



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Inspection

Name of Establishment:	Hollybank Manor
Establishment ID No:	1618
Date of Inspection:	29 April 2014
Inspector's Name:	Lynn Long
Inspection No:	18219

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of Home:	Hollybank Manor
Address:	186a Bangor Road Newtownards BT23 7PH
Telephone Number:	02891823573
E mail Address:	ashdoncare@hotmail.co.uk
Registered Organisation/ Registered Provider:	Ashdon Care Ltd Mr James Edward Russel Cole
Registered Manager:	Mrs Jessica Dobson
Person in Charge of the Home at the Time of Inspection:	Mrs Jessica Dobson
Categories of Care:	RC-MP, RC-DE
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (per week):	£450.00 per week £15.00 top Up
Date and Type of Previous Inspection:	4 January 2014 Announced Primary Inspection
Date and Time of Inspection:	29 April 2014 18.35-21.30
Name of Inspector:	Lynn Long

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 an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

4.0 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- Tour of the premises
- Evaluation and feedback

5.0 INSPECTION FOCUS

This unannounced care inspection was undertaken to Hollybank Manor in response to some information received by RQIA from an anonymous individual. The individual had contacted RQIA to raise concerns in relation to recent changes with staffing levels in the residential care home. The inspection also sought to assess progress with the issues raised during the previous inspection.

6.0 PROFILE OF SERVICE

Hollybank Manor is a nine bedded single storey residential home located off the dual carriageway from Bangor to Newtownards. It adjoins Beverley Lodge Nursing Home.

Mr James Cole became the registered provider in 2012. Mrs Jessica Dobson is the registered manager. 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.

7.0 Summary of Inspection

This secondary unannounced inspection of Hollybank Manor was undertaken by Lynn Long on 29 April 2014 between the hours of 18.35 and 21.30. Mrs Jessica Dobson, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

This unannounced care inspection was undertaken to Hollybank Manor in response to some information received by RQIA from an anonymous individual. The individual had contacted RQIA to raise concerns in relation to recent changes with staffing levels in the residential care home. The inspection also sought to assess progress with the issues raised during the previous inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement and six recommendations made have been addressed. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, examined a selection of records and carried out a general inspection of the home.

As a result of the information received in relation to staffing levels a thorough review of staffing was undertaken which included a review of the duty rotas, review of resident dependency information, discussion with staff and discussion with the registered manager. The focus of this review was to ascertain the impact or potential impact that this recent change in staff has had or could potentially have on the health, safety and welfare of the residents accommodated.

It was identified that there had been a recent change in the staffing levels in Hollybank Manor. The review identified that the main reasons for this change was to utilise staff more effectively following a decrease in dependency levels of residents currently accommodated in Hollybank Manor and to support staff in the adjoining service. This issue is discussed at length in the main body of the report. Following the review the inspector concluded that this change in staffing could potentially have a significant impact on the health, safety and welfare of the residents accommodated and subsequently a requirement has been made.

As discussed the duty rota was reviewed. The review identified a number of issues which require to be addressed in order to ensure that an accurate record of the staff who are on duty is retained. These issues were discussed with the registered manager and a requirement in relation to ensuring the staff duty rota is accurate and up to date has been made.

The atmosphere in the home was friendly and welcoming. A general inspection of the home environment was carried out and a number of resident's bedrooms and communal areas were viewed. In the main the areas viewed presented as warm and comfortable. However, a number of issues were identified which require to be addressed. These issues were brought to the attention of the registered manager who confirmed that plans to address the issues are in place. A requirement has been made to address these issues.

Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that

they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be comfortable and enjoying individual pursuits of choice, such as watching television and hand massage.

Three requirements were made a result of the unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mrs Dobson, registered manager, residents and staff for their helpful discussions and assistance throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Reg 19 (1) (c) and Schedule 1	Review and revise the homes Statement of Purpose to ensure that it contains all information as outlined in Schedule 1.	<p>The registered manager confirmed that the statement of purpose was updated following the previous inspection and submitted to RQIA.</p> <p>This requirement has been addressed.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.3	The registered manager should ensure a copy of the written report prepared for reviews is retained on one specified resident's file.	<p>The registered manager confirmed that no care management reviews have taken place since the previous inspection. However, a new process has been implemented and it involves staff retaining a photocopy of the information which they send to the care manager prior to the review.</p> <p>This recommendation has been addressed.</p>	Compliant
2	11.5	The registered manager should contact the Trust to ensure a record of the outcome and actions to be taken in respect of the respect of residents review meeting are available for the residents file.	<p>A review of two residents care records identified that copies of the outcome of the most recent care reviews were retained in the file.</p> <p>This recommendation has been addressed.</p>	Compliant
3	16.2	The Procedures for the Protection of Vulnerable Adults should be included in the Homes record of Induction and Competency assessment documentation.	<p>The registered manager confirmed during discussion that the record of induction and competency assessment documentation were updated following the previous inspection to include the procedures for the protection of vulnerable adults.</p> <p>The documentation was not reviewed.</p> <p>This recommendation has been addressed.</p>	Not reviewed

4	19.1	The registered manager and registered person should ensure the procedures for the recruitment of new staff comply with legislative requirements and DHSSPS guidance.	<p>The registered manager confirmed during discussion that the procedures for the recruitment of new staff now comply with the legislative requirements and DHSSPS guidance.</p> <p>A review of one recently employed staff member identified that the relevant information was retained.</p> <p>This recommendation has been addressed.</p>	Compliant
5	19.6	The registered manager should review how resident's representatives could be involved in the recruitment of new staff process.	<p>The registered manager confirmed that no recruitment has been undertaken since the previous inspection.</p> <p>However, it was confirmed that resident representatives will be given the opportunity to be involved in the next recruitment exercise.</p> <p>This recommendation has been addressed.</p>	Compliant
6	Residential Care Homes Minimum Standards.	Ensure the homes register of admissions and discharges is maintained in accordance with Appendix 1 in the Minimum Standards.	<p>A review of the homes register of admissions and discharges identified that it was up to date and being maintained in accordance with the minimum standards.</p> <p>This recommendation has been addressed.</p>	Compliant

9.0 Staffing

This unannounced care inspection was undertaken to Hollybank Manor in response to some information received by RQIA from an anonymous individual on 29 April 2014. The individual had contacted RQIA to raise concerns in relation to recent changes with staffing levels in the residential care home. The individual had informed RQIA of the following issues in relation to staffing:

- on the day following the inspection only one member of care staff was rostered to be on duty;
- that on Saturday 26 April 2014 Hollybank Manor had been short staffed as a result of a member of staff having to work in Beverley Lodge Nursing Home due to a lack of staff in the nursing home;
- and that following a recent staff meeting staff in Hollybank Manor had been instructed that every day between the hours of 15.30 and 18.30 a member of staff from Hollybank Manor had to be sent to Beverley Lodge. This change in staffing resulted in only one member of staff being on duty in Hollybank Manor.

A review of staffing levels was undertaken, together with discussion with staff and the registered manager. The focus of this review was to ascertain the impact or potential impact that this recent change in staff was or could potentially have on the health, safety and welfare of the residents accommodated.

A review of the duty rotas identified that only one member of staff was rostered to be on duty the day following the inspection. This was discussed with the registered manager who confirmed that the member of staff rostered to work was attending training and that the intention was that she was planning to cover this shift. The duty rota was amended to reflect that the registered manager was working 08.00 to 20.00 the following day.

A review of the duty rota for Saturday 26 April 2014 identified that two staff had been rostered to work in Hollybank Manor from 08.00 to 20.00 and when consulted the registered manager confirmed that both staff members had worked in Hollybank Manor.

The duty rota identified that a member of staff was to go to Beverley Lodge Nursing Home daily between the hours of 15.30 and 18.30. This was discussed with the registered manager who explained the rationale for this recent change. The rationale behind this recent change was to utilise staff more effectively following a decrease in dependency levels of residents currently accommodated in Hollybank Manor and to support staff in the adjoining service. The registered manager also confirmed that the change in staffing had commenced the previous day. The registered manager confirmed that the staff member would not be expected to go to Beverley Lodge Nursing Home if they were needed in Hollybank Manor and that this would be reviewed daily.

The changes in staffing were discussed with two members of care staff. Care staff confirmed that the change in practice had only recently commenced. Care staff also confirmed that the staffing levels in Hollybank Manor, since the opening of the unit, had always consisted of two staff during the day. Staff confirmed that the dependency levels of residents can fluctuate and that the evening meal is one of the busy times of the day. A number of potential high risk scenarios were discussed with staff. Staff agreed that should a resident fall, require medical help or help with personal care that this would be difficult

with only one member of staff in Hollybank Manor and agreed that this would have an impact on the remaining residents who were being served their evening meal.

Concerns in relation to this recent change in staffing were discussed with the registered manager. The concerns focused on the number and needs of the residents, including their dependency levels and the impact or potential impact this change would have on the health, safety and welfare of the residents accommodated.

As a result of the review of staffing a requirement has been made that 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. The registered person must also ensure that when two staff are not on duty in the home that the decision making process around this change in staffing is recorded.

The review of the duty roster identified a number of issues which require to be addressed in order to ensure that an accurate record of the staff who are on duty is retained. The following issues were identified:

- the registered manager's hours were not recorded;
- the grades of some staff members had not been recorded;
- recent staff sickness had not been recorded; and
- records of when staff had left Hollybank Manor to assist in Beverley Lodge were not being recorded.

These issues were discussed with the registered manager and a requirement in relation to ensuring the staff duty rota is accurate and up to date has been made.

10.0 Environment

The atmosphere in the home was friendly and welcoming. A general inspection of the home environment was carried out and a number of resident's bedrooms and communal areas were viewed. In the main the areas viewed presented as warm and comfortable. However, a number of issues were identified which require to be addressed. A chair in the communal sitting area required to be reupholstered. The carpets in the corridor required to be replaced as they were heavily stained and discoloured and the woodwork around the reception desk was observed to have chipped paintwork.

These issues were brought to the attention of the registered manager. The registered manager confirmed that arrangements are in place for the upholsterer to visit the home next week and repair the identified chair. Plans are also in place to replace the carpets in both the adjoining nursing home and Hollybank Manor and following completion of the carpet replacement all of the woodwork throughout the home would be made good.

A requirement has been made to address these issues.

11.0 Residents' views

At the time of this inspection, there were nine residents in the home. Some residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. . In accordance with their capabilities all residents indicated / expressed that

they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

12.0 Care practices

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be comfortable and enjoying individual pursuits of choice, such as watching television and hand massage.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs 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:

Lynn Long
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

Hollybank Manor

29 April 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 Mrs Jessica Dobson, registered manager either during or after the inspection visit.

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	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>Ref: 9.0</p>	One	<p>The Registered Person will ensure that the number of staff is appropriate for the assessed needs, health and welfare of the residents</p> <p>A record will be kept of all staff on duty.</p>	Immediate and on-going
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"> • the registered manager's hours; • the grades of staff members; • record of staff sickness; and • records of when staff leave Hollybank Manor to assist in Beverley Lodge. <p>Ref: 9.0</p>	One	The duty rota will be kept up to date with all staff on duty	Immediate and on-going

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"> • Reupholster the identified chair; • Replace the identified corridor carpets; and • Make good the woodwork around the reception desk. <p>Ref: 10.0</p>	One	<p>The identified chair has been removed. The woodwork around the reception desk has been repainted The carpets have deeply shampooed to remove all visible staining</p>	29 July 2014
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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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jessica Dobson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James Cole

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lynn Long	9/6/14
Further information requested from provider	No		