

Unannounced Care Inspection Report 14 January 2021



Hollygate Lodge

Type of Service: Residential Care Home (RCH)
Address: 21 Hollygate Park, Carryduff, Belfast BT8 8DZ
Tel no: 028 9081 3243
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 38 residents.

3.0 Service details

<p>Organisation/Registered Provider: Hollygate Care Services Ltd</p> <p>Responsible Individual: Ian George Emerson, acting</p>	<p>Registered Manager and date registered: Ellen Majella McVeigh 18 June 2018</p>
<p>Person in charge at the time of inspection: Ellen Majella McVeigh</p>	<p>Number of registered places: 38</p> <p>This number includes:</p> <ul style="list-style-type: none"> • a maximum of twelve persons in RC-DE (mild) category of care; • a maximum of three named persons only in RC-LD(E) category of care; and • a maximum of one named person in RC-MP category of care.
<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>Total number of residents in the residential care home on the day of this inspection: 26</p>

4.0 Inspection summary

This unannounced care inspection took place on 14 January 2021 from 10.05 hours to 15.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- the home's environment
- care delivery
- staffing arrangements
- recording of care
- governance and management arrangements.

Residents said they were happy and well cared for in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*5

*The total number of areas for improvement includes one under the Regulations and three under the Standards which have been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ellen Majella McVeigh, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last care inspection
- written and verbal communication received since the last inspection
- the returned QIP from the last inspection
- the previous inspection reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- staff duty rota from 21 December 2020 to 17 January 2021
- the daily menu
- care records for four residents
- supplementary care records for eight residents
- monthly monitoring reports from June 2020, October 2020 and November 2020
- a sample of minutes of staff meetings

- monthly monitoring reports from July 2020, August 2020 and September 2020 (provided post inspection)
- a sample of staff training records (provided post inspection).

Areas for improvement identified at the last medicines management inspection were not reviewed and are carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from last medicines management inspection (10 September 2020)

Areas for improvement from the last medicines management inspection		
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 the inspection. This will be carried forward for review at the next inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		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 the inspection. This will be carried forward for review at the next inspection.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans for the management of pain are in place.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of the inspection. This will be carried forward for review at the next inspection.	

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of the inspection. This will be carried forward for review at the next inspection.	

6.2 Inspection findings

6.2.1 The home's environment

The home was clean, warm and tidy.

Several minor environmental deficits were identified. One bedroom required repairs to the radiator cover and sink. Another bedroom required additional dusting and repairs to a window which had some small cracks. One over the toilet seat needed to be replaced due to signs of rust on the legs of the seat. On 19 January 2021, the manager provided written confirmation that the above issues had been addressed; therefore an area for improvement was not required on this occasion.

Current COVID-19 guidance on visitors was adhered to in the home. When we arrived, staff ensured we sanitised our hands and recorded our temperature and contact details. Routine testing is in place for all residents and staff.

Staff wore Personal Protective Equipment (PPE) as required and there were ample supplies of PPE and hand sanitiser throughout the home. Additional PPE is used when staff are providing personal care. The manager agreed to further risk assess the use of PPE when staff are unable to maintain social distancing, for instance when supporting a resident with eating.

6.2.2 Care delivery

Residents looked well cared for and it was clear that staff had taken time to support residents to attend to their personal care and appearance. There were friendly and cheerful interactions between staff and residents. Residents appeared comfortable and at ease when engaging with staff or seeking assistance.

There was a relaxed and homely atmosphere throughout the inspection. Several residents enjoyed sitting in the main lounge, while other residents preferred to sit and chat with their friends, watch television, read the newspaper or rest in their bedrooms. Residents told us they were happy living in the home. Specific comments included:

- "It's not home but it's the next best thing."
- "Staff are great."
- "The food is beautiful, we get lots to eat and drink."
- "Christmas was nice. The home was decorated with lots of lights and we had three Christmas dinners!"

- “We’re all early birds, but some people like a lie in so you can come down to breakfast when you want.”
- “The food is second to none! I love Michael’s (chef) stew.”

We observed the serving of the lunch time meal. This was an organised and unhurried experience for residents. Food was served hot and looked and smelled appetising. The menu was displayed and residents were provided with a choice of stew or lamp chop with potatoes and vegetables. A choice between sardines on toast or soup and wheaten was also available for the evening meal. We spoke with the home’s chef who was positive about working in the home. Staff clearly knew the residents, their needs and their preferences and it was positive to see both care and kitchen staff interacting well with residents during meal times to ensure they were content.

A dedicated visiting room is available in the home; this is accessed through a separate entrance, and uses Perspex screens to support residents and visitors with maintaining social distancing. Residents are also supported to maintain telephone and video calling contact with their loved ones. The manager confirmed there were no identified care partners at present but that this would be reviewed depending on resident’s individual needs.

6.2.3 Staffing arrangements

Observation of practice and discussion with residents and staff confirmed there were enough staff on duty to meet the needs of the residents. Staff were visible and attentive towards residents and buzzers were answered promptly. Discussion with the manager and the responsible individual confirmed that staffing levels were reviewed in line with resident’s dependency levels.

We spoke with five members of care staff. Staff told us that they were busy, particularly at meal times, but felt this was manageable with good team work and the ‘hands on’ approach of the manager and team leader.

Staff were able to describe residents’ individual needs and personalities and how this is used to provide person centred care. It was clear that staff knew the residents well and they described how routines had been adapted in the home in line with COVID-19 guidance. For instance, staff had made a big effort at Christmas time, arranging different activities such as carol singing and dancing, to maintain good morale in the home. Staff told us; “I go home after work with a sense of achievement, even on bad days. Residents miss their visitors. Some residents are getting fed up, so you just try and brighten their day however you can.”

Discussion with staff and review of staff training records confirmed that staff mandatory training was in date. Management also outlined plans for additional training on challenging behaviour and dementia later this year.

6.2.4 Recording of care

Care records were holistic and person centred and evidenced that care was planned and delivered in line with resident’s capacity, consent, and choice. Care plans outlined how staff can ensure they protect and promote resident’s independence and dignity.

Care records and progress notes clearly evidenced how staff monitored and responded to any changes in residents’ needs or presentation.

There was regular liaison and consultation with a range of multi-disciplinary professionals including podiatry, G.P's, district nursing and speech and language therapists.

We reviewed care records for residents who had recently been admitted to the home. Pre-admission assessments lacked information and were not signed or dated by the person who completed the assessment. This was discussed with the manager who advised the current template was under review. An area for improvement was made.

A range of risk assessments and care plans were in place including for the management of falls, diabetes, nutrition and infection. A risk assessment and care plan was not in place for one resident with a specific physical health condition; the home provided written confirmation that this was in place following the inspection.

Food and fluid intake records were maintained for residents when required. The detail included varied between records and total fluid intake was not calculated. This was discussed with the team leader who agreed that additional guidance would be provided to care staff. An area for improvement was made.

6.2.5 Management and governance arrangements

Staff described the manager as very supportive and approachable, and stated that there was good communication in the home. This included handovers during each shift and regular staff meetings. Staff were aware of the whistle blowing policy and procedures.

The home had experienced an outbreak of COVID-19 in 2020. Staff and the manager spoke compassionately about the impact this had on residents and life in the home. Several residents received palliative care in the home, and staff described how they had worked in partnership with district nursing to ensure residents continued to receive person centred and dignified care, in line with each resident's individual wishes and needs, and the home's registration as a residential care home.

We reviewed a sample of monthly monitoring reports. These visits were conducted remotely when required. Positive feedback was provided by residents, relatives and staff. Where deficits were identified, there were clear action plans in place, including plans for refurbishment in the home. Actions plans evidenced that management were responsive and addressed issues in a timely manner.

Areas of good practice

Areas of good practice were identified in relation to the individualised care delivery in the home, the knowledge and compassion of staff, visiting arrangements and management arrangements.

Areas for improvement

Two areas for improvement were identified in relation to pre-admission assessments and food and fluid intake records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The home was clean and tidy; deficits identified during the inspection were addressed by the manager promptly.

Residents looked well cared for and provided positive feedback about their experiences living in the home.

Staff knew the residents well and there were cheerful and friendly interactions between staff and residents throughout the inspection.

Areas for improvement are detailed in the QIP included below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ellen Majella McVeigh, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that medicines which require cold storage are stored securely to prevent unauthorised access. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref. 6.1
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that the necessary improvements are implemented on the personal medication records. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref. 6.1
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: from the date of inspection onwards	The registered person shall ensure that care plans for the management of pain are in place. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref. 6.1
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: from the date of inspection onwards	The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref. 6.1
Area for improvement 4 Ref: Standard 3.4 Stated: First time To be completed by:	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. Ref: 6.2.4

From the date of inspection onwards	<p>Response by registered person detailing the actions taken: Pre-admission assessment documentation is under review to ensure a more robust referral form is in place prior to admission. The revised referral form will provide more detail surrounding the care, medical and emotional needs of the resident, and include risk assessments as appropriate.</p>
<p>Area for improvement 5 Ref: Standard 12.12 Stated: First 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> <p>Ref: 6.2.4</p>
<p>To be completed by: From the date of inspection onwards</p>	<p>Response by registered person detailing the actions taken: The relevant documentation is in place to maintain accurate records of all food and fluid intake, including if a resident has refused a meal. This ensures a response that is ongoing and evolves to address all areas that require to be reviewed and managed. All staff members are made aware of each residents' needs and any changes when they come on shift at handovers.</p>

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



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