

# Inspection Report

8 August 2023



## Hollygate Lodge

**Type of service: Residential Care Home**  
**Address: 21 Hollygate Park, Carryduff, Belfast, BT8 8DZ**  
**Telephone number: 028 9081 3243**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

|   |  |
|---|--|
| <p><b>Organisation/Registered Provider:</b><br/>Hollygate Care Services Ltd</p> <p><b>Responsible Individual:</b><br/>Mr Mark Craig Emerson</p>   | <p><b>Registered Manager:</b><br/>Miss Melessa Corbett - not registered</p>  |
| <p><b>Person in charge at the time of inspection:</b><br/>Melessa Corbett</p>   | <p><b>Number of registered places:</b><br/>38</p> <p>Maximum of twelve persons in RC-DE category of care; maximum of two named persons only in RC-LD(E) category of care, a maximum of one named person in RC-MP category of care.</p> |
| <p><b>Categories of care:</b><br/>Residential Care (RC)<br/>I – Old age not falling within any other category.<br/>DE – Dementia.<br/>MP – Mental disorder excluding learning disability or dementia.<br/>LD(E) – Learning disability – over 65 years.</p>  | <p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br/>36</p>  |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>This home is a registered Residential Care Home which provides health and social care for up to 38 residents. The home is spread across three buildings on one site and includes the main house, front bungalow and back bungalow.</p> |  |

## 2.0 Inspection summary

An unannounced inspection took place on 8 August 2023, from 9.50 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. We also reviewed the action taken by the management team in response to information received prior to the inspection regarding medication issues.

The environment of the home was bright and welcoming; refurbishments were ongoing with the final repairs to the building planned for completion by the end of August.

Residents were well presented, clean, neat and tidy. There were activities taking place and residents were offered and encouraged to partake in these. 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.

Staff provided positive feedback about working in the home and reported they felt supported by the manager. Staff provided care in a compassionate manner by providing reassurance to residents if required and offering support respectfully.

Areas requiring improvement were identified regarding; COSHH compliance, cleanliness of the environment, audits and repairs to sinks.

Addressing the areas for improvement will further enhance the quality of care and services in Hollygate Lodge.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager and responsible individual at the conclusion of the inspection.

## 4.0 What people told us about the service

A number of the resident's spoken with provided positive feedback about their experiences in the home. One resident told us "staff are very good...it's not an institution as such, things are going well."

Another resident said, if she wanted to go over to the main lounge "there are plenty of girls (staff) to take me over."

Other residents told us, they can feel isolated on occasion as a result of the location of their rooms. This was discussed with the manager (further detail Section 5.2.1).

Staff told us they enjoyed working in Hollygate Lodge, one staff member said "I love it." Reporting there is good team work and support from management. Staff said there was adequate staff to complete duties across the home.

No questionnaires were received from residents or relatives following the inspection and no staff completed the online survey.

## 5.0 The inspection

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

| Areas for improvement from the last inspection on 10 January 2023  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 29 (4) (a)<br><br><b>Stated:</b> Second time | The person carrying out the Regulation 29 visit shall, where necessary, make alternative arrangements to ensure that the views and feedback of residents' representatives are sought and reflected in the written report of the conduct of the home. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 30   | The registered person shall ensure that all accidents and incidents which require notification are reported to RQIA.   | <b>Met</b>               |

|   |   |                                 |
|---|---|---------------------------------|
| <b>Stated:</b> First time   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                                 |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b> |   | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 23<br><br><b>Stated:</b> First time                             | The registered person shall ensure staff are trained for their roles and responsibilities.<br><br><b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was partially met; compliance levels with some mandatory training has improved however, a number of topics continue to require improvement. This will be stated for a second time. | <b>Partially met</b>            |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 25.3<br><br><b>Stated:</b> First time                           | The registered person shall ensure that there is evidence of the competency and capability of all persons in charge of the home in the absence of the manager.<br><br><b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                                 |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 24.5<br><br><b>Stated:</b> First time                           | The registered person shall ensure staff have their performance appraised annually to promote the delivery of quality care and services.<br><br><b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   | <b>Met</b>                      |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 6.2<br><br><b>Stated:</b> First time                            | The registered person shall ensure individual and up to date care plans and risk assessments are in place to meet the assessed needs of residents.<br><br><b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   | <b>Met</b>                      |

|  |  |            |
|--|--|------------|
| <b>Area for improvement 5</b><br><b>Ref:</b> Standard 28.3<br><b>Stated:</b> First time  | The registered person shall ensure the infection prevention and control issues identified in the report are addressed.   | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |            |
| <b>Area for improvement 6</b><br><b>Ref:</b> Standard 20.10<br><b>Stated:</b> First time | The registered person shall ensure working practices relating to hand hygiene, PPE and any restricted practices used in the home are systemically and regularly audited.                                     | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement as stated was met. A new AFI has been identified relating to audits, see Section 5.2.5 and 7.0. |            |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Whilst there was evidence of training being completed, a number of trainings continued to have low compliance rates of completion. An area for improvement was made following the previous inspection; this has now been stated for a second time.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

One staff member commented on the length of the shifts. The staff member advised that this had been raised with the manager at a staff meeting and was confident the manager was reviewing this to support staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff were satisfied that there were enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, promoting opportunities to engage in activities and what time residents would like to get up.

Residents who were able to make their wishes known generally reported staff to be responsive and attentive in attending to their needs. Comments provided by residents were shared with the manager who agreed to review them further, as required, and provide feedback to the resident where needed.

## 5.2.2 Care Delivery and Record Keeping

Residents were well presented, clean, neat and tidy, dressed appropriately for the time of year. Residents appeared comfortable in their surroundings and were observed to be sitting in communal areas and lounges, interacting with one another and staff throughout the day.

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.

At times, some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that systems were in place to manage this aspect of care. A system for auditing restrictive practices was in place and these were completed on a quarterly basis. The completion of audits is further discussed in section 5.2.5.

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made. This was reflected in care plans.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP or for physiotherapy.

The manager told us that following a recent review of the administration of medication staff now wear a labelled vest in an attempt to reduce them being interrupted and thereby reducing the risk of medication error. Staff said they felt there was adequate staff on duty to manage resident's medication safely and felt supported by the manager regarding this. The manager advised that they were keeping medicines management under review and that further changes would be considered if required. This information was shared with RQIA pharmacy inspector.

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.

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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Due to the size and layout of the home, mealtimes varied to ensure that all residents had time to enjoy their meal.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were in place to inform staff and ensure that residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. One resident declined the meal options which were offered and kitchen staff were observed to facilitate the residents request for an alternative option.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. One resident's care records had no monthly weights recorded, this was discussed with the manager and assurances were provided this will be included as part of the care file audits to reduce the risk of reoccurrence. This will be reviewed at the next inspection. If required, records were kept of what residents had to eat and drink daily.

Care records were regularly reviewed and updated to ensure they were reflective of the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Care records were held confidentially. A discussion took place with the manager regarding care records to ensure these are completed in full and signed. This will be reviewed at the next inspection.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. A discussion took place with the manager regarding care records to ensure these are completed in full and signed. This will be reviewed at the next inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The overall environment was bright and welcoming, walkways were clear and unobstructed. Residents told us the home is "spotless" and "they clean every day."

There were a number of areas which required a deeper clean. Staff advised that at times it can be difficult to complete deeper cleans dependent on the number of domestic staff on duty. This was discussed with the manager and an area for improvement was identified.

The sluice was unlocked and noted to have a number of cleaning products exposed, these were removed immediately and locked in the designated area, an area for improvement was identified.

Resident's bedrooms were bright and spacious, personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished,; and comfortable.

There was evidence throughout the home of 'homely' touches such as flowers and ornaments.



A number of sinks in both resident's bedrooms and communal bathrooms required repair. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment was completed on 16 May 2023.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. Residents could have a lie in or stay up late to watch TV; they could go out to church, local shops, or engage in musical events and other activities organised by the home.

Residents told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home, for example, planning activities and menu choices.

Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and by visiting musicians. A musician was visiting the home on the day of inspection, residents appeared to be enjoying this; smiling, singing along and engaging with the musician.

Residents said, there are adequate opportunities to engage in activities in the main lounge but if they preferred to stay in their rooms, they were supported to do so.

#### **5.2.5 Management and Governance Arrangements**

Miss Melessa Corbett has been the Manager in this home since 3 April 2023 and has submitted an application to RQIA to register as manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. It was noted that when actions or deficits were identified through the audit process, the action plans were not time bound and the records did not evidence when the actions had been completed. Hand hygiene audits did not always stipulate the date of completion. A discussion took place with the manager regarding same and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Residents spoken with said that they knew how to report any concerns and who to report these to. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and described her as supportive and approachable. Staff said they have opportunities to feedback on any issues at the staff meetings and felt listened to through these.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA. A discussion took place with the manager to ensure these reports are signed off by her to evidence oversight. This will be reviewed at the next inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 4*        |

\* the total number of areas for improvement includes one standard that has been stated for a second time

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

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 14 (2) (a)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediately and ongoing        | <p>The registered person shall ensure that any substances which are potentially hazardous are locked and stored where residents do not have access.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All domestic staff will have completed refresher COSHH training by 27.10.2023. There is a locked cleaners store provided and all relevant policies are adhered to at all times.</p>  |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 23<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>From the date of inspection and ongoing | <p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Fire safety training was undertaken on 15<sup>th</sup> September 2023, and a second training session is booked for w/c 30<sup>th</sup> October 2023<br/>           DOLs training is available on our E-Learning platform and all staff have completed with the exception of 3 staff members who are currently on sick leave, they will have it completed before returning to work.</p> |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 20.10<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediately and ongoing               | <p>The registered person shall ensure that audits are robust in ensuring actions on deficits are time bound and signed off when completed.</p> <p>Ref: 5.2.2 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Majority of existing audits are timebound. The audit templates have been updated to include an action and return row to ensure all are both timebound and signed off when completed.</p>  |

|  |   |
|--|---|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection and ongoing</p> | <p>The registered person shall ensure that the home is kept clean and hygienic at all times with a focus on those areas identified during this inspection.</p> <p>Ref: 5.2.3</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>9 October 2023</p>                            | <p><b>Response by registered person detailing the actions taken:</b><br/>A deep clean of the identified area in the Front Bungalow was completed immediately after the inspection. Our domestic staff continue to focus on maintaining the home in a clean and hygienic manner. An additional staff member has joined the domestic team to ensure our high standards are maintained.</p> <p>The registered person shall submit a time bound action plan to outline plans for repairs on the sinks identified during inspection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All repairs were completed by 22<sup>nd</sup> August 2023.</p> |

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

