



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Hollygate Lodge (1619)

Date of Inspection: 18 December 2014

Inspector's Name: Alice McTavish

Inspection No: IN017588

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General information

Name of home:	Hollygate Lodge
Address:	21 Hollygate Park Carryduff Belfast BT8 8DZ
Telephone number:	02890813243
Email address:	joanne@hollygate.net
Registered Organisation/ Registered Provider:	Hollygate Care Services Ltd
Registered Manager:	Sharon Boyd (acting)
Person in charge of the home at the time of inspection:	Sharon Boyd
Categories of care:	RC-MP, RC-LD(E), RC-DE, RC-I
Number of registered places:	38
Number of residents accommodated on day of Inspection:	37
Scale of charges (per week):	Trust rate plus £24 per week third party fee
Date and type of previous inspection:	Secondary Unannounced Inspection 30 June 2014
Date and time of inspection:	Unannounced Primary Inspection 18 December 2014 9.30am – 5.00pm
Name of Inspector:	Alice McTavish

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 is required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection the inspector spoke to the following:

Residents	7
Staff	2
Relatives	5
Visiting Professionals	1

Questionnaires were provided during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	3

6.0 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 Standards:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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.

7.0 Profile of service

Hollygate Lodge residential care home is situated in Carryduff on the outskirts of Belfast and is close to all local amenities. The residential home is owned and operated by Hollygate Care Services Ltd. Mrs Sharon Boyd is acting manager of the home and has been acting manager since March 2014.

Hollygate Lodge comprises a main house and two separate bungalows, each of which houses seven residents. Accommodation for residents is provided in single and double rooms, many of which have en-suite facilities. Access to the first floor of the main building is via stairs and stair lifts.

There are communal lounge and dining areas in each building although many residents choose to take their meals in the large dining room in the main house. The home also provides for catering and laundry services on the ground floor of the main building. A number of communal sanitary facilities are available throughout the home and there is also a hairdressing room.

The home is registered to provide care for a maximum of 38 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
MP	Mental disorder excluding learning disability or dementia
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of Hollygate Lodge was undertaken by Alice McTavish on 18 December 2014 between the hours of 9.30am and 5.00pm. Mrs Sharon Boyd was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Ian Emerson, proprietor, was present for part of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, on 28 April 2014 the responsible person at that time, Mr Kerr, completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Kerr in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place. The policy did not reflect best practice guidance in relation to restraint, seclusion and human rights and a recommendation was made that the policy should be updated. See section 10, standard 10.1 of the report. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual resident's assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. A recommendation was made that the home's Statement of Purpose and Residents Guide are updated to detail the use of any restrictions employed within the home. See section 10, standard 10.7 of the report. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Hollygate Lodge was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Hollygate Lodge was compliant with this standard.

Resident, representatives, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, representatives, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and three recommendations were made as a result of the primary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 30 June 2014

No requirements or recommendations resulted from the unannounced inspection of Hollygate Lodge which was undertaken on 30 June 2014.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Care plan information and risk assesment knowledge is enhanced via handover meetings. This is particularly useful when there is a key change to share. All clients also have summary info sheets which details aspect of their normal behaviours or abnormal behaviours if this is more pertinent to know. Staff are shown how to intervene with known behaviour issues and training is delivered annually from Challenging Behaviour specialist(s).	Compliant
Inspection Findings:	
The home had a policy and procedure ‘Policy on Responding to Residents’ Behaviour’ dated October 2014. A review of the policy and procedure identified that it did not reference the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) or the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It did not, however, detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy document should be updated. Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that care staff had received training in behaviours which challenge on 18 February 2014 which included a human rights approach. A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Substantially compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
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Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment When any change in behaviour is noticed staff report to senior on duty and an observation regime is commenced. If this observation indicates any unusual behaviour it is escalated initially to the manager for resolution. Where resolution proves difficult multi disciplinary agencies are contacted. This can usually help to minimise the situation or a GP may need to be contacted and a more thorough assessment made. Where this occurs care plans are updated accordingly and information shared with staff via handover and info board.	Compliant
Inspection Findings: The 'Policy on Responding to Residents' Behaviour' dated October 2014 included the following: <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Such situations are constantly reviewed and adjusted where deemed necessary. Ongoing communication with all stakeholders including relatives representative and the resident contributes to this process.	Compliant
Inspection Findings:	
A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
In all cases where a specific behaviour management programme exists this is only implemented with the approval of trained and appropriate professionals. This is also fully reflected in the residents care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Should a specific behaviour management programme be required training is sought from the placing agency. All staff receive annual Challenging Behaviour training or updates.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in behaviours which challenge in February 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Although no residents currently have a specific behaviour management programme in place, staff would be equipped to manage behaviours which may challenge.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The approach suggested in the standards is fully adhered to in all situations. A full review is completed upon any such incident.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from August 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment As a rule we seek to ensure no restraint is carried out. However, a complete review of bed rails has resulted in a much reduced number of incidents were these are in place. Furthermore, where they are in use records are up to date and reviewed. This is always conducted in consultation and agreement with families and district nursing team.	Compliant
Inspection Findings: Discussions with staff and visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. Where restrictions are used e.g. bedrails, wheelchair lap belts, pressure alarm mats, this is documented in the care records and is discussed during annual care review. A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not fully described. A recommendation is made that the Statement of Purpose and Residents Guide should be updated to detail any restrictions employed within the home.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
A varied programme is provided daily with some extra special/seasonal events arranged on a monthly basis. Residents are consulted about special/seasonal events in particular and staff seek to ascertain from residents feedback during activity sessions. Residents meetings also include an opportunity to discuss needs and preferences.	Substantially compliant
Inspection Findings:	
The home had a policy ‘Planning and Recording the Programme of Activities and Events’ dated November 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment From a spritual perspective local churches and/or their representaives visit and lead Sunday services or meet individual needs on a one to one basis. All activity is arranged to ensure a sense of purpose and enjoyment. They are tailored to take into consideration age, culture and group/individual needs. However, some residents do not want to participte in formal activities and this is respected. Many of the activities include a health promotion aspect, ie daily walks and light excercises. Where needs appear to be unmet alternatives are sought. There are excellent community links and residents participate in a number of external events.	Compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The main focus for receiving feedback is the residents meetings, However, residents are asked daily about preferences and choices. The current client questionnaire is to be reviewed and a section introduced to ask about this important aspect of daily living. Residents are given an opportunity to discuss this with their key workers.	Substantially compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A hand made poster is prepared every month and indicates the programme of daily activities with seasonal variations included. This is displayed in a prominent position in the main reception area adjacent to the dining room entrance. Special events, meetings and birthdays are also displayed prominently in this location.	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the entrance hallway of the main building. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate monthly large print format to meet the residents' needs.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Where specialist equipment is required to facilitate participation this is always provided. Staff check at the start of each session that residents have full understanding of the activity to be conducted. This includes ensuring they are all able to hear what is being said.	Substantially compliant
Inspection Findings:	
Activities are provided for daily by care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, CDs and DVDs, board and floor games, puzzles, newspapers and magazines. There was confirmation from the registered manager that a designated budget for the provision of activities was in place.	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment This is assessed on a daily basis before each activity and any adjustment is made taking into consideration current health, needs, changes and abilities.</p>	<p>Compliant</p>
<p>Inspection Findings: Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Third party providers are always monitored by staff to ensure appropriateness of the programme on a practical, spiritual, emotional and physical basis. Informal feedback of all such sessions is provided to the manager when not personally present.	Compliant
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Whilst seeking to maintain confidentiality appropriate information is shared with providers in order for them to adjust or tailor thier session to the various needs of the residents.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a system was in place to inform any person engaged to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
A record is kept of all activity that takes place. The residents who participate are noted but the names of those who are responsible for the session may not always be recorded. A new sheet is being designed to ensure compliance in this aspect of the standard.	Moving towards compliance
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. A recommendation is made that appropriate consents should be sought in regard to photography and other forms of media.	Substantially compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
This happens at residents meetings several times each year. The activity programme is evaluated informally each month as staff prepare the activity schedule.	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that it is reviewed on a monthly basis. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with seven residents individually and with others in groups. Residents were observed relaxing in the communal lounges and entrance hallway whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "They take great care of us here."
- "I have everything I need and the staff are very good to me."
- "They are marvellous here. Nothing is too much trouble. I am extremely well looked after and I couldn't be happier. I am completely spoiled!"
- "They are great here, they look after me well."
- "They look after us well here. I'm very happy."
- "The staff are great, very attentive. I couldn't complain about anything – there's nothing to complain about."
- "The girls (staff members) are very friendly and are always on the lookout for anything they can do to help you."

11.2 Relatives/Representative Consultation

Five relatives and visitors who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "The care appears to be very good. The person we visit likes it here."
- "The care is tremendous. (My relative) loves it here."
- "We are most appreciative of the staff and the work they do to provide wonderful care to (my relative)."

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “The work is challenging but rewarding. There’s always plenty for the residents to do, they are very active. I think they are very well looked after.”

11.4 Visiting Professionals’ Consultation

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “The staff are very helpful and seem to be very good to the residents.”

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that not all the residents in the home had been subject to a care review by the care management team of the referring HSC Trusts between 01 April 2013 and 31 March 2014. Any outstanding care reviews have since been completed.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The acting manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by the home’s administrator and alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and

fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

A review of the Fire Safety Risk Assessment identified that it was not current. The proprietor, Mr Ian Emerson, made immediate arrangements for the assessment to be completed at the earliest possible opportunity, 8 January 2015. Confirmation was received by telephone from registered manager Mrs Sharon Boyd on 12 January 2015 that the Fire Safety Risk Assessment had been completed and that the recommendations arising are in process of being duly actioned. This area will be reviewed during the next inspection of the home.

A review of the fire safety records evidenced that fire training had been provided to staff on 22 September 2014. The records also identified that an evacuation had been undertaken on 18 September 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the then registered person, Mr T Kerr. Mr Kerr confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sharon Boyd 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Hollygate Lodge

18 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sharon Boyd either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 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.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> Reference to this is made in that the policy document should be updated. 	One	<i>Policy updated January 2015 and implemented through Policy and Procedure manual.</i>	20 February 2015
2	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the Statement of Purpose and Residents Guide should be updated to detail any restriction which may be employed within Hollygate Lodge. 	One	Statement of Purpose and Residents Guide updated January 2015 to include the types of restrictions employed at Hollygate Lodge.	20 February 2015

3	13.9	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> Reference to this is made in that appropriate consents should be obtained in regard to photography and other forms of media. 	One	Photographic/media consent forms now in place January 2015.	20 February 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Sharon Boyd
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Thomas A E kerr

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	28 January 2015
Further information requested from provider			