

# Inspection Report

15 August 2024



## Hollygate Lodge

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hollygate Care Services Ltd	<b>Registered Manager:</b> Ms Melessa Corbett
<b>Responsible Individual</b> Mr Mark Craig Emerson	<b>Date registered:</b> 1 May 2024
<b>Person in charge at the time of inspection:</b> Ms Melessa Corbett	<b>Number of registered places:</b> 38
<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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 36
<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 divided across three houses over one site and includes; the front bungalow, the main bungalow and the back bungalow.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 August 2024, from 10.00 am to 5.25 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.

The home was warm and welcoming. Residents were seated in communal spaces across the home and were observed to be relaxed and comfortable in their surroundings. Other residents were seated within their bedrooms if this was their preferred choice. There was evidence of refurbishments having taken place across the home.

Residents provided positive feedback about their experiences residing in the home. Residents said the staff were approachable and supportive. Residents commented positively about the food and generally said there was a variety of activities provided which they enjoyed taking part in if they wished.

Staff provided positive feedback about their experiences working in the home and the support provided by the manager. It was observed that staff delivered care in a caring and compassionate manner.

RQIA found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

One new area requiring improvement was identified during this inspection and is discussed within the main body of the report and Section 6.0.

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.

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 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

Residents spoken with provided positive feedback about their experiences residing in the home. Residents commented positively about the staff working in the home and said, “the staff are brilliant, you could ask them for anything.” Another resident said, “the staff are fabulous, brilliant wee girls. They paint my nails and are so helpful.” Residents provided positive feedback about the food and the overall cleanliness of the environment.

Staff spoken with said they enjoyed working in the home and provided positive feedback about the manager. One staff member said, “the residents and staff are amazing. They have all been so good and lovely to me.” Another staff member said, “the manager is very good. Things are going well in here.”

Nine questionnaires were completed by residents; the feedback shared about their experiences residing in the home was positive and reported the care as; safe, effective and compassionate. Some of the comments shared in the responses included: “the staff are all very caring” and “I feel safe as the staff are there for me if needed.”

One staff member completed the online staff survey reporting the care to be; safe, effective, compassionate and well led. The comments included, “Hollygate is a very welcoming home to be a part of, the staff are lovely and management is very welcoming and understanding.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One of the compliments wrote, “thanks to all the lovely caring staff and friends for making mum laugh and smile every-day. We are all very grateful to you.”

## 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 4 January 2024		
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 14 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that any substances which are potentially hazardous are locked and stored where residents do not have access.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met as written. However, a new area for improvement was identified regarding the management of denture cleaning tablets, see Section 5.2.3 and 6.0.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Second time	The registered person shall ensure staff are trained for their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure that audits are robust in ensuring actions on deficits are time bound and signed off when completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 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.

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

There was evidence of a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this system evidenced staff required to be were registered with NISCC.

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.

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 told us that there was enough staff on duty to meet the needs of the residents. One staff member said, "the manager always ensures there is enough staff on duty."

The manager said that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. Comments made by one resident were shared with the manager for review and action as appropriate.

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, a staff member was observed completing one to one activities with a resident who required an increased level of support.

There was evidence of supervision and annual appraisals completed with staff. Personal development plans were not always personalised to identify development opportunities for staff. A discussion took place with the manager. This will be reviewed at a future inspection.

There was evidence that those staff who were in charge in the absence of the manager had been deemed competent and capable to take on these roles.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### **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. In addition, resident care records were maintained which accurately reflected the needs of the residents. 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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed to have developed a rapport with the residents, evident in their interactions with the residents.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats. Discussion with staff 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; their GP.

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.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Some residents preferred to eat their meals in their bedrooms which were located in the front and back bungalow. A discussion took place with the manager regarding the supervision arrangements in place for those residents who do not have their meals in the main bungalow. A discussion took place with the management team and assurances were provided that a system has been implemented to ensure those residents who choose not to eat in the main lounge receive an adequate level of supervision. This will be reviewed at a future inspection.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially. There was evidence of one pre-admission assessment not maintained in the residents care file, assurances were provided this had been completed and a discussion took place with the manager to ensure pre-admission assessments are maintained in individual care files. This will be reviewed at a future inspection. A further discussion took place with the manager to ensure assessment dates are always recorded.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet 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.

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.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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

The home was warm and welcoming, observation of the home's environment evidenced that the home was clean, tidy and well maintained. There was evidence of refurbishments having taken place across the home.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably 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.

There was evidence of prescribed topical creams and denture cleaning tablets in a number of resident's bedrooms which were not securely stored, posing a potential risk of harm to residents. A discussion took place with the management team and assurances were provided that this has been reviewed and management plans implemented. An area for improvement was identified.

There was evidence throughout the home of 'homely' touches such as magazines, snacks and drinks available. There was evidence of information regarding local events on display across the home.

Residents and staff said the home was well maintained and that it was kept clean and tidy.

Residents had access to a call bell to summons assistance from staff if required. Staff were observed responding promptly to call bells. Comments were shared with the management team regarding issues occurring with call bells. The manager provided assurances these would be checked daily by care staff and a system has now been implemented to evidence these daily checks. This will be reviewed at a future inspection.

The fire risk assessment was completed in the home on the 17 May 2024 by a fire risk assessor. The fire risk was deemed tolerable. No new recommendations were identified by the risk assessor as part of this assessment. A discussion took place with the management team regarding the management of a fire exit in the home. Assurances were provided that this fire exit was no longer in use and the signage was required to be removed as agreed with the fire risk assessor. This information was shared with RQIA estates department who were in agreement with the actions taken.

There was evidence of changes having been made to the manager's office and visitors room, assurances were provided these rooms were in keeping with their original stated purpose. A discussion took place with the management team to ensure that a variation is submitted to RQIA and approved prior to any changes being made to the building.

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 personal protective equipment (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. Residents could have birthday parties with family and friends in their room or one of the lounges, could go out to church, or other activities in the community.

Residents were observed engaging in activities throughout the day for example; puzzles and colouring. Residents were provided with choice regarding their own preferred activities, those residents who preferred to remain in their rooms were supported to do so.

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.

There was a range of activities provided for residents by staff including; social, community, religious, spiritual and creative events. Residents provided positive feedback about the activities which had been taking place recently in the home, for example; visits from a local musician, flower arranging and nail-care. Other comments made by residents regarding the variety of activities were shared with the management team for review and action as necessary.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year. Residents provided positive feedback about the support they received from staff to ensure their individual preferences were maintained for example; having their nails painted.

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

There has been no change in the management of the home since the last inspection. Miss Melessa Corbett has been the Registered Manager in this home since 1 May 2024.

There was evidence that a robust 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.

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 adults at risk of harm.

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.

It was established that 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.

There was a system in place to manage complaints and there was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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. There was not always clear evidence of the number of staff spoken with during these visits and the visits did not state that these were unannounced. Assurances were provided that these visits were unannounced. A discussion took place with the management team to ensure this information is clearly reflected on the report. This will be reviewed at a future inspection. These reports are available for review by residents, their representatives, the Trust and RQIA.

## 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

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>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time	The registered person shall ensure that unnecessary risk to residents are appropriately managed. This relates to the appropriate storage of: <ul style="list-style-type: none"> <li>• denture cleaning tablets and,</li> <li>• prescribed creams</li> </ul>

<b>To be completed by:</b> From the date of inspection (15 August 2024)	Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Steradent has been removed from all bedrooms for safe storage. A new policy has been issued using information from the GAIN oral healthcare guidelines for residential homes. This information has also been circulated to residents' families and is now included in the Home's admission process for new residents moving forward. An email has been sent to all staff to remind them that creams must be returned to the designated medication room after each use and not stored in bedrooms.

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



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