

Unannounced Care Inspection

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| Name of Establishment: | Castleview |
| RQIA Number: | 1069 |
| Date of Inspection: | 6 January 2015 |
| Inspector's Name: | Linda Thompson |
| Inspection ID: | 17071 |

1.0 General Information

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| Name of Establishment: | Castlevew |
| Address: | 761 Antrim Road Belfast BT15 4EN |
| Telephone Number: | 028 90777804 |
| Email Address: | nursemanager@castlevew-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: | Mrs Jacqueline Felicitas |
| Categories of Care: | NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-TI |
| Number of Registered Places: | 35 |
| Number of Patients Accommodated on Day of Inspection: | 30 |
| Scale of Charges (per week): | £581 |
| Date and Type of Previous Inspection: | 30 July 2014, Enforcement monitoring inspection |
| Date and Time of Inspection: | 6 January 2015 10.00 – 12.30 hours |
| Name of Inspectors: | Linda Thompson & Lyn Buckley |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

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

3.0 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

4.0 Methods/Process

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

- discussion with the registered nurse manager
- discussion with staff and professional visitors available during the inspection
- discussion with patients individually and with others in groups
- 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
- observation during a tour of the premises
- evaluation and feedback.

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

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. |

6.0 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 was displayed in the entrance area of the home.

7.0 Executive Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Castlevue. The inspection was undertaken by Linda Thompson and Lyn Buckley on 06 January 2015 from 10.00 to 12.30 hours.

The inspectors were welcomed into the home by Ms Jacqueline Felicitas, registered manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Felicitas at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients, staff and two professional representatives of the Belfast HSC Trust. The inspectors observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 30 July 2014 two requirements were stated and three requirements and one recommendation were carried forward for validation at the next inspection. These were reviewed during this inspection and evidence was available to confirm that all requirements and recommendations have been fully complied with.

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

Conclusion

The inspectors can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The home's environment was generally well maintained and patients were observed to be treated with dignity and respect. No malodours were evident throughout the home. A number of infection prevention and control issues were identified during an examination of the bathroom and sluice areas. Full details are discussed in section 11.1 below. The registered manager gave the inspectors an assurance that these would be actioned immediately.

The management of continence within the home was well maintained and the home is assessed as being compliant with this standard.

The inspectors examined three identified patient care records and raised concerns regarding the management of patient assessment of need and care planning in two identified records. The registered manager confirmed in writing later on the day of the inspection that the recording deficits have been corrected as required.

Three requirements and two recommendations are raised as a consequence of the inspection. Full details can be viewed below and in the Quality Improvement Plan (QIP).

The inspectors would like to thank the patients, the registered manager, staff and the professional contacts for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|--------------------------|---|---|--------------------------------------|
| C/F | 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>The inspectors examined the competency and capability assessments maintained in the home.</p> <p>The inspectors were able to validate that the records were maintained appropriately and updated at least annually.</p> | Compliant |
| C/F | 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>The inspectors were unable to fully validate this requirement as the patient was no longer resident in Castlevue. The registered manager however provided an assurance that the nursing care records were updated as required.</p> | Compliant |

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|-----|--------------------------------|--|--|-----------|
| C/F | 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>The inspectors can confirm that a robust management plan was established to ensure appropriate experienced registered nursing staff are available when the registered manager is absent. A deputy manager had been recruited and commenced employment in the autumn of 2014. This recruitment is commended.</p> | Compliant |
| 1. | 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>The inspectors can confirm that the quality of reporting of notifiable incident has significantly improved. The training delivered by the registered manager to the registered nursing team has proven to be very effective.</p> | Compliant |

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|----|-----------------------|--|---|-----------|
| 2. | 3(1)(c) Schedule 1 | The registered manager must review and update the homes policy on emergency admissions to ensure that it minimises the risk of inappropriate admissions and thus risks to patient's health and well-being. | <p>The inspectors can confirm that the home's policy on emergency admissions was appropriate in minimising the risks to the home.</p> <p>The registered manager however must continue to be vigilant to safeguard against an inappropriate emergency admission.</p> | Compliant |
|----|-----------------------|--|---|-----------|

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| C/F | 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. | The inspectors can confirm that DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Trusts in respect of Adult Safeguarding were available in the home. | Compliant |

9.1 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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in 30 July 2014, RQIA have not been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

10.0 Inspection Findings

| STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support | |
|---|-------------------------|
| Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort. | COMPLIANCE LEVEL |
| Inspection Findings: The inspectors examined three patient care records as part of the inspection process. Review of these records evidenced that all patients <u>should</u> have a general assessment of bladder and bowel function as part of the assessment of daily activities of living, undertaken on the day of admission to the home. A further more detailed assessment should be completed when specific interventions are required. However, two of the three records examined failed to confirm that this assessment of daily activities of living had been completed. Whilst the two identified patients were admitted on the same day during a particular busy period, both patients presented with complex bladder or bowel conditions and neither had an admission assessment of need nor care plans to guide staff in the management of their conditions. Two requirements are raised. The inspectors were however able to confirm that care was being delivered to the identified patients appropriately from evidence recorded in daily progress notes. There was evidence in one patient's care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the daily progress records of two patients and in the care plans for the third patient. Urinalysis was undertaken and patients were referred to their GPs as appropriate. | Substantially compliant |

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| Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. These supplies were stored in each patient's wardrobe with clear signage as to which product to be used day or night. A recommendation is raised to ensure that incontinence products are identified by staff using appropriate terminology. | |
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| STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support | |
|--|-------------------------|
| Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis. | COMPLIANCE LEVEL |
| Inspection Findings: The inspectors can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • urinary catheter care The inspectors can also confirm that the following guideline documents were in place: <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women (September 2013) • NICE guidelines on the management of faecal incontinence (June 2007) Royal marsden (2011) information on elimination and stoma care Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. | Compliant |

| STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support | |
|--|-------------------------|
| Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives. | COMPLIANCE LEVEL |
| Inspection Findings: Not applicable. | Not applicable |
| Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances. | COMPLIANCE LEVEL |
| Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the registered manager and review of records revealed that all the registered nurses in the home were deemed competent in female and two registered nurses in male catheterisation. Training records evidenced that staff had attended training in management of gastrostomy x 1; continence care x 11; management of bowels x 4. A continence link nurse was working in the home and was involved in the review of continence management and education programmes for staff. This is good practice and is commended. | Compliant |
| Inspector's overall assessment of the nursing home's compliance level against the standard assessed | Compliant |

11.0 Additional Areas Examined

11.1 Infection prevention and control and control of substances hazardous to health (COSHH)

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and in general was maintained to a high standard of hygiene.

Some concerns were raised in respect of the management of infection prevention and control measures in the bath/shower rooms and sluice areas. The following issues were identified;

In one shower room on the ground floor;

- the radiator guard was heavily rusted and in need of repair or replacement
- a number of information notices were evidenced to be displayed in plastic sleeves and secured to the walls with sellotape. These can pose an infection risk and essential notices should be appropriately laminated and secured with 'blu' tack or similar
- limescale build up on a shower head was evidenced and therefore it could not be effectively cleaned
- the emergency call cord required a longer plastic sheath to facilitate cleaning or replacement with washable cord

In one sluice area on the first floor;

- a toilet brush was evidenced to be stored in a fully enclosed toilet brush holder. Water was unable to drain effectively and as a consequence of use the brush was suspended in approximately 4-6 inches of water. The design of toilet brush holder used in the home should be reviewed and an alternate design sourced which will allow the brush to hang suspended in air and therefore to dry after use.
- a mop bucket was evidenced to be left wet and not inverted to facilitate drying. The mop bucket must also be stored off the floor to allow for appropriate drainage and to air circulation
- the red mop head and shaft was left after use in the sluice sink alongside contaminated soiled commode pots
- multiple commode pots were evidenced to be stacked waiting for cleaning. These items should be cleaned immediately following use.
- chemicals required for decontamination should be stored securely at all times.

In the laundry room;

The inspectors identified that net pants used to hold incontinence pads securely were not individualised to each patient, washed communally and reused. This is effectively the communal sharing of underwear and must stop immediately. The registered manager must ensure that an effective system to individualise these items is established. Various methods were discussed during the inspection.

A requirement is raised to address the deficits identified.

11.2 Resuscitation

The registered manager discussed the management of a 'do not attempt resuscitation decision' (DNAR) in respect of one patient. The inspectors reminded the registered manager that in accordance with Resuscitation Council (UK) guidelines the DNAR must be reviewed by the patient's GP to ensure that it is still appropriate particularly following any changes in the patients' health status, for example, returning the home for a period in hospital. Evidence of this review should be recorded.

A recommendation is raised.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jacqueline Felicitas, 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 Care Inspection

Castlevew

6 January 2015

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 manager 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. | 13(7) | <p>The registered manager is required to ;</p> <ul style="list-style-type: none"> • radiator guard surfaces should be rust free and intact • information notices in bathroom areas must be laminated and secured to walls using 'blu' tac or something similar. • limescale build up must be removed from all shower heads on a regular basis • light cords and emergency call cords should be fully enclosed in a plastic sheath or replaced with a washable alternative • toilet brushes should be of the design which leaves the brush suspended in air and ensures that the brush does not rest in water • mop buckets must be cleaned and left off the floor and inverted after each use • mop heads and shafts must be appropriately suspended after each use • commode pots must be decontaminated after each use and stored either back in the patient's room or appropriately inverted to dry in the sluice following use • chemicals required for decontamination should be stored securely at all times. | One | <p>radiator guard painted on the 9-01-15, all radiator guards are rust free and intact.</p> <p>-information notices in bathroom areas were all replaced with laminated notices secured with blu tac.</p> <p>light cords and emergency call cords replaced with fully enclosed plastic sheath longer than the original one. 7-01-15</p> <p>all toilet brushes replaced with brush suspended in air. not resting in water. 13-01-15</p> <p>addressed, handy man will put additional shelves on both sluice rooms, for commodes and mop buckets to be placed inverted for drying. scheduled 28-01-15 all materials are in place. mop heads and shaft are suspended after each use.</p> <p>addressed Mr. Duncan is</p> | By end January 2015 |

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|----|-------|---|-----|---|---------------------|
| | | <ul style="list-style-type: none"> net pants must be laundered in such a way as to ensure that patients are not required to share such intimate clothing items. <p>Ref section 11.1</p> | | <p>resourcing key pad. all residents had net bags with their names for net pants to be laundered, in used 13-01-15</p> | |
| 2. | 12(1) | <p>The registered manager is required to ;</p> <ul style="list-style-type: none"> ensure that all patients undergo a detailed and comprehensive assessment of need at the time of admission to the home. <p>Ref section 10 criteria 19.1</p> | One | <p>addressed, reviewed and discussed previous meeting re Admission during our nurse meeting 14-01-15,all care plans and assessments reviewed and updated.</p> | By end January 2015 |
| 3. | 16(1) | <p>The registered manager is required to ;</p> <ul style="list-style-type: none"> ensure that care plans are established to meet each assessed need as identified following assessment of activities of daily living and completion of specific risk assessments. <p>Ref section 10</p> | One | <p>addressed during our nurse meeting that all risk assessment must be completed based on activities of daily living and updated.</p> | By end January 2015 |

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. | 1.1 | <p>It is recommended that the registered manager;</p> <ul style="list-style-type: none"> ensures that appropriate terminology is used in signage inside wardrobe doors when directing staff on the incontinence product to be used for each patient the heavily worn and frayed clothing protectors should be withdrawn from use and replaced as required. <p>Ref section 10, criterion 19.1</p> | One | <p>addressed,all signage inside wardrobe were revised appropriate terminology is used.</p> <p>reviewed and removed from being used.new protectors in placed.</p> | By end January 2015 |
| 2. | 20.3 | <p>It is recommended that the registered manager;</p> <ul style="list-style-type: none"> ensures that the Resuscitation Guidelines (UK) are followed when a patient returns from hospital to the home or their health status has changed. <p>Ref section 11.2</p> | One | addressed. | By 6 February 2015 |

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:

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|---|----------------------|
| 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 | 28/1/15 |
| Further information requested from provider | | | |