

# Inspection Report

4 January 2024



## Hollygate Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hollygate Care Services Ltd  <b>Responsible Individual:</b> Mr Mark Craig Emerson	<b>Registered Manager:</b> Ms Melessa Corbett – registration pending
<b>Person in charge at the time of inspection:</b> Ms Melessa Corbett, Manager	<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> 31
<b>Brief description of the accommodation/how the service operates:</b> Hollygate Lodge is a residential care home registered to provide health and social care for up to 38 residents. The home is spread across three buildings on one site and includes the main house, front bungalow and back bungalow.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 January 2024, from 10.00am to 1.55pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

One area for improvement identified at the last care inspection was assessed as met. The remaining four will be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team regarding the management of medicines.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about the home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff about how they plan, deliver and monitor the management of medicines within the home.

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

The inspector met with the manager, the senior care assistant and the responsible individual. Staff interactions with residents were observed to be warm, friendly and supportive. It was evident that staff knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, ten responses had been completed by residents during the inspection, indicating that the respondents were satisfied/very satisfied with the management of their medicines.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 8 August 2023		
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>Carried forward to the next inspection</b>
	No potentially hazardous substances were observed unattended, however <b>action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022		Validation of compliance
<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>Carried forward to the next inspection</b>
	With the exception of medicines management <b>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.</b>	
<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>Carried forward to the next inspection</b>
	<b>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.</b>	

<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>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall submit a time bound action plan to outline plans for repairs on the sinks identified during inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A time bound action plan was submitted to RQIA on 29 August 2023. This area for improvement has been assessed as met.	

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. A couple of minor discrepancies were highlighted for attention.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

A selection of care plans was examined and found to be satisfactory for the management of distressed reactions, pain, diabetes and modified diets. It was agreed that care plans would be put into place for medicines that can be obtained via hospital only, to direct staff how to manage the ordering and receipt of these medicines.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with prescribers and the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperatures of the two medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. It was agreed that the room thermometers would be attached to the wall in these areas. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed appropriately once completed.

Management and staff audited a range of medicines on a regular basis. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs, however the stock balances of two medicines that had been returned to the pharmacy for disposal needed to be accurately closed in the controlled drug record book. The manager agreed to address this following the inspection.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence. Most incidents reported were omissions of prescribed doses. The manager advised that end of shift checks on medication administration records and medicine supply systems had been implemented to help address this. The impact of this was acknowledged and it was agreed that this should continue.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3*

\* The total number of areas for improvement includes four which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Melessa Corbett, Manager, as part of the inspection process and can be found in the main body of the report.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (8 August 2023)	The registered person shall ensure that any substances which are potentially hazardous are locked and stored where residents do not have access.  <b>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.</b>  Ref: 5.1
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection and ongoing (8 August 2023)	The registered person shall ensure staff are trained for their roles and responsibilities.  <b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing (8 August 2023)	The registered person shall ensure that audits are robust in ensuring actions on deficits are time bound and signed off when completed.  <b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection and ongoing (8 August 2023)	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>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.</b>  Ref: 5.1



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