

# Inspection Report

10 January 2023



## Hollygate Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Hollygate Care Services Ltd</p> <p><b>Responsible Individual:</b> Mr Mark Craig Emerson</p>	<p><b>Registered Manager:</b> Miss Ashley Currie</p> <p><b>Date registered:</b> 23 November 2021</p>
<p><b>Person in charge at the time of inspection:</b> Ms Cherry Villela until 10.45 am Miss Ashley Currie 10.45 am to 5.15 pm</p>	<p><b>Number of registered places:</b> 38</p> <p>Maximum of twelve persons in RC-DE (Mild) 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> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. 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> 31</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 the one site and includes the main house, front bungalow and back bungalow.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 January 2023, from 9.45 am to 5.15 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.

Residents were well presented in their appearance and were positive in their comments regarding the experience of living in the home.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interaction with staff. Comments received from residents and staff members are included in the report.

Staff were observed to promote dignity and well-being of residents and were knowledgeable of residents care needs to enable them to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified and can be found in the Quality Improvement Plan (QIP) (Section 7.0).

The findings of this report will provide the management team 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 management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with staff and residents individually and in small groups. Resident and staff spoke positively about the care in the home and the management team.

Residents' comments about the home, staff, care and meals included; "It's one of the best", "the staff are lovely and look after me well", "there's a lovely atmosphere" and "the food is lovely today".

Staff told us about the care, the manager and training; "the care is really good", "the manager is approachable, supportive and will help out with all care" and "there is a lot of training completed".

There were no completed resident or relative questionnaires received following the inspection and no responses were received from the online survey.

A record of compliments received about the home was kept and shared with the staff team.

## 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 8 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (4) (a)  <b>Stated:</b> First 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>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been partially met. Please see section 5.2.5.  This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	The registered person must ensure that, before making an offer of employment, any gaps in an employment record are explored and explanations recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p>	<p>The manager shall undertake a review of current staffing arrangements. The manager must ensure that planned staffing levels are sufficient to meet resident's assessed needs at all times. This review should include consideration of resident's dependency levels, the social and recreational needs of residents, and take into account the size and layout of the home.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3.4</p> <p><b>Stated:</b> Second time</p>	<p>The manager shall ensure that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted. Any documents from the referring Trust shall be dated and signed when received.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a full and accurate record is kept of all food and drinks consumed.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was met.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager requested an opportunity to update the staff training records and it was agreed that the updated record would be forwarded to RQIA following the inspection.

Review of the updated record indicated that not all staff had completed their mandatory training. An area for improvement was identified.

Staff were provided with a hand over at the beginning of each shift to provide them with the information on any changes to residents care needs. Staff confirmed they were kept busy but worked well as a team to cover shifts. Staff were aware of their roles and responsibilities.

Staff said they were satisfied with the staffing levels and the level of communication between staff and management.

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; staff were prompt in responding to residents requests for assistance throughout the day in a caring manner. Interactions between staff and residents were warm and polite and showed that staff knew residents well.

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. However; not all of the persons in charge had a completed competency and capability assessments in place. An area for improvement was identified.

Staff should receive an annual appraisal of their performance to promote the delivery of quality care and services. Records showed that annual appraisals had not been completed for a number of staff. An area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

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.

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 were less able to mobilise required special attention to their skin. These residents were encouraged by staff to change their position regularly. Residents were seen to regularly mobilise around the home.

Care records reviewed showed that daily records were kept of how each residents spent their day and the care and support provided by staff. The outcome of visits from any professional was recorded in the care records. Review of care records identified that not all care plans and risk assessments for residents' assessed needs were in place to direct the care required. This was discussed with the manager and an area for improvement was identified.

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. Residents were chatting and enjoying each other's company. Residents were observed to be enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable and had a meal they enjoyed.

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. The lunch meal was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. A number of areas within communal rooms and resident's own bedrooms required repair or replacement. Following the inspection, a refurbishment plan was provided by the home detailing the improvements planned. Progress will be reviewed at the next inspection.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as newspapers and snacks and drinks available throughout the day.

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

There was evidence that systems and processes were in place to ensure the management of risks associated infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice and the environment identified that effective Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) were not fully implemented as not all staff were bare below the elbow and PPE was stored in toilets. An area for improvement was identified.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was relaxed and homely. Residents were sitting in the lounge, entrance hall or their own bedrooms watching TV chatting or reading the newspaper. Residents were observed chatting about daily life in the home and staff were available if they required care or assistance.



Discussion with residents confirmed that they were able to choose how they spent their day. Most residents liked to spend time in the main house during the day and participate in the activities provided.

Residents also 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. The records of these meetings were available for review.

It was observed that 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.

The manager confirmed that one to one activities were taking place with residents and an activities lead had taken up their role of organising activities which residents had requested.

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

There has been no change in the management of the home since the last inspection. Miss Ashley Currie has been the registered manager in this home since 23 November 2021.

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. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address these.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However; given the inspection findings regarding IPC, hand hygiene and the management of restricted practice, an area for improvement was identified regarding the audit processes in these specific areas.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. There was evidence that at least three incidents requiring medical attention had not been notified to RQIA. An area for improvement was identified.



The home was visited each month by the registered individual to consult with residents, their relatives and staff and to examine all areas of the running of the home, however, no evidence was seen that alternative arrangements had been made to ensure that the views and feedback of residents' representatives were sought during the visit. This area for improvement has been stated for a second time.

## 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	6

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ashley Currie, Registered 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29 (4) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The consultant carrying out the Regulation 29 visit sought views and feedback from residents' representatives in the majority of the monthly visits.</p> <p>A new management consultant has been appointed as of February 2023, the new consultant has been informed of the need to seek feedback from residents' representatives if none are on the premises at time of visit. Going forward this will be reflected in the written report by the appointed management consultant.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all accidents and incidents which require notification are reported to RQIA.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Due to previous conflicting information it was not clear with regard to the change in reporting certain accidents / incidents.</p> <p>We have always reported what has been requested and this had never been highlighted until this inspection; the records retained within the home showed that these had been logged and managed within the home; any patterns and trends from such have been shared with the staff. The reporting process has not impacted the follow up the residents receive after an accident / incident.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2023</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The training matrix was not viewed during the inspection and we did not have the opportunity to discuss the layout/format of the matrix during the inspection or post-inspection.</p> <p>We had an outbreak in December and had to postpone the scheduled mandatory training until January as per PHA guidelines. Therefore gaps had been evident at the date of the inspection. Training is currently up to date.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All persons in charge of the home in the absence of the manager have had their competency and capability assessed.</p> <p>All seniors competency and capabilities assessments are completed following induction into their roles. Their competency and capability is under continual review, it is also discussed at their supervisions and appraisals.</p> <p>Medication competencies are updated annually.</p> <p>By way of best practice, following the inspection, competency and capability assessments have been updated again with all seniors and have been signed off in full.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2023</p>	<p>The registered person shall ensure staff have their performance appraised annually to promote the delivery of quality care and services.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>As highlighted following the inspection, the supervisions and appraisals which had not been completed were linked to one supervisor. Action has since been taken to address this with this individual to ensure these are completed and kept up to date.</p>

	All other supervisions and appraisals had been completed and a matrix with dates of completion is in situ.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> The two files identified on the day of inspection have been addressed; all files are monitored under monthly auditing as shown during the inspection. An action plan is devised from the audit and actions required are addressed by the primary carer allocated to the residents'.
<b>Area for improvement 5</b> <b>Ref:</b> Standard 28.3 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection onward	The registered person shall ensure the infection prevention and control issues identified in the report are addressed.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Issues identified in the report which relate to staff being bare below the elbow and PPE being in the bathrooms have been addressed.  The dani-centres have been removed from the bathrooms and have been placed in suitable locations around the home.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> All audits are in place and are robust to ensure they cover the areas identified as stated.

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



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