

Inspection Report

10 March 2022



Hollygate Lodge

Type of Service: Residential Care Home
Address: 21 Hollygate Park, Carryduff, Belfast, BT8 8DZ
Tel no: 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>Organisation: Hollygate Care Services Ltd</p> <p>Responsible Individual: Mark Craig Emerson</p>	<p>Registered Manager: Miss Ashley Currie</p> <p>Date registered: 23 November 2021</p>
<p>Person in charge at the time of inspection: Miss Ashley Currie</p>	<p>Number of registered places: 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>Categories of care: 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>Number of residents accommodated in the residential care home on the day of this inspection: 34</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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 bungalows on the one site. 21 Hollygate Park is the main bungalow and has 24 beds. 19 Hollygate Park is the front bungalow and has seven beds. 4 Church Avenue is the back bungalow and has seven beds.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 March 2022, from 11.50am to 6.50pm 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 said that overall, 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 care in a compassionate manner which promoted the dignity and well-being of residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified in relation to staff recruitment checks, staffing arrangements, and Regulation 29 visits.

RQIA were assured that the delivery of care and service provided in Hollygate Lodge was effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 the responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 26 residents, both individually and in groups. Residents told us they felt cared for, and appeared relaxed and content in their surroundings and in their interactions with staff. Specific comments included, “I feel safe here and staff are very kind” and “It’s brilliant, staff are great”. Additional feedback from residents is included in the report below.

The seven staff we spoke with said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Some expressed dissatisfaction with staffing levels, but felt that overall; staff ensured that resident’s needs were met. Specific comments are discussed and included in section 5.2.1 below.

No additional feedback was received from residents, their relatives or staff following the inspection.

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 14 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that medicines which require cold storage are stored securely to prevent unauthorised access.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that the necessary improvements are implemented on the personal medication records.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for the management of pain are in place.</p> <hr/> <p>Inspector's Validation: Review of care records established that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3.4</p> <p>Stated: First 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> <p>Ref: 6.2.4</p> <hr/> <p>Inspector's Validation: Some improvements were noted as an updated referral form and pre-admission assessment template were in place within care records. However; deficits were identified as there were still gaps in the information being recorded. For instance; information on resident's social history and personal background information and religious and cultural needs. Therefore this area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>

Area for improvement 5 Ref: Standard 12.12 Stated: First time	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. Ref: 6.2.4	Not met
	Inspector's Validation: Records were kept of food and drinks consumed by residents, where required. However; records did not routinely record and specify quantities and portion sizes of meals taken. Fluid intake records did not include a calculation of the resident's total daily fluid intake, and records were sporadic. This area for improvement is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. Advice was given on improving the robustness of this system, for instance a recruitment checklist template was in place but not always fully completed. There were deficits in recorded evidence that gaps in applicant's employment history had been explored. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

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.

There was a busy atmosphere in the home throughout the inspection; however, staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents told us staff knew them well and knew how best to help them. Specific comments included, "Staff are wonderful, we couldn't ask for better".

There was mixed feedback from staff regarding the staffing levels in the home. Staff told us that it was a busy home, and some days could be busier than others. For instance; if staff had to take unplanned leave due to illness.

Staff told us that the residents' needs and wishes were very important to them, and that they work hard to ensure resident's care is maintained to a high standard.

However; staff felt that at times, personal care could feel rushed, and that their current work load reduced their opportunities to spend one to one time with residents.

Staff were mindful of this especially as no activities co-ordinator was currently employed in the home. In addition, staff highlighted a number of residents whose dependency levels had increased and who now required additional assistance and support. There had also been some staff turnover since the last inspection; a small number of staff expressed a concern regarding the skill mix and experience of staff, and the impact this may have on care delivery.

Some residents who did not reside in the main bungalow reported that staff did not always respond promptly to call bells, particularly at night. Three staff are scheduled to work in the home at night. One staff is allocated to each bungalow however; the staff are all based in the main bungalow. Residents can use a buzzer/intercom system to request staff assistance, and staff also conduct hourly bedroom checks overnight. Additional safety measures, such as buzzer mats, are in use where required.

The findings were discussed at length with the management team.

It was acknowledged that the home and the health and social care sector overall, continue to experience staffing challenges as a result of the ongoing pandemic. This included recruitment and retention of staff; for instance, the home has advertised for and been unsuccessful in recruiting an activities co-ordinator.

The manager outlined quality improvement initiatives they had introduced in the home, including a monthly employee reward scheme to share best practice. Review of governance records and discussion with the management team also provided assurances regarding staff training, induction, supervision and competency and capability assessments.

Management advised that only those residents with sufficient capacity, cognition and mobility reside in the front and back bungalows; and that this is part of the home's pre-admission criteria and agreed with the resident, their relatives and multi-disciplinary professionals and reviewed under their fire risk assessment. Following the inspection, the home submitted an updated Statement of Purpose, which included some information on the night time staffing arrangements. This will remain under review by the manager.

However; given the feedback from residents and staff, an area for improvement was identified for the manager to review 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.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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 safe systems were in place to manage this aspect of care.

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.

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 of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was choice of meals offered, including vegetarian options. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans are developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. One resident's care plans had not been completed in a timely way. The manager provided written confirmation following this inspection that this had been fully addressed.

Care records contained sufficient information regarding resident's basic needs, including their physical care needs. There was clear evidence that changes in resident's physical health were regularly monitored and escalated appropriately.

Residents' weights were checked at least monthly to monitor weight loss or gain.

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.

Examination of records and discussion with staff and 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 the Trust's Specialist Falls Service, their GP, or for physiotherapy.

However; care records were somewhat disorganised; there were inconsistencies in the templates used; and the quality and detail of information recorded varied. The manager had highlighted this issue at the outset of the inspection and there was evidence that care records were being routinely audited and action plans were in place for staff to address deficits.

This was discussed further with the management team. The manager had provided individual coaching and mentoring to staff and was now sourcing additional care record training for staff, which was being organised as a priority. The manager was also completing the 'My Home Life' management qualification, and was commencing a Quality Improvement project in relation to supporting the professional development and care recording skills of care assistants.

Review of governance records also confirmed that plans were in place to restructure, streamline and improve care records in the home.

Given these assurances, and to provide the home with sufficient time to fully address and effectively embed these changes into practice, new areas for improvement were not identified on this occasion, and will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably decorated, furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Parts of the home, including the carpets, were showing signs of wear and tear and additional storage was required. Discussion with the management team and review of governance records confirmed there were plans in place to refurbish and update the home's environment. These had been delayed due to outbreaks of illness in the home. Therefore, an area for improvement was not identified on this occasion and this will be reviewed at a future inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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. For example, residents could have a lie in or stay up late to watch TV.

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. Several residents asked to go outside for a walk after lunch, to enjoy the sunny weather. This was facilitated by staff who supported residents to enjoy some fresh air and sunshine in the home's back yard.

As discussed in section 5.2.1, staff had expressed concern regarding staffing levels and the impact this could have on the provision of meaningful and structured activities for residents. An area for improvement was identified regarding this. In the interim, staff outlined how they ensure resident's social, recreational and emotional needs are met. Staff encourage and accompany residents to go on short walks; and offer games such as quizzes and indoor bowling. Nail and hair care is also a popular activity with residents who enjoy being pampered. Staff expressed hope that previously popular activities, such as short bus trips, outings and barbecues could recommence, with the warmer weather and relaxation in COVID restrictions.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Ashley Currie has been the manager in this home since June 2021 and registered with RQIA 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. Specific comments from staff included, "Ashley is great; we're learning a lot" and "Ashley wants to shake things up and bring us forward".

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Review of the home's record of complaints and discussion with the manager and staff confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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. 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. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a robust system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider who consulted with residents 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.

These are available for review by residents, their representatives, the Trust and RQIA. However; there was limited evidence of how the person completing the visits had sought the views of residents' relatives, if none were in the home on the day of the visit. For instance, by contacting relatives by letter, telephone or email. An area for improvement was identified.

6.0 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 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* the total number of areas for improvement includes two standards that have been stated for a second time. One regulation and two standards have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Ashley Curries, manager, and Mr Mark Craig Emerson, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) (a) Stated: First time To be completed by: From the date of inspection onwards	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. Ref: 5.2.5 Response by registered person detailing the actions taken: A discussion has taken place with our Management Consultant who carries out the Regulation 29 visit; and he will seek views of residents' representatives during his visits and will reflect these in his report.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person shall ensure that medicines which require cold storage are stored securely to prevent unauthorised access.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 6.1</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person must ensure that, before making an offer of employment, any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Gaps in employment for all candidates have always been explored at interview stage; to make it more robust we have added this question in to the initial part of the interview questions as a reminder for the interviewers to explore this information and ensure any gaps are recorded in detail.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</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> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The healthcare sector as a whole has had staffing shortages over the last two years as a result of Covid-19; as such services have become dependent on the use of agency within their homes; at Hollygate Lodge we have not used agency staff as this affects the continuity of care our residents receive and have therefore covered our own home with our own staff; the home manager and deputy manager have supported with this cover to ensure the home runs smoothly and safely. We always take the needs of our residents into account when staffing our home and have always ensured that despite last minute sickness resulting from the pandemic and norovirus outbreaks we have been able to cover the home safely and got cover as required. Dependency of residents is on-going reviewed and as needs of residents</p>

	<p>deteriorate MDT meetings are arranged to look at alternative options for the resident and to ensure a smooth transition takes place. In regards to the layout and as discussed with the inspector we have amended our statement of purpose to identify how we support the residents residing in the bungalows that are not part of the main house and how we carry out regular checks, that the residents who reside there have a higher level of cognition and require supervision to minimal assistance. On the day of inspection the home was staffed adequately and we continue to staff the home safely.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.4</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection onwards</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> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A new referral form was implemented following the last inspection and includes areas for all necessary information and risk assessment. Risks are identified at point of preadmission assessment on the form. At times it is difficult to gain the necessary information due to the residents capacity therefore a follow up email is sent following the pre-admission assessment to the relevant contact to gain the additional information before making an overall decision on suitability for admission. Any information not gained at the initial point is sought on admission and documented on the admission paperwork and 'This is me' document. The home manager and deputy manager will sign and date the referring Trust paperwork upon receipt.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.12</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection onwards</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> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A new file for carers recording was devised pre inspection; all records are stored in one location to make the recording of dietary intake and fluids more streamlined and more accessible. The senior care assistants in charge of each shift are to ensure they have oversight that this is completed after every meal and drink.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person shall ensure that the necessary improvements are implemented on the personal medication records.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1 and 6.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1 and 6.1</p>

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