 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jessica Dobson, registered manager on conclusion of the inspection. Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30 (f)	<p><b><u>Accident /Incidents</u></b></p> <p>The registered manager must ensure that any accident occurring in the home is notified to RQIA.</p> <p>Ref Standard 10.6</p>	One	The RQIA is now notified of all incidents in the home.	Immediate and ongoing

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9.2	<p><b><u>Accident / incident</u></b></p> <p>It is recommended that the general practitioner is notified immediately of any accident when a resident has a fall sustaining a knock to the head</p>	One	The GP is notified immediately of any head injury.	Immediate and ongoing
2	Standard 13.6	<p><b><u>Activity records</u></b></p> <p>The registered manager must ensure that staff record the duration of activities within the activity records retained.</p>	One	The duration of the activities is now recorded	Immediate and ongoing
3	Standard 9.3	<p><b><u>Care review</u></b></p> <p>It is recommended that the manage liaises with the commissioning trust care manager to confirm that the placement of one resident remains appropriate.</p> <p>Ref Section 11.5</p>	One	The resident in question- a care review was arranged the following and the care manager stated the placement remained appropriate	21 November 2014

4	Good record keeping guidelines.	<p><b><u>Recorded interventions</u></b></p> <p>It is recommended that staff cease to leave gaps between recorded interventions in care records.</p> <p>Ref Section11.5</p>	One	Staff have been informed not to leave gaps in care records	Immediate and ongoing
5	Standard 17.10	<p><b><u>Complaints records</u></b></p> <p>It is recommended that complaints template is revised to include a section to record lessons learned / action taken Additionally it was recommended that a complaints register is established to show date, reference number of complaint, resident name, complainants name or whistle-blower and resolution / date.</p> <p>Section 11.7</p>	One	The complaints template already includes a section for action taken. A complaints register has now been established.	31 December 2014

6	Standard 3.4	<p><b><u>Care management - communication</u></b></p> <p>It is recommended that the manager seeks written confirmation from the care manager when arrangements are being made in respect of a proposed admission to the residential home and that when a new resident is admitted a formal written confirmation of acceptance / admission is forwarded by the manager to the commissioning care manager.</p> <p>Section 11.7</p>	One	Where there is a proposed admission the manager will send written confirmation of acceptance to the care manager.	Immediate and ongoing
7	Standard - N.11	<p><b><u>Provision of adequate Lighting</u></b></p> <p>The lighting within the lower end of the corridor was considered to be dull for residents with dementia. This should be reviewed and made good</p> <p>Ref Section 11.8</p>	One	This has since been made good.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	JESSICA DOBSON
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	JAMES COLE

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	23 February 2015
Further information requested from provider			