



# Unannounced Care Inspection Report 8 April 2019



## Hollygate Lodge

**Type of Service: Residential Care Home**  
**Address: 21 Hollygate Park, Carryduff, Belfast BT8 8DZ**  
**Tel no: 02890813243**  
**Inspector: Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 38 residents within the categories of care outlined in section 3.0 below.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Hollygate Care Services Ltd</p> <p><b>Responsible Individual:</b> Ian George Emerson (Acting)</p>	<p><b>Registered Manager and date registered:</b> Ellen Majella McVeigh</p> <p>18 June 2018</p>
<p><b>Person in charge at the time of inspection:</b> Ellen Majella McVeigh</p>	<p><b>Number of registered places:</b> 38</p> <p>RC- DE maximum of twelve persons RC- MP maximum of one person RC- LD maximum of one person RC- LD (E) maximum of two persons RC- I - 22</p>
<p><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 - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 38</p>

### 4.0 Inspection summary

An unannounced care inspection took place on 8 April 2019 from 09.50 to 15.40 hours. The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, recruitment and induction, the culture and ethos of the home, management arrangements and good working relationships.

One area requiring improvement was identified in relation to information on a resident's life history.

Residents were positive about their experiences living in the home, stating; "I would recommend here to anyone. They (the staff) look after me so well." Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ellen Majella McVeigh, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 September 2018

The most recent inspection of the home was an announced premises inspection undertaken on 12 September 2018. No further actions were required to be taken following the most recent inspection on 12 September 2018.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Comments received from residents and staff during the inspection are included in the main body of this report.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time scale.

During the inspection a sample of records was examined which included:

- recruitment records for two staff
- staff training matrix for 2018-2019
- supervision schedule for 2019
- care records of three residents

- monthly monitoring reports dated 14 December 2018, 30 January 2019, 14 February 2019 and 14 March 2019
- policies and procedures; Listening and Responding to Residents' Views, Management of Records, Risk Management, Moving and Handling, Use of Restraint and Safe and Healthy Work Practices, 19 June 2018
- infection prevention and control audits dated 31 December 2018, 1 February 2019, 4 March 2019 and 1 April 2019
- fire safety records from 4 August 2018 – 29 March 2019
- accidents and incidents records and audits from January – March 2019

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent care inspection dated 9 August 2018

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 9 August 2018

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

## Environment

Residents in Hollygate Lodge live either in the main house or in one of two bungalows on the same site. It is homely and welcoming, with classic style décor throughout. The home was clean, tidy and warm and had been decorated for the Easter holidays, with arts and crafts made by the residents including bunting, Easter bonnets and baskets.

Residents choose their preferred lounge, with the smaller lounge being considered the quieter one. Some residents reported enjoying sitting in the foyer, which has a large window, so they can see who is coming and going in the home. Other residents enjoyed relaxing in the privacy of their bedrooms. Bedrooms were individualised with different bed linen, mementos and personal items. Residents confirmed they were content with the standard of the environment in their home; "They (staff) keep it clean and tidy... This lounge is usually quiet... I know I'm safe here".

Staff adhered to infection prevention and control (IPC) procedures and there was ample supply of Personal Protective Equipment (PPE) available throughout the home. Staff reported, "IPC is drilled into you!" On the ground floor of the main house, the inspector noted that the door to the sluice required repair. When this was highlighted to the registered manager, the estates manager was contacted. The door was repaired immediately.

In a small number of rooms, the cords for the blinds were not secured to the wall. Also, the pull cord for lights in the bathroom did not have a wipe-able sheath cover. This was discussed with the registered manager who provided written confirmation after the inspection that these areas had been addressed.

Staff advised that the home's annual fire risk assessment was conducted on 21 February 2019 however the report had yet to be received by the home. Fire training had been provided to staff three times a year, and training was arranged for next week for newer members of staff. Fire drills and escape routes are reviewed every Friday. Fire equipment checks are completed monthly, and maintenance on a quarterly basis. Personal Emergency Evacuation Plans (PEEPs) were retained in residents care records.

### **Staffing levels**

The registered manager outlined staffing arrangements in the home, which included dedicated domestic, catering and maintenance staff in addition to team leaders and care staff. Staffing levels are monitored through staff handovers and evaluation of care records. The registered manager stated that staffing never fall below current levels, and additional staffing is arranged when required to meet the needs of the residents'. For instance, for residents outings as additional staff were arranged when fourteen residents enjoyed a bus trip to Millisle recently.

Observation of practice identified that staffing levels were adequate to meet the needs of the residents on the day of inspection. No concerns regarding staffing levels were reported during discussion with residents and staff. One resident stated "I know if I need anything, I can ring the buzzer and someone will come."

### **Staff recruitment and training**

Review of recruitment records confirmed that staff were suitably vetted to ensure they were suitable to work with the residents. Access NI and professional registration with Northern Ireland Social Care Council (NISCC) were in place. Any gaps in employment were discussed and recorded during interviews.

Review of training schedule for staff confirmed that mandatory training, including adult safeguarding, first aid and moving and handling were provided on a regular basis. Staff are required to sign in to confirm attendance at training, and a matrix system is used to monitor this.

Staff outlined some of the training they had received and how this ensured the quality of care being provided. For instance, one member of staff had found visual dementia training helpful to improve their communication with residents living with dementia. Discussion with newer members of staff confirmed the received training and an induction, "I was shadowing staff who were all brilliant. It's a good team, all very amenable...Seniors are strict but approachable".

## Risk management

The home's adult safeguarding policy reflected regional guidelines and had last been updated in October 2017. The registered manager is the home's designated adult safeguarding champion. Discussion with the registered manager provided examples of how the home not only promotes the safety and rights of residents, but adopts a preventative approach. For instance, the home had advocated with health and social care trusts to ensure that a resident had full access to their finances. They now maintain close liaison with the office of care and protection to review this arrangement.

Staff were aware of their responsibilities under whistleblowing, "I know this is a good home as we would report if we had any concerns, but we don't...if something is not right, you have to nip it in the bud".

Additional improvements to safety in home included the addition of CCTV in external areas only. This was planned following liaison with PSNI to improve security, as the doors of the home are unlocked during the day.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, recruitment, induction and risk management.

## Areas for improvement

There were no areas for improvement identified in this domain during the inspection.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## Assessment of need

Pre-admission assessments are completed prior to the resident moving into the home and are reviewed within the resident's first 6- 8 weeks in the home. This is to ensure the resident is content and that the home is suitable to meet the resident's needs. An example of the effectiveness of this system was provided by the registered manager. A resident had been discharged from hospital. Staff in the home remained concerned about their mental health. Due to robust assessment, recording and communication, they were able to further advocate for the resident and ensure additional support was provided. The resident has now settled well within the home.

Placements in the home are reviewed on a minimum annual basis. Annual care reviews have been completed for 2018 and a matrix system is used to monitor and plan this.

## Care delivery

Residents presented as settled and content in their surroundings, with their needs promptly addressed. It was apparent that staff had taken time and effort to support residents with aspects of personal care and grooming; for instance, some residents had make-up and jewellery on. One resident commented “If you even have a small stain on your jumper, it gets changed so we always look nice”.

Residents reported they were satisfied with the care provided in the home, “I’ve everything I need here...I know I’m safe here and the staff are good to me...The girls (staff) are good, very helpful”. Staff described the home as “Brilliant...The care is very good. They (the residents) are well looked after...This is where I want to come when I get older”.

## Record keeping

Overall, care records were up to date and included the relevant information to provide appropriate care to residents. Risk assessments and care plans were completed and reviewed on a regular basis. Any potential deprivations of liberty, such as the use of buzzer mats, were discussed and agreed with the consent of residents and/or their relatives.

On initial review, it appeared that resident’s weights had not been taken or recorded in 2019. When this was highlighted to the registered manager, she was immediately able to evidence that this was not the case – senior staff retained separate records confirming that all resident’s weights were monitored and recorded on a minimum monthly basis. The registered manager agreed on the need to ensure that this information was retained within care records and that files would be updated.

Although staff were able to detail their knowledge of individual resident’s, this information was not reflected in care records. Social histories, detailing resident’s history, preferences and interests prior to and during their time living in the home were incomplete and lacking detail. This has therefore been cited as an area of improvement.

## Quality improvement

The Annual Quality Review report for 2018 confirmed that most residents and relatives were satisfied with the standard of care being provided in the home. An action plan was in place for any areas where issues were identified. Improvements made as a result of this review included additional activities on Saturdays and the creation of a relative’s forum.

Some of the residents in the home experience dementia and we discussed with the manager how the home could further develop a more dementia-friendly environment, for instance increased signage to support residents who may become disorientated. The registered manager discussed how as part of the admission process, substantial time is spent with each resident to ensure they are adequately orientated to both the building and the local area. There have been no issues regarding this to date, however the registered manager continues to audit the overall environment in the home to ensure the quality of care provided. For instance, her plans to further develop a room for therapeutic therapies in the home.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and delivery and quality improvement.

## Areas for improvement

One area for improvement was identified within this domain during the inspection. This was in relation to ensuring that care records contained sufficient information on residents' life history and previous lifestyle.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Culture and ethos

Discussion with residents established that they felt they were treated with kindly and with respect, "Everyone is nice to us...The girls (staff) are very good to us...I have space and privacy. If there's any issue, staff sort things out". This was reflected in the comments made by the registered manager and staff; "Staff care deeply about the people they care for. I have continued that culture...I have never heard staff say a bad word about anyone...The residents are my priority; we're family for some...I love all the residents...The girls (staff) put their heart into it, residents are well looked for".

Staff were able to describe how they seek consent and promote the dignity and privacy of residents at all times, especially regarding personal care. Resident's choice and informed consent is promoted within the home. One example is the arrangement for hourly checks during the night. This is only provided for residents who opt-in. Residents can also be specific, for instance, only consenting to checks during a certain time of the night. Written consent records are maintained confirming discussion and agreement with the resident and/or relative.

An area of person-centred practice was identified as one resident talked about their role helping staff in the dining room. This resident enjoys setting up and clearing the tables, "I enjoy keeping busy! I've lived here for 15 years, and I like helping out here, or going for a few messages. I like the food and the company!" It was positive to see residents being included in activities which supported their confidence and independence.

## Catering arrangements

Residents enjoyed breakfast at their own leisure. Some residents were still enjoying breakfast in their rooms when the inspector arrived; others came down to the dining room when they were ready to eat. A range of options was provided for residents, depending on their preferences.

The day's menu was displayed on a board in the hall. Lunch was pork casserole and vegetable roll, with cabbage and butter beans, followed by peach and blackberry crumble served with ice cream. Dinner was a lighter option of boiled egg and soda or French toast. Staff confirmed that alternatives were always provided, and gave an example of how the home had supported a resident with a very poor appetite. One resident stated "The food is nice" although another resident stated "It's not great". Discussion with the registered manager confirmed she was aware of these concerns, and she outlined the measures the home has undertaken to improve the catering arrangements for this resident.

### Activities

On the day of the inspection, residents enjoyed watching television in the lounge areas. Later, residents enjoyed listening to the music and having a sing song. An activity board in the home advertised activities such as giant target mat, walking club, basketball, knitting, talk talk cards, skittles, musical bingo and reminiscence. Residents also reported they really enjoyed going to the hairdresser, "I have to get my blow dry". The hairdresser comes to the home once a week and residents reported they also enjoyed their company.

Birthdays were also celebrated in the home and some residents talked about the party and cake they had enjoyed last week for a resident who had turned 92 years old. One resident commented, "I like going for a walk out in the garden. It has beautiful flowers in the summer". Another resident also enjoyed gardening, and had planted tomatoes and flowers in the home's garden.

### Spiritual and cultural needs

Several residents visited a local church on Wednesdays. This is located within easy walking distance of the home. Church services are also arranged within the home on a Sunday, and this varies from week to week with Baptist, Presbyterian, Church of Ireland and Elim Pentecostal services provided.

On the day of inspection, residents who are too unwell to attend church were visited by a local clergyman who met with residents individually for bible readings and communion. One resident commented, "I go to the lounge on Sunday for service, or if records are being played".

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and provision of services to meet the spiritual needs of residents.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management arrangements

The registered manager outlined changes to management structure in the home since the last inspection. Two senior members of staff became team leaders, which incorporated some of the role of the deputy manager who had left in January 2019. Discussion with staff confirmed that this arrangement was working well; staff enjoyed the additional responsibility which they felt made good use of their extensive experience, skills and knowledge.

Additional monitoring and assurance is through management's daily observation of practice in the home and staff confirmed that management were approachable and available, "definitely responsive" when needed; for instance "management are very good at moving people on if they need nursing care...any difficult situations are handled appropriately".

### Management oversight

A range of policy and procedures were reviewed to confirm they had been updated within the past three years. Audits, such as infection prevention and control, were completed monthly. Senior care staff complete monthly audits of care records, which includes an action plan for key workers if required. The registered manager also completes a review of care records prior to annual care reviews, but this is also conducted on an ad hoc basis throughout the year to provide additional governance.

The registered manager described their 'hands-on' approach to all aspects of care provided in the home, which provided quality assurance. Staff appreciated this approach; "Ellen (registered manager) goes on the floor if needed which makes you feel like we're all part of a team...everyone can see that she (registered manager) doesn't ask you to do anything she wouldn't do herself". Additional managerial oversight was provided during monthly visits and reports by the registered provider. Review of these reports was satisfactory.

### Good working relationships

Both the registered manager and registered provider were proud to highlight their commitment to ensuring consistent staffing levels in the home. They highlighted that the home has never needed to use agency staff in the thirty years it has been open, which they feel is a reflection of the commitment, dedication and good team work among staff.

Staff described good working relationships, "Everyone helps each other out...We have a really good team at the minute. I don't know why you'd do this job if you didn't like the residents". Several staff members stated they were very happy working in the home, describing "great camaraderie".

Staff stated they felt they had sufficient support, including supervision, team meetings and training; staff reported feeling able to approach any other staff for information and guidance.

One member of staff has completed additional managerial qualifications, and reports that management have been supportive and encouraging regarding this.

## Complaints

The home's complaints policy and procedures were displayed throughout the home, to ensure that residents and their relatives were aware of how to make a complaint if necessary. Discussion with the registered manager confirmed that the home had not received any formal complaints since the previous care inspection.

The registered manager described how informal complaints are addressed within the home, so that concerns are promptly addressed and resolved to the satisfaction of residents. An example of an informal complaint was provided, and the registered manager also discussed how this was used to drive quality improvement in the home. The registered manager also reemphasised to staff the importance of being mindful of specific individual preferences.

## Accidents and incidents

Review of accidents and incidents records confirmed that these were reported to RQIA in line with legislation and standards. The registered manager also outlined how the home manages potential adverse incidents, including multi-agency liaison.

Audits of accidents and incidents were completed and areas of improvement identified and shared with staff to drive improvement in the quality of care being provided in the home. For instance, falls assessment audit tool is used if a resident has a fall, and the corresponding risk assessment and care plan updated.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and good working relationships within the home.

## Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ellen Majella McVeigh, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> ongoing</p>	<p>The registered person shall ensure that information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The home has accessed proformas completed by alzheimers society which are included in every care file. This allows for significant information both past and present to be recorded and provide a detailed picture of each resident including likes and dislikes. This is been completed for every resident and will support each care plan to be person centered.</p> <p>In addition this also provide records of pesonal care preferences and daily living preferences. This has proven to be a competent process to enable residents lfe history previous lifestyle and personal p[references to be recorded. it also provides a guideline tool for reviewing to ensure it is updtaed following changes to care arangements.</p>

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



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