

Announced Secondary Care Inspection

Name of Establishment:	Castleview
Establishment ID No:	1069
Date of Inspection:	2 May 2014
Inspector's Name:	Linda Thompson
Inspection ID:	18201

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Castleview
Address:	761 Antrim Road Belfast BT15 4EN
Telephone Number:	028 9077 7804
E mail Address:	nursemanager@castleview-pnh.co.uk
Registered Organisation/ Registered Provider:	Tona Enterprises Ltd Mr Robert Maxwell Duncan
Registered Manager:	Mrs Jacqueline Felicitas
Person in Charge of the Home at the Time of Inspection:	Leoni De Guzman registered nurse in charge
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, NH-MP(E)
Number of Registered Places:	35 effectively operating as 34
Number of Patients Accommodated on Day of Inspection:	32
Scale of Charges (per week):	£567
Date and Type of Previous Inspection:	24 October 2013, Primary unannounced inspection
Date and Time of Inspection:	2 May 2014, 11.00 am - 4.30 pm
Name of Inspector:	Linda Thompson

1.0 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 nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with Registered Provider
- Discussion with the Registered Nurse in charge of the home in the absence of the registered manager
- Discussion with staff
- Discussion with patients individually
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspector attended a safeguarding strategy meeting in the home on the morning of 2 May 2014.

Following the strategy meeting attended by representation from the HSC Trust and PSNI the inspector remained in the home undertaking an unannounced inspection to examine further records of nursing care, incident management, training, and competency and capabilities assessments for those registered nursing staff with the responsibility of being in charge in the absence of the registered manager.

The inspector has 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.

2.0 Profile of Service

Castleview nursing home is situated on the Antrim Road, North Belfast. There is direct access to the City Centre, with good parking facilities within the grounds of the home and public transport facilities close by.

The nursing home is owned and operated by Tona Enterprises Ltd and the responsible person is Mr Robert Maxwell Duncan.

The current registered manager is Mrs Jacqueline Felicitas.

Accommodation for patients/ residents is provided on three floors of the home. Access to the first floor is via a passenger lift and stairs and to the third floor using stairs only.

Two communal lounges and a dining area are provided on the ground floor.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 35 persons under the following categories of care:

NH-I, NH-PH, NH-PH(E), NH-TI, NH-MP(E)

Nursing care

I	old age not falling into any other category to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
MP (E)	mental disorder excluding learning disability or dementia over 65 years
TI	terminally ill

The home's certificate of registration is displayed in the entrance area of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary inspection to Castlevew. The inspection was undertaken by Linda Thompson on 2 May 2014 from 11.00 am to 4.30 pm.

The inspector was present in the home at 9.30 am attending a Belfast HSC Trust strategy meeting in respect of on-going safeguarding concerns and remained in the home following the meeting to undertake the inspection.

The registered manager was on leave at this time and the inspector was welcomed to the home by Leoni De Guzman registered nurse in charge of the home. For the strategy meeting and for the inspection the registered nurse in charge was supported by Mrs Anne Duggan a registered manager from another nursing home within the organisation.

Verbal feedback of the issues identified during the inspection was given to Leoni De Guzman and Mr Robert Duncan registered person and Mrs Anne Duggan.

During the course of the inspection, the inspector met with patients and staff. The inspector also observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment.

As a result of the previous inspection conducted in October 2013 two requirements and seven recommendations were issued. These were reviewed during this inspection. The inspector evidenced that one requirement was evidenced to be complied with and one was recorded as not compliant. Six recommendations were recorded as complaint and one was recorded as moving towards compliance.

Details can be viewed in the section immediately following this summary.

The inspector examined a number of records in respect of the management of notifiable events, the identification and reporting of safeguarding of vulnerable adults, patient care records, staffing, staff training, and the management of the home in the absence of the registered manager.

A number of significant concerns were identified during the inspection. As a consequence of the findings of inspection a 'serious concerns meeting' was held in RQIA with the registered person Mr Robert Duncan and the registered manager Ms Jacqueline Felicitas on 8 May 2014. At this meeting RQIA were assured by the registered persons that the actions required to address the deficits identified during the inspection would be actioned with all due haste.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients appeared to be of a satisfactory standard.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to;

- Availability of sufficient registered nurses in the absence of the registered manager
- the management of the home in the absence of the registered manager
- staff training and knowledge of the identification and management of safeguarding events
- staff knowledge and competency at reporting notifiable incidents
- competency and capabilities of the registered nurses in charge of the home in the absence of the registered manager

Therefore, seven requirements and three recommendations are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the registered nurse in charge of the home, the registered person, Mrs Anne Duggan and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20(1)	The registered persons must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.	<p>The inspector was unable to validate that there were at all times appropriate numbers of experienced registered nursing staff available in the home to meet the needs of the patients.</p> <p>It was of significant concern that despite a written assurance of compliance on the returned quality improvement plan following the previous inspection that there were still a number of occasions when only one registered nurse was available on day duty.</p> <p>This matter was discussed at a serious concerns meeting held in RQIA with the registered persons post inspection.</p> <p>This requirement is stated for a second time.</p>	Not Compliant

2.	13(7)	<p>The registered manager must ensure that all areas of the home are maintained to an acceptable standard of hygiene. The following must be actioned within the required time frame;</p> <ul style="list-style-type: none"> • the carpet on the main stairwell should be maintained clean and fit for purpose or replaced as indicated by the registered manager. • the management of the hygiene of the second lounge area should be reviewed • the table in the corner of the room should be maintained clean at all times. Open food products should be stored appropriately. • patient use pressure relieving equipment should not be stored on the floor • the fabric covered foot stools should be recovered or replaced • the activity equipment behind the door to the lounge should be stored off the floor. • the registered manager should ensure that the identified patient seating in the dining room is repaired or replaced. 	The inspector can confirm that the matters raised have been appropriately addressed.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.13	<p>It is recommended that the registered manager ensures that patients and their representatives are aware that the Regulation 29 report is available for review if required.</p> <p>The registered manager should also ensure that patients and their representatives are also informed when the annual quality report is completed.</p>	The inspector can confirm that there is signage available on the main notice board of the home to direct patients and their representatives to the availability of the Regulation 29 monthly unannounced inspection reports.	Compliant
2.	16.2	It is recommended that the registered manager ensures that Safeguarding of Vulnerable Adults training be provided on day one of staff induction.	The inspector was informed that all newly employed staff receive safeguarding of vulnerable adults training on day one of their induction.	Compliant
3.	5.2	It is recommended that the registered manager ensures that the safe moving and handling assessment is wholly completed by the registered nurse at all times.	The inspector can confirm that from records examined the safe moving and handling assessments have been wholly completed.	Compliant

4.	5.6	<p>It is recommended that the registered manager review the use of the 'communication record for relatives re the service user's care' for the identified patient. This review should consider;</p> <ul style="list-style-type: none"> • The need for this form of communication record • The quality of recording in respect of language issues 	<p>The inspector can confirm that the communication book for the identified patient is no longer in use. On examination of the nursing care records the quality of language used is now of a satisfactory standard.</p>	Compliant
5.	11.5	<p>It is recommended in line with NICE best practice guidelines that the registered person provide the registered manager with the means of maintaining photographic evidence of wound progress.</p>	<p>The inspector was informed by the registered person that a camera was now available in the nursing home for use as required.</p>	Compliant

6.	30.2	<p>It is recommended that the registered person and registered manager review staffing levels in respect of the Staffing Guidance 2009 document issued by RQIA which stipulates a ratio for staffing. This ratio must also reflect the 35%; 65% divide for registered nurses and care staff.</p>	<p>The inspector was unable to validate that the staffing ratio was maintained in accordance with the Rhys Hearn dependency assessment tool.</p> <p>There was evidence that on a number of occasions there was only one registered nurse available in the home at times during day duty and there was no evidence that registered nurse staffing levels were appropriately increased when patients presented with significant behaviours which challenged staff.</p> <p>This recommendation is stated for a second time as a consequence of this inspection.</p>	Moving towards compliance
7.	1.1	<p>It is recommended that the registered manager review the use of plastic glassware for patients. The use of such glasses could be considered undignified and would not be in keeping with the values of dignity and respect which underpin the standards.</p> <p>Patients should be able to have appropriate glassware available at all times.</p>	<p>The inspector can confirm that the plastic glassware previously evidenced is no longer in use.</p>	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

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 Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

RQIA have been informed by the adult safeguarding team from Belfast HSC Trust of an on-going investigation in relation to potential or alleged abuse issues in the home in recent months. A multi-agency safeguarding strategy meeting was held in the home on the morning of 2 May 2014.

A safeguarding investigation is on-going involving the Belfast HSC Trust and the Police Service for Northern Ireland. RQIA are not part of the investigatory process however RQIA are kept informed at all stages of the investigation.

The safeguarding strategy meeting was attended by the inspector and as a consequence of concerns identified; the inspector remained in the home following the meeting to undertake an inspection of patient's care records, staff training, staffing levels and the management of incident reporting.

Following the inspection and discussion with the registered nurse in charge of the home in the absence of the registered manager and with the registered person, the inspector was satisfied that appropriate action had been taken to ensure the protection of the patients currently accommodated during the investigation process.

A serious concerns meeting was held in RQIA with the registered provider and the registered manager on 8 May 2014 to discuss the findings of inspection and to consider the actions to be taken by the home.

This inspection report illustrates the findings of this inspection.

5.0 Inspection Findings

Purpose of inspection

To review the following

- Staff training in respect of Safeguarding of Vulnerable Adults (SOVA)
- Notifications of events in accordance with Regulation 30 of Nursing Homes Regulations (Northern Ireland) (2005)
- Management of allegations of safeguarding events in respect of three identified patients.

5.1 Staff Training

The inspector examined the records of staff training in respect of safeguarding of vulnerable adults (SOVA). Records available confirmed that all staff in the home with the exception of one person had been trained in this subject in the past year. All staff has received training in SOVA in the past three years.

The inspector examined the content of the safeguarding of vulnerable adults training and can confirm that it included information on;

- How to protect the patient from abuse
- The indicators of abuse
- Responding to suspected abuse
- Reporting suspected alleged or actual abuse.

The inspector sought an assurance that DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Trusts were available in the home. Neither the registered person nor the registered nurse in charge was able to evidence that this documentation was available in the home.

A recommendation is raised in respect of Standard 16.1

The inspector sought evidence that the training delivered was fully embedded into practice. The registered person and the registered nurse in charge of the home at the time of the inspection were unable however to advise the inspector how the training is validated and is embedded into staff daily practice.

A recommendation is raised in respect of standard 28.8

The inspector examined the management of four recent adult safeguarding events in the home. On these occasions one patient presented with challenging behaviour which impacted directly upon two other patients. All events should have been reported to RQIA in accordance with Regulation 30(1) (d) of the Nursing Homes Regulations (Northern Ireland) 2005. Two reports were sent from the home and two were not.

The inspector therefore raised concerns regarding the training of the registered nurses in the reporting of such events and their understanding of reporting requirements as indicated in the Legislation.

A requirement is raised in accordance with Regulation 30(1) (d) of the Nursing Homes Regulations (Northern Ireland) (2005).

5.2 Notifications of events as required under Regulation 30 of Nursing Homes Regulations (Northern Ireland) (2005)

The inspector examined the records of incidents received by RQIA against the records of accidents in the home and also against the daily progress records of one identified patient. Examination of the record of incidents maintained in the nursing home evidenced that 17 events were recorded as having occurred since December 2013. Three of the 17 events were identified by the inspector as notifiable under Safeguarding protocols. A further safeguarding event was identified by the inspector as having occurred 1/5/14 and this was not recorded in the homes records.

Having examined the records of accidents maintained in the home the inspector confirmed that these were maintained below an acceptable standard. The records lacked sufficient detail to validate the possible cause of the accidents, the immediate actions taken and details of actions to be taken to minimise the risks of reoccurrence.

As discussed in section 6.4 below, concern is also raised in respect of the registered nurses knowledge / skills when completing an incident report and of their understanding of the functions of the Independent Safeguarding Authority (ISA) and Northern Ireland Social Care Council (NISCC). Records indicate an inappropriate referral was made to these bodies on two occasions.

A requirement is raised in accordance with Regulation 19 (1) (a) schedule 3 (3) (j) of the Nursing Homes Regulations (Northern Ireland) 2005.

The inspector was also unable to validate that the registered nursing staff were knowledgeable in the recording of accidents in the nursing home and what should be reported to RQIA in respect of Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Further training must be provided to all registered nursing staff in this respect.

A requirement is raised in accordance with Regulation 20 (1) (c) (i) of the nursing Homes regulations (Northern Ireland) 2005.

The inspector examined the daily progress of one identified patient who presented with a history of behaviours which significantly challenged staff.

The examination of records was undertaken between the period 8/3/14 and 2/5/14 and the identity of the patient is known to the nurse in charge.

During this period the patient is recorded as having experienced 29 events such as;

- behaviours which challenged staff and would have a negative / distressing impact on other patients in the home
- significant events which directly involved other patients and which would be categorised as safeguarding events
- falls

Analysis of the records of accidents / incidents maintained in the home evidenced that only 14 of the incidents had been appropriately recorded. One safeguarding event occurring on 1/5/14 had NOT been recorded in the homes records.

Of the 29 incidents that should have been recorded and reported to RQIA; only two were evidenced to have been notified.

Of the four safeguarding events which occurred between 8/3/14 and 2/5/14 only two were evidenced to have been reported to RQIA. The inspector did also note that the SOVA event which occurred on 8/3/14 was recorded as being notified to the adult safeguarding team of the Belfast HSC Trust on 10/3/14. It is unacceptable that such a delay in reporting occurred. Training in the management of SOVA events clearly indicated the reporting requirements for an out of hours occurrence.

The inspector was not assured that the home is managing the recording of incidents / accidents appropriately nor that they are being appropriately notified to RQIA / HSC Trusts in line with Legislation and regional guidance.

5.3 Staff competency / capability to be left in charge of the home in the absence of the registered manager.

The inspector sought to examine the records maintained on each registered nurse in respect of their assessment of competency and capability to be left in charge of the home in the absence of the registered manager.

At the time of inspection the registered person and the registered nurse in charge of the home were unable to gain access to these records.

A requirement is raised in accordance with regulation 19(2) of the Nursing Homes Regulations (Northern Ireland) 2005 schedule 4 (6).

5.4 Management of four safeguarding allegations in respect of three identified patients.

In April 2014 RQIA was contacted by the adult safeguarding team of the Belfast HSC Trust in respect of a safeguarding event which had occurred in November 2013. The inspector was informed that this particular event was not reported to the adult safeguarding team in the Belfast HSC Trust, nor was it reported to RQIA. The event has since been appropriately investigated and is now closed. Investigations concluded that the allegations were not accurate and there was therefore no case to answer. The home was required to complete the appropriate notification in accordance with regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

The inspector was informed on 1/5/14 that four safeguarding events had occurred in the home between the period 8/3/14 and 1/5/14. The events all refer to the behaviours of one patient towards two other identified patients.

Records examined in the home evidence the following;

Event of 8/3/14

There was evidence of significant delay in reporting the incident to the adult safeguarding team of the Belfast HSC Trust. The incident was evidenced to have been reported on 10/3/14. The event occurred out of hours at a week end and no contact was evidenced to have been made to the 'out of hours' social worker. The registered nurse in charge of the home should have been knowledgeable in the reporting of such an event to the appropriate social worker on call.

RQIA were not informed of the event by the home in accordance with regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005, nor were they informed by the designated officer of the Belfast HSC Trust, nor were they contacted following a strategy meeting which is evidenced to have occurred in the home on 20/3/14.

RQIA was not informed of the safeguarding event until 1/5/14

Event of 23/4/14

This event was evidenced to have been reported to the 'out of hours' teams and PSNI as required. However RQIA were not informed of this event.

The inspector however can confirm that the 'sent items' records in the computer records in the nursing home do record an email to RQIA incidents management. The system in RQIA did not receive such a notification. Further investigation of the IT and computer skills of the registered nursing team in Castlevue is recommended.

A copy of the notification has been provided by the home to the inspector at the time of the inspection. A number of errors in recording are noted;

- The report failed to reflect that the PSNI were called (reference section G7)
- the report records that this was an allegation of misconduct (reference section G6). This section refers to allegations of misconduct regarding staff and not to the management of patient behaviours which challenge staff
- the report records that the incident was referred to the Independent Safeguarding Authority (ISA). This would be inappropriate
- the report records that this event was referred to the Northern Ireland Social Care Council (NISCC). This would be inappropriate
- the report fails to record if the adult safeguarding team or HSC Trust were informed
- there was no detail recorded to illustrate that the patient's care plan or risk assessments had been updated following this event.

The inspector raises concern regarding the quality of recording of the incident report and concerns regarding the registered nurses understanding of the functions of the ISA and NISCC.

This obvious lack of knowledge must be addressed with further training and is raised as part of the requirement in accordance with Regulation 20 of the Nursing Homes Regulations (Northern Ireland) 2005 raised previously.

Event of 24/4/15

This event was evidenced to have been reported to the adult safeguarding team / Belfast HSC Trust appropriately.

However on examination of the copy of the report errors in recording were identified as for those of the 23/4/14.

The inspector did not receive information regarding this event until 2/5/14. (Same as event of 23/4/14).

Event of 1/5/14

This event was reported to the inspector by the Belfast HSC Trust adult safeguarding team on 1/5/14. At this time no contact had been made to RQIA by the nursing home. The inspector immediately made contact with the nurse in charge of the home, discussed the immediate action plans established to minimise risk to the patients and required written notification of the event be forwarded immediately to the Authority in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

The inspector raised significant concerns regarding the management of incident reporting and specifically reporting of safeguarding of vulnerable adults with the registered nurse in charge of the home and subsequently with both registered persons at a serious concerns meeting in RQIA on 8 May 2014.

A requirement is raised in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

5.5 The inspector examined the nursing care records of three patients (identities known to the registered nurse in charge of the home).

An analysis of the findings from two patient records are detailed below.

Patient 'A'

The inspector examined the records of patient 'A' in detail in respect of the following areas;

- the management of behaviours which challenge staff
- the use of restraint
- review of care
- appropriateness of placement

Findings

The inspector can confirm that at the time of the patient's admission to the home several months previous that a full and comprehensive pre - admission assessment was completed. The assessment information provided from the hospital illustrated that the patient had a diagnosis of a condition which was likely to pose some behaviours which would be likely to pose significant challenge to staff.

The registered manager failed to identify that Castlevue nursing home was not registered to support the care needs of this patient.

Whilst there were records of care planning maintained in the home, the records of management of behaviours which challenged staff was recorded significantly below an acceptable professional standard.

The inspector was unable to evidence any care plans to address behaviours which challenge staff prior to the first Safeguarding of Vulnerable Adults (SOVA) event in March 2014. A care plan was identified as commencing 12 March 2014 (4 days following a SOVA event involving another patient).

There was no evidence of care planning for the 1:1 support which was prescribed by the Belfast HSC Trust following a safeguarding meeting in the home on 20/3/14.

A further care plan was established on 25th April 2014 following the second SOVA event of the 23 April 2014 and the third SOVA on the 24th April 2014.

The inspector examined in detail the daily progress records for this patient. As discussed above in section 6.2 the patient experienced 29 significant events in the home between 8/3/14 and 2/5/14. Evidence was available in the nursing care records to confirm that there was significant communication between the home and the patient's GP, the Belfast HSC Trust and various other medical professionals. However the process of further assessment of need, trials of new medication and eventual identification of alternate more appropriate accommodation proved slow and has had a significant negative impact on the other patients in the nursing home.

Patient 'B' (identity known to the registered nurse in charge of the home)

This patient has been resident in the home for an extended period. Assessment of need records and care plan records are maintained to a satisfactory standard. There is good evidenced of regular review of care records and risk assessments. The inspector however was unable to validate that the additional 1:1 support prescribed and funded by the Belfast HSC Trust for this patient from December 2012 to date has been fully established.

There were no care plans available at the time of the inspection to clarify the function of this 1:1 support either from the HSC Trust nor drafted by the nursing home.

A requirement is raised in accordance with regulation 16(1) of the Nursing Homes Regulations (Northern Ireland) 2005.

The care plan for the 1:1 interventions should provide evidence of a person centred approach to the delivery of care and be specific as to how staff will meet the needs of the patient.

5.6 The management of the home in the absence of the registered manager.

The inspector raised concerns regarding the management of the home in the absence of the registered manager. Whilst RQIA were appropriately informed that the registered manager would be absent for an extended period, the management arrangements established have been evidenced to be insufficient in assuring the health and welfare of the patients.

Concerns are raised regarding the following;

- there was no clearly identified registered nurse acting in charge of the home in the absence of the registered manager
- there was no management time made available for the nurse in charge of the home to undertake management tasks over the extended period of the registered manager's absence
- the staff duty roster failed on a number of occasions to demonstrate that there was always two registered nurses on day duty when the registered manager was unavailable
- there was no evidence of peer support from senior management in either of the nursing homes in the group
- whilst the inspector was informed that the registered person increased his visits to the home there was no evidence to validate this at the time of the inspection.

A requirement is raised in accordance with Regulation 13 (1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.7 Staffing

The inspector examined the staff duty roster as part of the inspection process. On a number of occasions it was identified that only one registered nurse was available between 08.00 and 20.00 hours. This was in breach of the agreement reached following the previous inspection and evidenced by the signing of the returned quality improvement plan.

A requirement is stated for a second time in accordance with Regulation 20 (1) (a) of the Nursing Homes Regulations (Northern Ireland) 2005.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered nurse in charge of the home, 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:

**Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Castleview

2 May 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 the registered nurse in charge of the home and the registered person 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.

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, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)	<p>The registered persons must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref section 4</p>	Two	<p>The home meets the recommended ratio of 35% registered nurses to 65% care assistants for 21.5 hours of the day during the week and 18 hours of the day at weekends. Based on the current occupancy/dependency of the home the guidance would advise 30 nursing hours per day and 56 care hours per day. The homes current staffing levels allow for 30 nursing hours and 67.5 care hours per day.</p> <p>The nurse manager gives careful consideration to the staffing levels and decides when nursing/care ratios are appropriate, for example periods of low activity when nursing input is minimal. This is after discussions with the staff and taking their well-informed opinions on what is in the best interest of the residents.</p> <p>Should the situation arise that a resident requires additional intervention the nurse manager</p>	From the date of inspection and on going

				will increase the nursing hours accordingly to ensure that an adequate number of nurses will be working on the floor for that period of time.	
2.	20(1)(c)(i)	<p>The registered person must ensure that the training provided for the registered manager and the registered nursing team is sufficiently comprehensive to ensure that the nursing team are knowledgeable in the identification and management of safeguarding issues.</p> <p>The recognition and identification of safeguarding events is of paramount important is ensuring the health and wellbeing of every patient.</p> <p>The registered person must also ensure that the following training is provided and fully embedded into practice.</p> <ul style="list-style-type: none"> • The management of behaviours which challenge staff • The reporting of notifications in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. • The use of IT systems and the computer in Castlevue in respect of the sending of notifications • The use of the notification form for RQIA • The functions of the Northern Ireland Social Care Council (NISCC) and The Independent Safeguarding 	One	<p>The registered nurses were re trained particularly on management of challenging behaviours, notifications of incidents and the use of IT in notifying incidents. these issues were highlighted during staff meetings, supervision.</p> <p>Policy of notification of incidents specify what are the notifiable events including the agencies to be contacted with corresponding contact numbers.</p>	From the date of the inspection and on-going.

		Authority (ISA)			
		Ref section 5.1			
3.	19 (1)(a) Schedule 3 (3)(j)	<p>The registered person must ensure that registered nursing staff are knowledgeable in how to record and report onwards any notifiable incidents occurring in the home.</p> <p>Ref section 5.2</p>	One	Policy on notification of incidents updated .This was also discussed during nurses supervision.	From the date of inspection and on going
4.	19(2) Schedule 4 (6).	<p>The registered person must ensure that all registered nurses charged with the responsibility of being in charge of the home in the absence of the registered manager; have been assessed and deemed competent and capable of doing so.</p> <p>The records of this assessment must be retained for inspection and updated <u>at least</u> annually.</p> <p>Ref section 5.3</p>	One	Competency assessment for nurses updated. This includes assessment of nurses to be incharged of the home in the absence of Nurse Mananger. Currently recruiting deputy nurse manager.	From date of inspection and on going

5.	16(1)	<p>The registered manager must ensure that a written nursing care plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>The requirement and function of the 1:1 supervision must be clearly defined and recorded in care records.</p> <p>Ref section 5.4</p>	One	Care plan for this particular resident was already in place 02-01-13. this can be found in Residents old file under Safe Environment not in the epicare system . primary nurse updated and transferred to epicare system..	From date of inspection and on going
6.	30	<p>The registered persons must ensure that incidents as defined in Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 are reported appropriately to the authority and reported within the specified time frame.</p> <p>Ref section 5.4</p>	One	Policy currently updated Nurses were re-trained..	From date of inspection and on going

7.	13(1)(b)	<p>The registered person must ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients:</p> <ul style="list-style-type: none"> • A robust management plan must be developed and made ready for use during any periods when the registered manager has planned or unplanned leave • The management plan must be implemented when the registered manager is on leave from the home. <p>Ref section 5.6</p>	One	<p>The Policy "Management of the Home in the Absence of the registered manager has been reviewed stating clearly the roles and responsibilities of the nurse in charge to ensure there is a clear and robust management procedure to be followed in the absence of the registered Manager and this will be implemented when the registered manager is on leave,</p>	By end June 2014
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Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), 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.	30.2	<p>It is recommended that the registered person and registered manager review staffing levels in respect of the Staffing Guidance 2009 document issued by RQIA which stipulates a ratio for staffing.</p> <p>This ratio must also reflect the 35%; 65% divide for registered nurses and care staff.</p> <p>Ref section 4.0</p>	Two	<p>The home meets the recommended ratio of 35% registered nurses to 65% care assistants for 21.5 hours of the day during the week and 18 hours of the day at weekends. Based on the current occupancy/dependency of the home the guidance would advise 30 nursing hours per day and 56 care hours per day. The homes current staffing levels allow for 30 nursing hours and 67.5 care hours per day.</p> <p>The nurse manager gives careful consideration to the staffing levels and decides when nursing/care ratios are appropriate, for example periods of low activity when nursing input is minimal. This is after discussions with the staff and taking their well-informed opinions on what is in the best interest of the residents.</p> <p>Should the situation arise that a resident requires additional intervention the nurse manager</p>	From the date of inspection and on going

				will increase the nursing hours accordingly to ensure that an adequate number of nurses will be working on the floor for that period of time.	
2.	16.1	It is recommended that the registered manager ensures that DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Trusts were available in the home. Ref section 5.1	One	now available for reference	From the date of inspection and on going
3.	28.8	It is recommended that the registered manager ensures that training delivered in respect of safeguarding of vulnerable adults is fully embedded into practice. Evidence of the validation of staff knowledge and understanding must be retained for inspection. Ref section 5.1	One	The home has introduced an e-learning tool which includes training in respect of safeguarding of vulnerable adults. At the end of this training each staff member is expected to undertake and pass a multiple choice test to validate their knowledge of safeguarding and this certificate will be available for inspection.	From the date of inspection and on going

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 return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Jacqueline Felicitas
Name of Responsible Person / Identified Responsible Person Approving Qip	Robert Duncan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	27/8/14
Further information requested from provider			