



The Regulation and  
Quality Improvement  
Authority

Inspector: Alice McTavish  
Inspection ID: IN023802

Hollygate Lodge  
RQIA ID: 1619  
21 Hollygate Park  
Carryduff  
Belfast  
BT8 8DZ  
Tel: 02890813243  
Email: [info@hollygate.net](mailto:info@hollygate.net)

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**Unannounced Care Inspection  
of  
Hollygate Lodge  
  
29 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 29 October 2015 from 11.20 to 15.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. An area for improvement was identified and is 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 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the deputy manager Lorraine Newell as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Hollygate Care Services Limited	<b>Registered Manager:</b> Mrs Sharon Boyd
<b>Person in charge of the home at the time of inspection:</b> Lorraine Newell, deputy manager	<b>Date manager registered:</b> 14/10/2015
<b>Categories of care:</b> RC-MP, RC-LD(E), RC-DE, RC-I	<b>Number of registered places:</b> 38
<b>Number of residents accommodated on day of inspection:</b> 38	<b>Weekly tariff at time of inspection:</b> £497

## 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 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### 4. Methods/processes

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

We met with five residents, six care staff and the deputy manager. No visiting professionals and no resident's visitors/representatives were present.

The following records were examined during the inspection: care records of four residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports.

#### 5. The inspection

##### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 24 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

##### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 23.4</b>	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.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and inspection of the staff training records confirmed that training relating to death and bereavement was planned for November 2015, also that training relating to continence management and promotion had been provided in June 2015. In addition, updated policy in end of life care and bereavement had been shared with all care staff in September 2015.	

### **5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Is care safe? (Quality of life)**

The deputy manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or representative.

In our discussions with the deputy manager and staff members they confirmed that residents' meetings were held quarterly. Minutes of these meetings were recorded along with any actions which may be required.

We inspected the home's policies relating to consent, to communication with carers and relatives and to seeking residents' and relatives' views of care. We noted that the policy documents did not fully address these areas. We made a recommendation that the policy documents should be further developed in order to provide comprehensive guidance to staff in each of these areas.

In our discussions with the deputy manager and staff we confirmed that the area of complaints was covered during staff induction and in staff training.

#### **Is care effective? (Quality of management)**

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the deputy manager and with care staff we confirmed that satisfaction questionnaires were provided annually to residents and to families. Residents were encouraged to have independent assistance, if required, to complete these questionnaires. The returned satisfaction questionnaires identified that residents and representatives were happy with the service provided. We inspected the latest Client Satisfaction Survey Report and could confirm that the findings were clearly detailed and that the areas for improvement were identified and addressed.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought. We were advised by the deputy manager that a suggestion/comments box is situated in a communal sitting area but that residents and their representatives preferred to approach staff directly.

#### **Is care compassionate? (Quality of care)**

In our discussions with staff and with five residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

#### **Areas for improvement**

There was one area of improvement within the standard inspected. This standard was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 5.4 Additional areas examined

### 5.4.1 Residents' views

We met with five residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- “You couldn’t get a better place than this. I have a lovely room, the place is kept lovely and clean and the food is great. I’ve never drank as much tea in my life! I couldn’t be in a better place.”
- “I’m very happy here. They treat me very well and the girls (staff) are very kind.”
- “They look after me well.”
- “I like living here; they take great care of me. My only complaint is that they feed me too well!”
- “They look after me very well. I have absolutely no complaints. If there was anything I wanted to complain about, I know I can go to any of the staff and they would deal with it.”

### 5.4.2 Staff views

We met with six 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 comments included:

- “I really enjoy working here. We get a good induction, plenty of training, there is a good level of staffing and there is a lovely atmosphere. The residents are lovely.”
- “I feel the care provided here is very good.”
- “I enjoy working here as there is lots of variety and no two days are the same; I find working here very rewarding.”
- “I wouldn’t work anywhere else!”

### 5.4.3 Staffing

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

1 deputy manager  
 1 administrator  
 1 senior care assistant  
 5 care assistants  
 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 deputy manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### **5.5.4 Environment**

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

#### **5.5.5 Care practices**

In our discreet observations of care practices we were satisfied that 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.

#### **5.5.6 Accidents/incidents**

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

#### **5.5.7 Complaints/compliments**

The deputy manager advised us that no complaints had been received by the home since the last inspection. We were advised that compliments are usually provided verbally.

#### **Areas for improvement**

There were no areas of improvement within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **6. Quality Improvement Plan**

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Lorraine Newell, deputy manager, 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 DHSSPS 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 29 January 2016	The registered manager should ensure that the policy documents relating to consent, to communication with carers and relatives and to seeking residents' and relatives' views of care are further developed in order to provide comprehensive guidance to staff in each of these areas.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Policy documents now in place - consent, communication with carers and relatives and seeking residents and relatives views. Staff members will commence reading these immediately.		
<b>Registered Manager completing QIP</b>	Sharon Boyd	<b>Date completed</b>	30/11/15
<b>Registered Person approving QIP</b>	Ian Emerson	<b>Date approved</b>	30/11/15
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	1/12/15

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**