

# Inspection Report

**Name of Service:** Hollygate Lodge

**Provider:** Hollygate Care Services Ltd

**Date of Inspection:** 6 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 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>	Mrs Melessa Buchanan
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 38 residents. The home is based across three buildings on the same site.</p> <p>The home is registered to provide care for up to 38 residents and provides care to residents with a range of needs including, general health and social care to those over 65 years of age, residents living with dementia and residents with a learning disability.</p> <p>There are a range of communal areas throughout the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 6 August 2025, between 10.00 am and 5.25 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that 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.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Residents spoken with and able to make their wishes known provided positive feedback about their experiences residing in the home. Some of the comments shared included, "I'm very well looked after, everyone is so kind and good to us" and "the staff are all very good, I get out to the garden centre." Residents less able to make their wishes known appeared to be relaxed and comfortable in their surroundings and interactions with staff.

RQIA received feedback from residents following the inspection; the feedback was mostly complimentary about care delivery in the home. Some of the comments shared included, "it's nice to know there are staff around to help if I need it" and "everyone is more than good, I'm spoiled." Some comments included dissatisfaction with the breakfast times; feedback was shared with the manager for review and action.

A healthcare professional who was visiting the home at the time of this inspection said they found the staff in the home to be communicative and proactive in seeking support from the multidisciplinary team.

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 explained that they could have birthday parties with family/friends in their room or one of the lounges could go out to church, local shops, clubs, pubs or other activities in the community.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to monitor staff's compliance with mandatory training. There was evidence of dates planned for outstanding training to take place for example, practical fire training.

The current pre-employment checklist was not robust as this did not clearly evidence all of the pre-employment checks that had taken place before the staff member started working in the home. For example, right to work in the United Kingdom (UK), gaps in employment and reasons for leaving were not available. The details of this were shared with the management team, the management team provided assurances that these checks had been completed. An area for improvement was identified.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff mostly provided positive feedback about working in the home and reported there was good teamwork and support from the management team. Some negative comments regarding teamwork and staff roles and responsibilities were shared with the management team. Assurances were provided that an action plan was in place to address this.

Review of the housekeeping staff duty rota evidenced that there was not always the planned levels of staff on duty within this department. The management team confirmed increased planned staffing was in place for housekeeping to ensure the completion of tasks as required.

Discussions with staff and review of appraisal documentation evidenced that staff were receiving these on an annual basis. Personal development plans were not always evidenced as completed following appraisals. The manager provided confirmation in writing following the inspection, evidencing the personal development plans which would be completed along with all staff appraisals.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about residents' needs.

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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Referrals were made to the District Nursing team to support these residents if required.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, assistive technology or referrals onto the Trust's Specialist Falls Service.

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 and their diet modified.

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. Prior to the mealtime staff considered those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussions with staff and the manager confirmed there was a system in place to ensure residents who preferred to have their meals outside of the main lounge; received ongoing supervision from a designated member of staff on shift. The manager keeps this under ongoing review as residents needs change.

The importance of engaging with residents was well understood by the manager and staff. Discussion with residents and staff confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

The hairdresser attended the home on the day of inspection; this was evidently a positive experience for the residents. The home has a designated hair salon and the hairdresser attends weekly. The residents provided positive feedback about the service and this appeared to be a social event for those in attendance.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home, for example; Sunday worship, reminiscence. Music, hairdressing or tea and a chat.

The home has a designated activity co-ordinator who works with the residents to ensure there is a variety of activities and events that are suitable and tailored to individual's needs. The

residents have opportunities to go to the local library and one of the residents was complimentary and said if she cannot go to the library, the staff bring her back a book to read.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Monthly weights were not always clearly updated in resident's care files, assurances were provided by the manager that these are recorded in a monthly weights folder and are audited monthly. The manager provided assurances that actions would be taken to ensure these are clearly recorded in individuals care records.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care. There was not always evidence of residents' relatives or representative's involvement in care plans; the details of this were shared with the manager.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of ongoing refurbishments across the home, for example; the dining area in the back bungalow had a new kitchen and furniture in place. Residents have access to a bright and homely outdoor space; this has access to a cabin with furniture for residents to sit outside if they wish.

There was evidence of 'homely' touches across the home, such as newspapers and magazines available for residents.

There was evidence of improvements in the management and storage of topical creams and denture cleaning tablets; however, denture-cleaning tablets were accessible in one resident's bedroom. This was addressed by the manager at the time of inspection and written confirmation of the actions taken to manage this were provided to RQIA following the inspection.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work

in and visit. For example, fire safety checks, resident call system checks and water temperature checks.

Review of records and observations confirmed that systems and processes were in place to manage Infection Prevention and Control (IPC), which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Melessa Buchanan has been the Manager in this home since 3 April 2023.

Residents and staff commented positively about the management team, both the manager and deputy manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

There was evidence that medication related incidents were not always notified appropriately to the trust and RQIA. The details of these incidents were shared with the management team and RQIA's pharmacy inspector. Assurances were provided by the management team regarding the actions planned to ensure these incidents are investigated and reported appropriately. An area for improvement was identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Melessa Buchanan, Manager and Mark Emerson, Responsible Individual, 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>	The Registered Person shall ensure that pre-employment checks evidence that all of the relevant pre-employment checks are in

<p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (1, 4 &amp; 6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2025</p>	<p>place prior to a person commencing work in the home. This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• Proof of identity/right to work in the UK</li> <li>• Gaps in employment</li> <li>• Reasons for leaving previous employment</li> </ul> <p>Ref: 3.3.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> The Home follows robust recruitment and selection procedures which include thorough pre-employment checks for all prospective employees in the Home.</p> <p>Our pre-employment checklist has been further developed to ensure the Home has received the necessary information from appointees and this is evidenced in the individual's personnel file prior to commencement of employment.</p> <p>The Registered Person shall ensure that all medication incidents which are notifiable under this regulation are notified to RQIA and other relevant organisations without delay.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> All incidents relating to the administration of residents' medication are always reported within the timeframe.</p> <p>The Home has liaised with our partner pharmacy to develop a robust process for the investigation of an item that is suspected to be medication that has been found on the grounds of the Home.</p> <p>These will be reported via the 'uncategorised' subheading for information purposes if the item cannot be traced to a particular individual.</p>

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The Regulation and  
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Authority

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