The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hollybank Manor**

Provider: **Ashdon Care Ltd**

Date of Inspection: **24 January 2026**

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

1.0 Service information

Organisation/Registered Provider:	Ashdon Care Ltd
Responsible Individual:	Mrs Lesley Catherine Megarity
Registered Manager:	Ms Caron Jordan
Service Profile: Hollybank Manor is a registered residential care home which provides health and social care for up to nine residents living with dementia or mental health needs. Resident's bedrooms, communal lounge and dining area are all located on one level. Residents also have access to a communal garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 January 2026, from 11.15 am to 3.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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 one medication related area for improvement was carried forward for review at a future 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 resident's, 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

Residents were observed to be comfortable in their surroundings, smiling and engaging with staff and one another in a relaxed manner. Staff were observed offering residents choice throughout the day for example, where they wished to sit and what activities they would like to engage with.

Visitors spoken with provided positive feedback about the care delivery and their relative's experiences residing in the home. Some of the comments shared included, "I have no complaints; the staff are all very good, very approachable."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

The rota was not available in the home to reflect the hours housekeeping staff were scheduled to work in the home. Assurances were provided by the manager in writing following the inspection that this system has been reviewed and the housekeeping staffs scheduled hours

are now clearly identified on the duty rota and maintained in the home. This will be reviewed at a future inspection.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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. Throughout the day staff confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. There was evidence of systems in place to monitor and ensure appropriate care plans are in place to manage this aspect of the residents care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral to residents GP's or input from Physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. It was observed that residents requiring modified diets received a lower level of modification than they required. A discussion took place with the manager to ensure the consistencies are in keeping with residents Speech and Language Therapy recommendations to promote person centred care. Assurances were provided in writing following the inspection confirming the action taken to address this. This will be reviewed at a future inspection.

The importance of engaging with residents was well understood by the manager and staff. Discussion with staff confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. This was evident throughout the day as staff were observed sitting with residents in communal areas chatting and promoting social stimulation through music.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The daily activity was displayed on the noticeboard and shared with residents, families and staff.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were mostly person centred and regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. A discussion took place with the manager to ensure care plans regarding Deprivation of Liberty Safeguards (DoLS) were reviewed to accurately reflect the details of the residents DoLS. The manager confirmed in writing to RQIA following the inspection that this had been updated for all care plans.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. There was evidence of personalisation in resident's bedrooms with items important to the resident. Communal areas were clean, neat, tidy and well maintained. There was evidence of two resident's bathroom cabinets which were unlocked and accessible to toiletries, this was addressed at the time. An area for improvement was identified.

There was evidence of some wear and tear across the home, for example: paintwork and handrails in communal areas and residents bedrooms. The details of this were shared with the manager and a refurbishment plan outlining the planned works to address this were provided in writing to RQIA following the inspection.

There was evidence of 'homely' touches such as newspapers, magazines, snacks and drinks available across the home.

There was evidence of a malodour identified in one area of the home, an action plan was outlined by the manager with plans to address this.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and 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. Ms Caron Jordan has been the Registered Manager in this home since 20 August 2019.

Relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that 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.

Relatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments was maintained and included cards and letters received from relatives of residents who were currently residing or had previously been residing in the home. Some of the comments shared as part of these compliments included, “huge thank-you for everything that you’ve done to help my relatives settle in and for all that you do for them…you’re all exceptional at your job.”

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	1*	1

* the total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Caron Jordan, Registered Manager, 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 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing (24 July 2025)	The Registered Person shall ensure that the personal medication records are up to date and accurately maintained. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 24 January 2026	The Registered Person shall ensure that unnecessary risk to residents are managed appropriately, this is with specific reference to ensuring toiletries in residents cabinets are safely secured. Ref: 3.3.4
	Response by registered person detailing the actions taken: The two residents' cabinet locks identified as defective were repaired without delay. Documentary evidence confirming completion of the repairs was submitted to RQIA for assurance purposes. Staff have been reminded that, in circumstances where a cabinet cannot be securely locked, all toiletries and personal care items must be removed immediately and stored safely until the lock has been fully repaired. The Registered Manager will maintain oversight of this requirement and ensure ongoing monitoring to support sustained compliance and risk mitigation.

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

The Regulation and Quality Improvement Authority

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