

Unannounced Care Inspection Report 1 February 2021



Castleview Nursing Home

Type of Service: Nursing Home (NH)
Address: 761 Antrim Road, Belfast, BT15 4EN
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Inspector: Mandy Ellis

www.rqia.org.uk

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Tona Enterprises LTD Responsible Individual: Mr Robert Maxwell Duncan	Registered Manager and date registered: Jacqueline Feliticas 1 April 2005
Person in charge at the time of inspection: Jacqueline Feliticas	Number of registered places: 35 Category NH-MP(E) for 1 identified individual only.
Categories of care: Nursing Home (NH) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 1 February 2021 from 09.25 to 15.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Feliticas, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with seven patients and seven staff. Ten questionnaires were left in the home to obtain feedback from patients and their relatives/ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses to the staff survey were returned within the indicated timeframe.

We provided the manager with 'Tell Us' cards for distribution to patients and their relatives to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 25 January to 7 February 2021
- the home's registration certificate
- two patients' care records
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 24 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed: Immediate action required	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner. Ref: 6.3	Met
	Action taken as confirmed during the inspection: A review of the accidents and incident records confirmed RQIA had been informed in an appropriate and timely manner.	
Area for improvement 2 Ref: Regulation 14 (2) Stated: First time To be completed: Immediate action required	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The kitchen area was found secured and fitted with a keypad.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed: Immediate action required	The registered person shall ensure that infection prevention and control issues regarding notices displayed are managed to minimise the risk and spread of infection. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Notices were covered, due to the ongoing Coronavirus pandemic the appropriate use of a laminated covering for all notices was emphasised.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed: Immediate action required	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. Ref: Section 6.5	Met
	Action taken as confirmed during the inspection: The activity programme was displayed suitably and a member of staff is allocated protected time daily to carry out an activity programme with the patients.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 25 January to 7 February 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- "I like my job."
- "I have no issues or concerns."
- "I like looking after people."

6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

The home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients. However, the surface of a number of beds were observed damaged and worn and in need of replacement or refurbishment. Several bed rail protective covers were also observed damaged and torn and therefore could not be effectively cleaned. An area for improvement was identified.

The door to a storage room used to store wheelchairs and moving and handling equipment was observed propped open with a hoist. The door to the room was clearly marked as a fire door and should not be propped open. This was brought to the manager's attention and an area for improvement was identified.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “The staff are very good.”
- “It’s ok here.”
- “It’s dead on.”
- “Everything is alright.”

A selection of thank you cards were reviewed, the written comments included:

- “Thanks for all for your kindness.”
- “You all went above and beyond in taking care of ... you’re an amazing team.”

Four questionnaires were completed by patients all indicating a very satisfied response with all aspects of their care in Castlevue.

We observed the serving of the lunch time meal. We saw that staff attended to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set, the menu was displayed and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising.

We reviewed two patients’ care records which evidenced that care plans were person centred and reviewed regularly. Patients’ weights were kept under review and checked monthly to identify any patient who had lost weight. Records of patients’ food and fluid intake were recorded daily. The appropriate risk assessments and care plans were timely reviewed by the registered nurse following any patient falls. However, it was observed that a number of patients’ care records on the electronic recording system did not have a photograph of the patient; an area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, care records, falls and infection control. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005; however, the reports reviewed on inspection did not evidence the start or finish time of the visit or the signature of the home manager on receipt of the reports. This was discussed with the manager and an area for improvement was identified.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home.

Areas of good practice

Areas of good practice were identified in relation to care delivery, staff interaction with patients and the management arrangements.

Areas for improvement

Four new areas for improvement were identified. These were in regard to infection prevention and control, fire safety, care records and reports of the visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs. Four new areas for improvement were made and are outlined in the body of the report and in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Feliticas, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 1 May 2021	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • damaged bed frames are replaced or refurbished • damaged bed rail protectors are replaced. Ref: 6.2.3
	Response by registered person detailing the actions taken: Damaged bed frames/rail protectors have been replaced.
Area for improvement 2 Ref: Regulation 27 (4)(c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure fire doors are not obstructed or propped open. Ref: 6.2.3
	Response by registered person detailing the actions taken: Staff have been reminded of their responsibilities in relation to Fire Safety to ensure fire doors are not propped open.
Area for improvement 3 Ref: Regulation 19 (1) Stated: First time To be completed by: 1 March 2021	The registered person shall ensure patient care records contain a recent photograph of the patient. Ref: 6.2.4
	Response by registered person detailing the actions taken: Patient Care Records have been updated to include a recent photograph.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 1 March 2021	The registered person shall ensure monthly monitoring reports include: <ul style="list-style-type: none"> • the recording of a start and finish time of the visit • the signature of the home manager upon receipt of the report. Ref: 6.2.5
	Response by registered person detailing the actions taken: Registered person will ensure monthly monitoring reports include the start and finish time of the visits. The Nurse Manager will ensure reports are signed on receipt.

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



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