The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Hollygate Lodge

Provider: Hollygate Care Services Ltd

Date of Inspection: 10 September 2026

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

1.0 Service information

Organisation/Registered Provider:	Hollygate Care Services Ltd
Responsible Individual:	Mr Mark Craig Emerson
Registered Manager:	Mrs Melessa Buchanan

Service Profile –
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.

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.

There are a range of communal areas throughout the home.

2.0 Inspection summary

An unannounced inspection took place on 10 September 2026, between 10.10 am and 4.45 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 6 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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 evident 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 all of the previous areas for improvement were 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 provided positive feedback about their experiences living in the home. Some of the comments shared included, "I'm very happy, all is good. I'm knitting, crocheting and watching television." Other comments shared included, "the staff are all very caring."

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. It was evident that staff supported residents to engage in their own preferred stimulation and were also observed offering residents opportunities to go to communal areas to engage in planned activities.

Questionnaire responses were received from residents and relatives, the feedback was positive about care delivery in the home, some of the comments shared included, "it is very good, they help me with my mobility. They make me feel more confident and comfortable." And, "there is always someone available when help is needed." Other comments were shared with the manager.

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 a system in place for the completion of pre-employment checks prior to staff commencing work in the home; however, it was not evident that a reference had been requested from the staff member's present employer. The details of this were shared with the management team and an area for improvement was identified.

The duty rota evidenced that planned staffing levels were mostly met; plans were in place to ensure there was adequate staff on duty to meet the needs of the residents. There were occasions due to short notice sick leave were other arrangements were put into place to ensure adequate staff were on duty. However, it was not always clearly documented when the manager was working as part of the planned staffing levels. The details of this were shared with the management team to ensure this is clearly reflected on the duty rota. Assurances were provided that this would be updated accordingly.

The duty rota did not always clearly reflect the person in charge in the absence of the manager. The details of this were shared with the management team and an area for improvement was identified.

Discussions with the management team confirmed that there are ongoing reviews of staffing levels to ensure there are adequate staff on duty to meet the needs of residents, however there was no clear system in place to evidence this. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

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. Throughout the day staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, assistive technology or monitoring arrangements.

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 held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a system in place to clearly identify staff designation during the mealtime experience. It was not evident that there was adequate supervision provided to residents in the front part of the home during the lunchtime meal. The details of this were shared with the management team and assurances were provided that this would be addressed with staff and additional audits conducted at mealtimes to ensure there is adequate supervision across all aspects of the home. This will be reviewed at a future inspection.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity which involved a singalong 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. Residents were observed smiling and singing along during the activity. Other residents were relaxed across the home.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

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.

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

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to plays on the radio.

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.

Residents care records were held confidentially.

Care records were mostly person centred 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. There was evidence of detailed risk assessments and management plans in place for residents if required, for example, for those residents were there was an identified risk of leaving the building unsupervised. Whilst these risk assessments detailed the risk management plans, these were not always clearly recorded in the residents care plans. The details of this were shared with the management team and assurances were provided that this would be updated.

3.3.4 Quality and Management of Residents' Environment

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 plans in place to deep clean the carpets along communal corridors and these works had already commenced.

There was evidence of some dermol cream requiring stored securely, the details of this were shared with the management team for review and action. As well as this, one resident's bedroom had evidence of a malodour. The management team provided assurances that attempts had been made to address this and further review and actions would be taken to manage this. This will be reviewed at a future inspection.

Review of records and discussion with the manager 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 and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control 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 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.

Systems were in place to evidence the appropriate implementation of Adult Safeguarding policies and procedures. Records were maintained to evidence decision making with regards to adult safeguarding referrals; a discussion took place with the management team to ensure correspondence with Trust's are also maintained; assurances were provided that this system is currently in place.

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

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
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Melessa Buchanan, manager and Mr Mark Craig Emerson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) Schedule 2 (3) **Stated:** First time **To be completed by:** 10 September 2026	The Registered Person shall ensure that pre-employment checks evidence completion of a reference by the person's present or most recent employer; prior to commencing work in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: Management will ensure that named references provided by applicants are cross checked against their current and most recent employers to ensure references are obtained from multiple current employers if applicable.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 10 September 2026	The Registered Person shall ensure the person in charge of the home in the absence of the manager is clearly documented on the duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: The duty rotas have been amended to clearly identify that the Senior Care Assistant is the designated person in charge in the absence of management.
Area for improvement 2 **Ref:** Standard 25 **Stated:** First time **To be completed by:** 10 September 2026	The Registered Person shall ensure there is a system in place to review the staffing levels in the home on a regular basis. Ref: 3.3.1
	Response by registered person detailing the actions taken: Whilst the Home is always appropriately staffed to meet the needs of residents, as evidenced on the duty rotas, a seperate dependency tool has been sourced to further evidence this. This will be used as a live document and updated when there are changes in the needs of existing residents and when there are admissions/discharges in the Home.

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

The Regulation and Quality Improvement Authority

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