



The Regulation and
Quality Improvement
Authority

Hollybank Manor
RQIA ID: 1618
186a Bangor Road
Newtownards
BT23 7PH

Inspector: Patricia Galbraith
Inspection ID: IN023045

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**Unannounced Care Inspection
of
Hollybank Manor**

30 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 30 July 2015 from 10.15 to 15.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

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

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Ashdon Care Ltd	Registered Manager: Jessica Dobson
Person in Charge of the Home at the Time of Inspection: Jessica Dobson registered manger	Date Manager Registered: 4 April 2005
Categories of Care: RC-MP, RC-DE	Number of Registered Places: 9
Number of Residents Accommodated on Day of Inspection: 9	Weekly Tariff at Time of Inspection: £480

3. Inspection focus

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

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

We met with eight residents, two members of staff of various grades and one visiting professional. No residents' representatives were present during inspection.

We inspected three care records, complaints records, staff training records, Fire Safety Risk Assessment, accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 19 November 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30	<u>Accident /Incidents</u> The registered manager must ensure that any accident occurring in the home is notified to RQIA.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us in our discussions all accidents were reported to RQIA.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.2	<u>Accident / incident</u> 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	Met
	Action taken as confirmed during the inspection: In our discussions the registered manager confirmed a general practitioner had been contacted when a resident had sustained a head injury.	
Recommendation 2 Ref: Standard 13.6	<u>Activity records</u> The registered manager must ensure that staff record the duration of activities within the activity records retained.	Met
	Action taken as confirmed during the inspection: We inspected the activities records. The duration of activities had been recorded.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 9.3	<u>Care review</u> It is recommended that the manage liaises with the commissioning trust care manager to confirm that the placement of one resident remain appropriate.	Met
	Action taken as confirmed during the inspection: In our discussions the registered manager confirmed the resident had moved to nursing care.	
Recommendation 4 Ref: Good record keeping guidelines.	<u>Recorded interventions</u> It is recommended that staff cease to leave gaps between recorded interventions in care records.	Met
	Action taken as confirmed during the inspection: We inspected three care records and confirmed staff had not left gaps when recording in care records.	
Recommendation 5 Ref: Standard 17.10	<u>Complaints records</u> 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.	Met
	Action taken as confirmed during the inspection: We inspected the complaints template and it had been amended.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 3.4	<u>Care management - communication</u> 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.	Met
	Action taken as confirmed during the inspection: The care records inspected confirmed the care manager now receives a formal letter of acceptance relating to the resident being admitted.	
Recommendation 7 Ref: Standard N.11	<u>Provision of adequate Lighting</u> 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	Met
	Action taken as confirmed during the inspection: We inspected the lighting at lower end of corridor it had been fixed.	

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected three residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to dying and death. The policy gave guidance on how to manage this area of need.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The staff described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the staff they confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings were handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard was met.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: Residents receive individual continence management and support.

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected three residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

There was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a policy and procedure relating to the management of continence. The policy was comprehensive. In our discussions with staff they were able to identify continence issues and the importance of continued review and evaluation.

The acting manager confirmed to us that the trust continence care team can be contacted for advice and direction, they also carry out regular reviews.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner. In our discussions with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents' views

We met with eight residents individually. In accordance with their capabilities they all indicated that they were happy with their life in the home, their relationship with staff and with the provision of care. Some comments included:

- “staff are nice and good to me”
- “I have settled in well here”

5.4.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Some comments included:

- “I like working here. There is good team work”
- “Staff are all great to work with”

Ten staff questionnaires were distributed on the day of inspection. No completed questionnaires were returned in time for comments to be included in this report.

5.4.3 Visiting professional's views

We met with one visiting professional who reported that staff were knowledgeable about residents' individual needs.

5.4.4 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.5 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.4.6 Complaints / compliments

An inspection of the complaints records confirmed that these had been recorded and managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

5.4.7 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was in date. Fire alarms were tested weekly in different zone. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

5.4.8 Environment

We found the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard. Communal lounges were comfortable and offered choice of seating for residents.

Residents' bedrooms were comfortable and personalised.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	J.DOBSON	Date Completed	16/9/2015
Registered Person	J.COLE	Date Approved	16/9/2015
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	29/09/2015

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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