

Inspection Report

Name of Service: Hollybank
Provider: Northern Health and Social Care Trust
Date of Inspection: 5 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Northern Health and Social Care Trust
Responsible Individual:	Mrs Suzanne Pullins – not registered
Registered Manager:	Mrs Mairead Quinn
Service Profile – This home is a registered residential care home which provides health and social care for up to 8 residents with a learning disability. The home provides care on a short term respite basis, and operates over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 5 November 2025, from 9.35 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 21 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement either have been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

The inspector met with residents, care staff and the management team. Staff told us they were happy working in the home, teamwork was good and they felt supported by the manager. Staff said that they had the appropriate training to look after residents and meet their needs. Staff spoken with stated they had a good relationship with the families of residents who attend for respite care.

Some residents may have difficulty telling us about their experiences. Residents who had communication difficulties looked relaxed in their environment and during interactions with staff. Residents were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures. One resident said, "I would give this place five stars, I love it here".

After the inspection three questionnaires were returned from residents; the residents commented; "The care is good, I feel safe in the care of Hollybank staff", "I think this is the best care I have ever had, I love it here".

No feedback was received from the staff online survey within the allocated timeframe.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well trained and supported in their role.

There were systems in place to ensure staff were trained and supported to do their job. Records showed good compliance with training and the manager had good oversight of all staff training compliance.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

On the day of inspection, there was no staff scheduled to cover kitchen duties in the home. This was discussed with the manager who confirmed that there has been a number of occasions over recent months when there have been no kitchen staff in Hollybank. When there is no kitchen cover; care staff are required to drive to the local Mid Ulster Hospital to collect meals for the day, deliver to the home and serve the meals. This is taking care staff away from their allocated caring duties. Staff shared with the inspector that this was affecting their usual caring duties. The manager advised on ongoing recruitment for kitchen staff. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

A range of communal areas inside and an enclosed garden outside offers the residents' choice in how and where they spent their day or how they want to engage socially with others.

A range of activities were offered. Residents' needs were met through a range of individual and group activities; the activity board is kept up to date. Photographs are displayed in communal areas of residents enjoying activities and special events.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The daily menu is displayed and respite resident's dietary needs are included in their care plans; this will include any special instructions and support the resident may need from staff.

3.3.3 Management of Care Records

The care records for respite residents are kept securely to ensure that they were confidential.

The care records were written in a professional manner and used language which was respectful of residents. A sample of care records were reviewed for residents requiring enhanced care and although some progress was noted in the detail of the care plans improvement was still required. The manager agreed to discuss the specific findings with the resident's key workers and Hollybank senior care staff. An area for improvement was partially met and will be stated for a second time.

Systems are in place to ensure prior to any respite period that any changes in the resident's support or care needs is captured and the appropriate care records updated.

3.3.4 Quality and Management of Residents' Environment

The home was warm, clean and well maintained. Bedrooms contained the required equipment to facilitate residents who may use these rooms. An update was provided by the manager on the installation of call bells in all areas of the home; this had been escalated to Trust senior management for action, but the call bells have still not been installed. An area for improvement is carried forward for review at the next care inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Systems and processes were in place to manage infection prevention and control measures, which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mairead Quinn has been the registered manager in this home 14 November 2024.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability from the manager and deputy manager.

A robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

*The total number of areas for improvement includes one regulation that has been stated for a second time and one standard that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time To be completed by: 30 November 2024	<p>The registered person shall ensure person centred detailed care plans are in place for those residents who require bespoke one to one care provision.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: Requirement for detailed, person centred information pertaining to one to one care arrangements for service users has been communicated to social work team leads, and reinforced by Head of Service Dec 2025. Agreed all care plans identified will be updated by named workers.</p>
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 18 November 2025	<p>The registered person shall ensure there are sufficient staff rostered to cover kitchen duties.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Full time cook has now returned from long term sick leave. A 15 hr cook post has been filled, and another 15 hour post has been created. A bank cook has been appointed. On days where there is no cook cover, food is still supplied from Mid Ulster Hospital and manager endeavours to rota additional staff to cover kitchen duties.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 2</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that a suitable call bell system is installed throughout the home, in order that staff and residents, can appropriately summon assistance if and when required.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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