

# Inspection Report

10 February 2022



## Hollygate Homecare

Type of service: Domiciliary Care Supported Living  
Address: 7 The Square, Clough, BT30 8RB  
Telephone number: 028 4481 1672

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hollygate Homecare	<b>Registered Manager:</b> Mrs Deirdre Burns
<b>Responsible Individual:</b> Mr Ian George Emerson	<b>Date registered:</b> 24 July 2009
<b>Person in charge at the time of inspection:</b> Mrs Deirdre Burns	
<b>Brief description of the accommodation/how the service operates:</b> This is a domiciliary care agency supported living type which provides personal care and housing support to two people with learning disability and mental health needs from the South Eastern Health and Social Care Trust (SEHSCT) area.	

## 2.0 Inspection summary

A short notice announced care inspection took place on 10 February 2022 from 11.00 am to 1.00 pm by a care inspector. A remote inspection by teleconference had been arranged but technical difficulties on the morning of inspection resulted in a blended inspection. Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection included discussing aspects of the submitted information, in order to substantiate the information.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff; the provision of person centred care, communication between service users, staff and other key stakeholders and staff training.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 3.0 How we inspect

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

Prior to inspection we reviewed the information held by RQIA in relation to the supported living setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the agency. This included service user/relative questionnaires and a staff poster. No service user/relative responses were received and there were no staff electronic responses received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

We spoke with the two service users, two relatives and one staff member. In addition, feedback was received from one HSCT representative.

#### Comments received during inspection process

Service users' comments:

- "I like all the staff, they are really helpful"
- "I like going shopping with my key worker"

Staff comments:

- "Service users have a good quality of life"
- "Manager is supportive and approachable; we have a good bunch of staff"

HSCT representative's comments:

- "Staff are supportive"
- "They provide a high level of care"

Relatives' comments:

- "\*\*\*\* is doing exceptionally well"
- "Staff have great patience with \*\*\*\*"

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 21 September 2020; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the person in charge indicated that one adult safeguarding referral had been made since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no service users met the criteria to have a DoLS process put in place at this time. The manager also stated that there were no restrictive practices in place at the time of the inspection.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed that most staff have completed Dysphagia awareness and it was noted that there are plans to ensure all staff complete this training by March 2022. This matter will be reviewed at the next inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also confirmed that currently no service users require referral to a Speech and Language Therapist (SALT).

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

#### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives but some records did not reflect engagement with relatives and representatives on a monthly basis. The reports could also include more detail regarding the range of working practices audited. These matters were discussed with the manager and advice was given regarding accessing recent guidance in respect of monthly monitoring within the RQIA website. Monthly monitoring reports will be reviewed at the next inspection.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process. A relative spoken to following the inspection discussed concerns which the inspector reported to the manager who was aware of the issues raised. The inspector advised the relative of the complaints process.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

### **6.0 Conclusion**

Based on the inspection findings and discussions held, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

### **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Deirdre Burns, manager as part of the inspection process and can be found in the main body of the report.



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