



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of establishment: Hollybank
RQIA number: 1365
Date of inspection: 24 June 2014
Inspector's name: Ruth Greer
Inspection number: 17747

The Regulation And Quality Improvement Authority
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1.0 General information

Name of establishment:	Hollybank
Address:	13 Union Road, Magherafelt BT45 5DF
Telephone number:	028 7963 3369
Email address:	arlene.stewart@northerntrust.hscni.net
Registered organisation/ registered provider:	Northern HSC Trust Mr Larry O'Neill
Registered manager:	Mrs Arlene Elizabeth Stewart
Person in charge of the home at the time of inspection:	Mrs Arlene Elizabeth Stewart
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	9
Number of residents accommodated on day of inspection:	3
Scale of charges (per week):	Trust respite rates
Date and type of previous inspection:	16 January 2014 Secondary unannounced inspection
Date and time of inspection:	24 June 2014 9:50am to 3:00pm
Name of inspector:	Ruth Greer

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 announced primary 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 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. 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 include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion 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	2
Staff	4
Relatives	0
Visiting Professionals	2

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

Issued To	Number issued	Number returned
Staff	18	9

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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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 Residential Care home is situated within the town boundaries of Magherafelt and close to the town's amenities.

The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Mrs Arlene Stewart

Accommodation for residents is provided in single rooms on the ground floor and first floor. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided. The main lounge is situated opposite the front entrance and a smaller "quiet" lounge is also available on the ground floor.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

Hollybank provides residential care on a planned respite basis only. No permanent residents are accommodated

The home is registered to provide care for a maximum of nine persons under the following categories of care:

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

Due to the assessed needs of the persons accommodated the numbers of residents at any one time is variable. For example, on the day of this inspection there were just three residents in the home.

8.0 Summary of inspection

This announced primary care inspection of Hollybank was undertaken by Ruth Greer on 24 June 2014 between the hours of 9:50am and 3:00pm Mrs Stewart was available during the inspection and for verbal feedback at the conclusion of the inspection.

One recommendation made as a result of the previous inspection was also examined. Observations and discussion demonstrated that the recommendation which related to the frequency of training for staff in the area of protection of vulnerable adults had been addressed. The detail of the actions taken by Mrs Stewart can be viewed in the section following this summary.

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

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, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:

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.

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's 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 discussion with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of 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 is recorded in the resident's care records. The registered manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

Residents are admitted to the home for respite as part of their individual care packages. Staff get to know the residents most of whom have several periods of respite each year.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Hollybank is compliant with this standard.

Programme of activities and events – Standard 13

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, a review of documentation and discussion 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. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. It should be noted that for many residents (all of whom live in their own homes) the fact that they are in Hollybank for a few days is an activity in itself and gives them the chance to have a degree of independence from families and to meet and socialise with their peers. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Hollybank is compliant with this standard.

Resident and staff consultation

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

Two of the three residents accommodated were in the home and the inspector spent time with both. One resident was unable to verbally communicate her / his views. The resident was spending the day with two care staff from her / his usual day care placement which was too far to travel to while the resident was in Hollybank.

In discussion with the other resident he / she indicated that that he / she was happy and content with life in the home, with the facilities and services provided and relationships with staff.

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

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

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, the visiting professionals, the 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 16 January 2014

No.	Regulation ref.	Requirements	Action taken - As confirmed during this inspection	Inspector's validation of compliance
1	Re stated from previous inspection Standard 16 .3	Confirmation should be received from the Trust that vulnerable adult training for staff will be provided annually in line with RQIA guidance.	Records showed that training for 15 staff in the protection of vulnerable adults had been provided on 23 June 2013.	Compliant

10.0 Inspection Findings

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.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Each service user has a social work assessment and professional care plan. There is also guidance from other professionals based on need. Regular reviews take place. Staff take guidance from the information provided and are trained in RESPECT.	Compliant
Inspection Findings: The home had a policy on Restrictive Interventions dated June 2013 in place. A copy of the Trust policy on Challenging Behaviours was also available in the home. A review of the policies and procedures identified that they reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Mrs Stewart is aware that RQIA must be notified on each occasion restraint is used. Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that all care staff had received training in behaviours which challenge titled R.E.S.P.E.C.T on 9 and 24 January 2014 which included a human rights approach. A review of three residents' care records (those accommodated on the day of the inspection) identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed and updated prior to each admission	Compliant

Staff who met with the inspector demonstrated knowledge and understanding of residents' usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that they are happy with the level of training and support provided and are well informed of individual needs before any resident is admitted to the home.

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment All staff would have a good knowledge of service users and their usual behaviours from reading the various assessments, A.C.B.S Pams and the in-house care plan. If there is concern about a service user's behaviour in the first instance their carer would be contacted. All staff know to report any concerns to the senior in charge and record in care notes so that the situation can be monitored. The service users named worker would also be contacted. Advice may be sought from the A.C.B.S.	Compliant
Inspection Findings: The policy and procedure in relation to challenging behaviours includes the following: <ul style="list-style-type: none"> • identifying uncharacteristic behaviour which causes concern • recording of this behaviour in residents care records • action to be taken to identify the possible cause(s) and further action to be taken as necessary • reporting to senior staff, the trust, relatives and RQIA. • agreed and recorded response(s) to be made by staff. Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records confirmed that families and community professionals had been informed appropriately.	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Prior to admission as much information as possible is sought from carers and any other professionals involved with the individual. This information could be in the care plan or in the form of a report from speech and language therapist or in a PAMS report from the Adult Challenging Behaviour Service. Information like this would also be recorded in the service users in-house care plan.	Compliant
Inspection Findings: A review of three care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
All behaviour management plans are devised and monitored by the Adult Challenging Behaviour Service	Compliant
Inspection Findings:	
<p>On the day of the inspection just three residents were accommodated for respite care. The registered manager confirmed that individual assessments are undertaken and updated when planning the schedule of respite. Where there are issues of challenging behaviours the home restrict the numbers of persons accommodated at the same time. The three residents had been identified as displaying various degrees of challenging behaviours.</p> <p>A review of the incidents record identified that advice and support is sought from the multi-disciplinary team and other professionals (for example the behavioural management team) as necessary.</p> <p>A review of three behaviour management programmes showed that these are updated prior to each respite admission. The care plans examined had been signed by a parent and the social worker.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
When a behaviour management plan is in place this is supported by a PAMS report and on specific occasions one of the staff from the ACBS will work alongside our staff. The ACBS staff are always available for advice and support.	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in R E S P E C T on 9 and 24 January 2014. Hollybank is a Trust facility and the Trust training department provides specific and generic training for staff in the area of behaviours which challenge.</p> <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussion with staff (including ancillary staff) confirmed that they were knowledgeable in regard to the behaviour management programme/s in place.</p>	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any incident is recorded in the service users care notes and reported to the carer and named worker. An incident form is completed and copied to the team manager. Incident form also completed and sent to RQIA. If a physical intervention is used the appropriate documentation is completed and forwarded to the ACBS.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussion that when 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>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
All staff are trained in RESPECT and have a yearly refresher. Physical interventions can only be used if it is part of a behaviour intervention plan or in an emergency as an immediate response to an unexpected episode of aggression, destructive, self-injurious or otherwise dangerous behaviours. Any such intervention will be recorded in the service user's care notes, incident forms are completed and a referral made to the ACBS. Forms are completed for ACBS each time an intervention is used either planned or emergency.	Compliant
Inspection Findings:	
<p>Discussion with staff and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the residents care plan.</p> <p>One resident was able to confirm during discussion that he / she is aware of decisions that affect his / her care. Bed rails are not used in the home. Adjustable height beds are used and where required the height is fixed at floor level.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
The service users preferred activities are gained through communication with the service users, carers, social workers, care plans and gaining knowledge of the service users over a period of time. Service users are offered a choice of their preferred activities which ensures they remain interested and enjoy the activity in which they are participating.	Substantially compliant
Inspection Findings:	
<p>The home had a policy dated June 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>As previously stated residents are in Hollybank for a few days at a time (on respite). The day's activities usually include their continuing day care placements.</p> <p>Evening and weekend activities are based on what the residents choose.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p>Criterion Assessed: 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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment We have a variety of activities which is supported by our Board Maker. Activities are displayed on our board in pictorial format. We keep a record of activities available and offered to individuals. As some of our clients follow a TEACCH or PECS programme this can impact on the variety of activities offered to individuals due to the importance of structure within these programmes.</p>	Substantially compliant
<p>Inspection Findings: Examination of the programme of activities identified that social activities are organised in the evenings and at weekends. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme facilitated resident's inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment We do not have any service users who stay in their bedrooms. All clients participate fully in the daily life within the Unit.</p>	Substantially compliant
<p>Inspection Findings: No residents who avail of respite services choose to stay in their rooms.</p>	Not applicable

<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment We have a white board within the unit which is displayed in an area where everyone has access. This board has pictorial activities which will be available for that day.</p>	Substantially compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussion with one resident confirmed that he/she was aware of what activities were planned. The programme of activities was presented in pictorial format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment All staff have been trained to drive our wheelchair accessible vehicle which enables us to ensure that service users are able to participate in activities within the community. Staff will also assist service users to carry out any of their preferred activities either within or outside the unit. Within the unit we have a wide variety of activities which can be offered to service users. These activities are offered taking into consideration the abilities and choices of individual service users.</p>	Substantially compliant
<p>Inspection Findings: Residents' stays in Hollybank are often viewed by them as a "wee holiday" so many of the activities planned and enjoyed are trips out to the cinema / cafes / garden centres. There was confirmation from staff / the registered manager that a designated budget for the provision of activities is in place. For example the Trust fund a bus to enable staff to attend community events or just go out for coffee etc.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Our knowledge of service users ensures that we do not offer activities that are not suitable to the individuals abilities and needs. Our service users can change on a daily basis.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>There is no one contracted in to provide activities.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>There is no one contracted in to provide activities.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.</p>	Not applicable
<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activities are normally recorded in individual care notes. We have devised and implemented an activities recording sheet which is completed on a daily basis.</p>	Moving towards compliance
<p>Inspection Findings:</p>	
<p>This matter was re visited by the home in preparation for this inspection. A record of activities has been devised and implemented. The registered manager has instructed staff in the continued maintenance of the record.</p>	Substantially compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment These programmes are reviewed on a daily basis. This is due to the nature of our respite service as service users can change on a daily basis.	Substantially compliant
Inspection Findings: The resident population of this home changes weekly and the individual choices of activities often changes from day to day. The programme of activities is reviewed and adapted daily.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional areas examined

11.1 Resident's consultation

There were just three residents accommodated on the day of this inspection. One had left to attend day care placement. The inspector spent time with the other two individually. One resident was unable to verbalise her views but appeared calm and at ease with staff and her surroundings. One resident was well able to articulate his views and told the inspector that he "loves" coming to Hollybank. The resident told the inspector that he had baked buns the previous evening and had enjoyed this activity.

11.2 Relatives / representative consultation

There were no relatives in the home on the day of the inspection.

11.3 Staff consultation / questionnaires

The inspector spoke to the following staff (in addition to the manager):

- one deputy manager,
- two care staff,
- one catering and
- one domestic staff

Nine staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included "we want them (residents) to have a really good time while they are here", "the residents we have all enjoy their stay and always want to come back". 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

Two staff from another facility were in the home to provide a day care service for one resident. The inspector was informed that the care they observe while in Hollybank is of a good standard.

11.5 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 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. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that one complaint since the last inspection was in relation to the numbers of respite stays for one resident. The resolution of this complaint was not within the remit of the home and records showed that the matter had been referred to the Trust.

11.7 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were not overly personalised as these are not permanently allocated. Décor and furnishings were found to be satisfactory.

11.8 Guardianship information

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.

11.9 Visits by the registered provider

The inspector examined reports of the monthly monitoring visits by the registered on 19 May 2014 and 16 June 2014. These were found compliant with the requirements of Regulation 29 of the Registered Homes (NI) Regulations.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Mrs Stewart as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of **Hollybank** which was undertaken on **24 June 2014** and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Arlene Stewart
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Anthony Stevens

Approved by:	Date
Ruth greer	3/10/14