



The Regulation and
Quality Improvement
Authority

Inspector: Alice McTavish
Inspection ID: IN022394

Hollygate Lodge
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**Unannounced Care Inspection
of
Hollygate Lodge**

21 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 21 May 2015 from 10.05 to 14.30. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the acting manager Mrs Sharon Boyd. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Hollygate Care Services Limited	Registered Manager: Mrs Sharon Boyd (acting)
Person in charge of the home at the time of inspection: Mrs Sharon Boyd	Date manager registered: March 2014 (acting)
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: 38	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with seven residents individually. We also met with two members of care staff and one resident's representative.

We inspected four care records, complaints records, staff training records and accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 18 December 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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. <ul style="list-style-type: none"> Reference to this is made in that the policy document should be updated. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the policy document confirmed that this had been updated accordingly.	

<p>Recommendation 2</p> <p>Ref: Standard 10.7</p>	<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. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and examination of the Statement of Purpose and Residents Guide confirmed that these had been updated to detail any restriction which may be employed within Hollygate Lodge.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 13.9</p>	<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. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and examination of the care records confirmed that appropriate consents had been obtained in regard to photography and other forms of media.</p>		

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were signed by the resident or their representative.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. An Advanced Care Plan had been completed by the GP and was present in the resident's records. We noted the high quality of person centred care plans. This was to be commended.

Is care effective? (Quality of management)

The home had recently updated policy and procedures in place relating to dying and death of a resident. We noted that these referenced current best practice guidance. We made a recommendation that education should be made available to the staff team relating to death and bereavement. This can be achieved through sharing of updated policy and procedures and of best practice guidance at staff team meetings and individual staff supervision.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The acting manager described how several residents had been cared for at the end of life; whilst the medical needs of the residents had been met by the GP and the district nursing team, the care needs were fully met by the staff. The families had been able to be with the residents at the end of life. The staff accommodated the families and made them comfortable within the home. The news of the residents' deaths had been given to fellow residents in a sensitive manner.

In our discussions with the acting manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral and to visit the grave after the burial.

The acting manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

Areas for improvement

There was one area of improvement identified from the standard inspected. This standard was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place which related to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policy and procedures relating to continence management and promotion. We noted that these referenced current best practice guidance. We made a recommendation that education should be made available to the staff team relating to continence management and support. We included this area in the recommendation already made in section 5.3.

We reviewed the care records and noted that continence needs were comprehensively documented. Infection control measures had also been fully considered. We noted appropriate liaison with the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified from the theme inspected. This theme was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with seven residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some residents' comments included:

- "The staff are excellent, very obliging and they come to me whenever I need anything. I only have to press my call bell and they come to me. The food is great and I have everything that I need. I can do what I want, whenever I want, even if I want to stay up until midnight watching the television or knitting, I can do that. The staff don't try to get me to do anything I don't want to do."
- "The staff take great care of me. I have no complaints whatsoever. They come to help me whenever I need anything. They make me feel comfortable about asking for help and they never make me feel awkward when they are helping me with my care."
- "Everyone is marvellous here, they are all so kind and thoughtful and nothing is too much trouble for them. I am so glad I came here to live, especially as I was afraid at night and now I can sleep easy knowing that there are plenty of people around me."

5.5.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some staff comments included:

- "It is a pleasure to work here. There is great support from the manager and the staff team. I feel that the care given to the residents is very good."
- "Working here is like having an extra-large family. We treat all of the residents as if they were our relatives."

5.5.3 Residents' representative views

We spoke with one resident's visitor who spoke positively about the care provided to residents.

Some representative comments included:

- "This is the loveliest place we could have imagined. The staff are so caring. They care about (our friend) and have come to know (our friend) so well in a short space of time. The staff are aware of (our friend's) needs and preferences and they couldn't do enough. No matter which staff member we approach, each one is friendly and knowledgeable. I wouldn't hesitate to recommend Hollygate to anyone."

5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings are of a good standard.

5.5.5 Staffing

At the time of inspection the following staff members were on duty:

- 1 manager
- 1 senior care assistant
- 5 care assistants
- 1 administrator
- 1 cook
- 2 kitchen assistants
- 2 domestics
- 1 laundry assistant

One senior care assistant and four care assistants were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The acting manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.6 Care practices

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.7 Accidents/ incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.8 Complaints/ compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

5.5.9 Fire safety

The home had a current Fire Safety Risk Assessment. Our review of the staff training records evidenced that fire training had been provided to staff twice annually. The records also identified that evacuations had been undertaken regularly 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.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager Mrs Sharon Boyd as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be Completed by: 14 August 2015</p>	<p>The acting manager should ensure that education should be made available to the staff team relating to death and bereavement and to continence management and promotion.</p> <p>Ref. section 5.3 and 5.4.</p>
	<p>Response by Registered Manager detailing the actions taken:</p> <p>19.06.15 continence training by J Matthews BHSCCT delivered to Care Staff. Another session TBC for Autumn.</p> <p>Care Staff meeting 10.08.15 to focus on End of Life Care and Bereavement policy.</p> <p>I have liased with Gary Hannah CO-OP Funeral Care regarding the provision of grief and bereavement training for all staff. A date TBC for Autumn.</p>

Registered Manager completing QIP	Sharon Boyd	Date completed	26.06.15
Registered Person approving QIP	Ian Emerson	Date approved	26.06.15
RQIA Inspector assessing response	Alice McTavish	Date approved	2 July 2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address