



Secondary Unannounced Care Inspection

Name of Establishment: Hollygate Lodge
Establishment ID No: 1619
Date of Inspection: 30 June 2014
Inspector's Name: Priscilla Clayton
Inspection No: IN017590

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of Home:	Hollygate Lodge
Address:	21 Hollygate Park Carryduff Belfast BT8 8DZ
Telephone Number:	(028) 9081 3243
E mail Address:	eddy@hollygate.net
Registered Organisation/ Registered Provider:	Hollygate Care Services Ltd
Registered Manager:	Sharon Boyd (Acting manager)
Person in Charge of the home at the time of Inspection:	Sharon Boyd (Acting manager)
Categories of Care:	RC-I, RC-DE x 6 places, RC-LD (E), RC-MP
Number of Registered Places:	38
Number of Residents Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£450-490
Date and type of previous inspection:	5 August 2013 8 August 2013
Date and time of inspection:	30 June 2014 (11.30 – 5.00)
Name of Inspector:	Mrs Priscilla Clayton

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 20 (Criterion; 6, 7, 8, 9, 15, 16, 18, 19)

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 PROFILE OF SERVICE

Hollygate Lodge is located within a private residential area on the outskirts of Carryduff and is within easy access of local shops, bus routes and leisure facilities.

The home's premises consists of three buildings; the main house accommodating 22 residents, and two bungalows, adjacent to the house and each accommodating eight residents. Many of the bungalow residents choose to spend daytime hours socialising in the main house where communal facilities are spacious with individual and group activities organised.

As the home has three different levels, a number of stair lifts are in place for residents' use. The main house has two lounges, a spacious dining room, a hairdressing room and adequate toilet and shower facilities. Most of the residents' rooms have ensuite toilet and wash-basin facilities.

Externally there are several sesated areas including , patio area, seating and a timber sunroom providing options for those who enjoy being outside. Opportunities are available for gardening activities using tubs and planters.

The home is registered with RQIA to provide the following categories of care; RC-I, RC-DE x 6 places, RC-LD (E), RC-MP x 1 place.

7.0 SUMMARY

This secondary unannounced care inspection of Hollygate Lodge was undertaken by Priscilla Clayton on 30 June 2014 between the hours of 11.30am and 5.00 pm.

The newly appointed "acting" manager, Sharon Boyd, was present during the inspection and for verbal feedback at the conclusion of the inspection. Mr Ian Emerson and Mr Craig Emerson, registered persons, also visited the home and were present for feedback.

The previous care inspection undertaken on 8 August 2013 resulted in four requirements and three recommendations being made. All areas identified for improvement had been addressed as verified by the inspector during this inspection. Further detail can be viewed in section 3 of this report.

The focus of this unannounced inspection was on Standard 20 of which selected criteria for inspection included criteria 6, 7, 8, .9, 15, 16, 18 and 19. Evidence utilised to validate compliance with selected criteria included discussion with the manager, staff, residents and examination of associated documentation. The home is to be commended on achieving compliance with the eight criteria examined.

Additional areas examined included the current management arrangements, staffing, accidents / incidents and visits by the registered provider. Further details can be found in section 9.00 of this report.

The inspector met with all residents accommodated and staff on duty, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided, observed care practice, examined a selection of records and carried out a general inspection of the internal environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, including the facilities and services provided and their relationship with staff and in particular the new manager who they described as a “good listener “ who has introduced several changes, especially the development of activities.

Comments received from residents are included in section 9.00 of the report

Staff who spoke with the inspector indicated that they felt supported in their respective roles, satisfied with relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were individualised with items of personal memorabilia displayed.

Externally the patio area on the second level is utilised by residents where they recently enjoyed a barbeque. This area has a wooden summer house and patio table / chairs.

It is pleasing to report that no requirements or recommendations have been made as a result of this unannounced secondary inspection. The “acting” manager, Sharon Boyd and staff are to be commended.

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 14 (2)(c)(5)	<p>Bed Rail Risk Management</p> <p>It is recommended that the manager presents the full content of the care plan to those in attendance at review meetings, including the proposed use of bed rails and outcome of risk assessments and that risk management, agreement or otherwise is obtained from the multi-professional team before this form of restraint is used.</p> <p>In keeping with Regulation 14 (5) the manager is required to notify RQIA of any form of restraint used in the home</p>	<p>The manager confirmed that several bed rails were no longer used and risk assessment has been undertaken on those remaining. The care manager has been informed by the manager.</p> <p>Care records examined contained current risk assessments with care plans reflecting measures in place to minimise the identified risk.</p>	Compliant
2	Regulation 16 (1)	<p>Care plans</p> <p>Where applicable, residents care plans must reflect bed rail usage with comprehensive detail recorded on the interventions required to minimise the risk of injury.</p>	Care plans examined contained measures in place to minimise risk of bed rail usage.	Compliant

3	Regulation 16 (2) (b) Standard 11.6	<p>Care Management Review – care plan</p> <p>Examination of four NHSCT care management review notes/minutes showed that the action recommended one was not reflected by staff in the care plan.</p> <p>The manager must ensure all recommendations agreed at the care management meeting are reflected in the resident's care plan.</p>	Examination of recent care management review notes evidence that the home was compliant with this recommendation.	Compliant
4	Regulation 29 (4)	<p>Visits by registered provider</p> <p>Greater detail in regard to accidents/incidents (number, satisfaction with management of same/lessons learned), complaints received and interviews with staff, residents/ representatives were not reflected.</p> <p>It is recommended that the RQIA template is used for recording of this information.</p>	Examination of monthly visits showed that greater detail was being recorded as required.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 24	<p>Staff supervision</p> <p>Given the number of care staff employed the manager is to consider the delegation of supervision of care staff to senior care staff.</p> <p>Training for senior care staff would be required in this regard.</p>	<p>Discussion with the manager, two staff and examination of random sample of records evidence that staff supervision was being provided.</p> <p>The manager confirmed staff supervision was completed and would be provided in keeping with corporate policy / procedures.</p>	Compliant
2	Standard 16.9	<p>Staff training</p> <p>It is recommended that the electronic staff training matrix includes staff names and dates of attendance.</p>	<p>Examination of staff training matrix evidence that staff names and dates were recorded.</p>	Compliant
3	Standard 19.2	<p>Application form</p> <p>One file contained an application form which did not reflect the detail recorded in the Access NI disclosure.</p> <p>The registered manager is required to follow up on this matter</p>	<p>This detail was addressed as recommended.</p>	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.6 The statement of purpose is kept under review.	COMPLIANCE LEVEL
Inspection Findings:	
The home's Statement of Purpose was examined, review has been undertaken. The manager reported that recent review included her name as the "acting" manager. The manager agreed to forward a copy of The Statement of Purpose to RQIA.	Compliant
Criterion Assessed: 20.7 Any change to: - <input type="checkbox"/> Part 1 of the statement of purpose <input type="checkbox"/> The person registered on behalf of the organisation or any change in: - <input type="checkbox"/> The registered manager, or <input type="checkbox"/> The registered premises is made only with the approval of the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings:	
Reference to Sharon Boyd as the new "acting" manager was reflected in the Statement of Purpose Also refer to 20.6	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed:	COMPLIANCE LEVEL
20.8 An up-to-date and accurate register of residents accommodated in the home is kept and is available for inspection at all times. (See Appendix 1)	
Inspection Findings:	
Examination of the home's Resident Register evidenced that recorded information was in accordance with this criterion.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
20.9 The residents' guide is kept under review, revised when necessary and updated versions are provided to the Regulation and Quality Improvement Authority.	
Inspection Findings:	
Discussion with the manager and examination of the Resident Guide evidenced that this document was currently under review.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed:	COMPLIANCE LEVEL
20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.	
Inspection Findings:	
Accidents / incidents records were examined and discussed with the manager. Cross referencing with those held in the home with notifications forwarded to RQIA confirmed compliance with this criterion and Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
20.16 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.	
Inspection Findings:	
The manager has recently undertaken training in dementia management and mandatory training. The manager intends to undertake a qualification in Level 5 of the Qualification and Credit Framework (QCF). The manager confirmed that mandatory training has been attended by Eddy Kerr, care services support manager / registered provider.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed:	COMPLIANCE LEVEL
20.18 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.	
Inspection Findings:	
The home has a “Whistle Blowing” policy which was dated 1st September 2013 which reflects procedures to follow should concerns arise.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
20.19 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	
Inspection Findings:	
The manager operates an open door policy and staff can feel free to meet with her at any time. Staff records examined confirmed they had received mandatory training and would report any concerns or issues occurring in the home. Mechanisms to provide support include counselling, supervision and an open door policy to the manager / registered providers.	Compliant

9.0 ADDITIONAL AREAS EXAMINED

9.1 Management arrangements

Sharon Boyd is the newly appointed “acting” manager of the home is a qualified social worker, with twenty years of experience working in the community and is supported in her role by Eddy Kerr care services support manager, and registered providers of the home.

The “acting” manager has settled well into her new post and is currently reviewing systems and processes in the day to day management of the home.

At operational level support is provided by a newly appointed deputy manager and mixed skill care team and ancillary staff.

There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity

Identified senior staff is in charge of the home when the manager or deputy manager is off duty. The manager confirmed that “acting up” care staff has had competency and capability assessments completed.

9.2 Residents.

The inspector met with all residents accommodated, some in group format and others individually. All residents were appropriately clothed and spoke freely with the inspector. Residents described their care as good, several made reference to a recent barbecue held in the patio area which was organised by the manager. Residents described this as “great fun and a good social event”

Other comments made by residents in regard to the home included:

- “Food is good, plenty to eat and a good choice, the cook is great”
- “Staff are always very good, and the new manager is very kind, a good listener and has several events planned to make things even better ”
- “I can come and go as I please, so long as I tell the staff I am going and give a time to expect me back”
- We have meetings and always speak up and feel we are listened to”
- “Best home ever, I looked at many before I came here and this was the best, would never ever want to move. I consider this my home”
- “We are treated with dignity and respect, our views are welcomed and we are going to have another barbeque soon”
- “We really enjoy the organised gospel singing and fellowship”
- “We don’t have to participate in any activity organised if we don’t want to”

9.3 Staffing levels / supervision / training

The manager confirmed that staffing levels were satisfactory for the number and dependency levels of residents accommodated at the time of inspection.

The home retains a staff duty roster in keeping with Regulation 19 (2) Schedule 4.7.

Staff who spoke with the inspector indicated that they felt well supported in their respective roles, were satisfied with relevant resources and training to undertake their duties. Staff confirmed supervision was provided and team meetings held.

Staff confirmed that mandatory training was provided with on-going updates held annually. Examination of the staff training matrix evidenced training provided was up to date and in compliance with RQIA recommendations.

9.4 Accidents / Incidents

Examination of accidents / Incident records and discussion with the manager evidenced that accidents / incidents were being recorded with measures in place to minimise the identified risks. Cross referencing records retained with notifications submitted to RQIA evidenced compliance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.

9.5 Monthly monitoring visits.

Monthly unannounced monitoring visits were being undertaken by Eddy Kerr, care services support manager and recorded as required. Examination of records retained evidenced compliance with Regulation 29 of The Residential Care Homes regulations (Northern Ireland) 2005.

9.6 Environment

An inspection of the home was undertaken. All areas were observed to be clean, tidy and fresh smelling throughout. A satisfactory standard of furnishing and decoration was being maintained. Externally the patio area on the second level is well utilised by residents, where they recently enjoyed a barbeque. This area has a wooden summer house. Patio table / chairs are available.

Fire doors were closed and fire exits unobstructed. Staff training in fire awareness is provided twice yearly as reflected in training records retained..

There was no visual evidence of any health and safety issues in the home.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Sharon Boyd, “acting” manager, Ian and Craig Emerson, registered providers and the new deputy manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced inspection of Hollygate Lodge which was undertaken on 30 June 2014 and I agree with the content of the report. Return this QIP to **Care.team@rqia.org.uk**

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	SHARON BOYD
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	EDDY KERR

Approved by: Priscilla Clayton	Date
	15/10/14