

# Inspection Report

## 6 September 2021



### Castlevew

**Type of Service: Nursing Home**  
**Address: 761 Antrim Road, Belfast, BT15 4EN**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Tona Enterprises Ltd  <b>Responsible Individual:</b> Mr Robert Maxwell Duncan	<b>Registered Manager:</b> Mrs Jacqueline Felicitas  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Felicitas	<b>Number of registered places:</b> 35 Category NH-MP(E) for 1 identified individual only.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides nursing care for up to 35 patients. Patients have access to communal lounges, dining rooms and a garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 September 2021 from 8.30am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients spoke positively on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to infection prevention and control (IPC), compliance with Control of Substances Hazardous to Health (COSHH) legislation, the environment, management of topical preparations in the home and with monthly monitoring.

RQIA was assured that the delivery of care and service provided in Castlevue was effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of the patients living there and those who visit or work in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Eleven patients, four staff and one visiting health professional were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff describing staff as lovely and friendly. One patient told us, "They treat us very well here; both the staff and the manager are very good. The food is great and we get a choice at mealtime." Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients.

The visiting professional confirmed that they found the staff knowledgeable about the patients in their care and confirmed that they had no concerns with the care delivery in the home.

There were no responses from the staff online survey or any responses received from patients or relatives following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 1 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	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"> <li>• damaged bed frames are replaced or refurbished</li> <li>• damaged bed rail protectors are replaced.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Damaged bed frames and rail protectors had been replaced since the last inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)(c)  <b>Stated:</b> First time	The registered person shall ensure fire doors are not obstructed or propped open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no doors in the home observed to have been obstructed or propped open.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1)  <b>Stated:</b> First time	The registered person shall ensure patient care records contain a recent photograph of the patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Five patients' care records reviewed contained a recent photograph of the patient.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure monthly monitoring reports include: <ul style="list-style-type: none"> <li>the recording of a start and finish time of the visit</li> <li>the signature of the home manager upon receipt of the report.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports completed since the last care inspection included a start and finish time and was signed by the manager on receipt.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

There were systems in place to ensure that staff completed training and were supported to do their job. All staff consulted were satisfied with the training provision in the home. Difficulties in sourcing practical moving and handling training during the COVID-19 pandemic were discussed with the manager. Training was provided to new staff by more experienced staff as part of their induction and the manager confirmed that they have been arranging additional practical moving and handling training.

All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. A system was in place to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role. One staff told us that the staff in the home worked 'brilliantly' together and a second staff member complimented the communication in the home between staff and between staff and management. The duty rota reflected all staff that worked in the home over a 24 hour period. Staff told us that there was enough staff on duty to meet the needs of the patients.

Patients appeared happy and were complimentary when asked about their engagements with staff. Those patients, who could, told us that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were maintained electronically in the home.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A record of repositioning had been maintained and included evidence of skin checks on repositioning. Where a patient had a wound, care plans were available to provide guidance on how to manage the wound and wound evaluations were completed to monitor the progress of the wound care. However, when a patient required the use of a topical preparation for their skin, we noted that the topical preparation had not been dated when it was first opened which in turn meant that the preparation could not be disposed of in accordance with manufacturer's guidelines. This was discussed with the manager and identified as an area for improvement.

Where a patient was at risk of falling, a dedicated falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A review of the accident and incident records following a patient's fall in the home confirmed that the appropriate actions had been taken following the fall; the appropriate persons notified and the appropriate records had been updated.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.



### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable and there were no malodours detected in the home. However, skirting and architraves throughout the home were observed to be in disrepair which would inhibit the effective cleaning of these areas. This was discussed with the manager and identified as an area for improvement. RQIA were aware of a planned extension to the home and an application for this variation had been submitted.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Several wet floors were observed in the home with no signage in the rooms identifying the hazard. This was discussed with the manager and identified as an area for improvement. Chemicals were observed accessible to patients in two separate areas in the home. This was also discussed with the manager and identified as an area for improvement to ensure that staff were compliant with COSHH legislation.

The home participated in the regional testing arrangements for patients and staff as a protective means to identify if any were infected with COVID-19. Environmental IPC audits had been conducted monthly, although, several areas were identified during the inspection which were not compliant in best practice on IPC. This included signage and multiple pull cords in the home which could not be cleaned effectively; patients' toiletries found in a communal shower room and staff use of PPE. This was discussed with the manager and identified as an area for improvement.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

A programme of activities was available for review. Activities included exercise classes, bowling, bingo, board games, arts and crafts, ball games, movie days and reminiscence. Staff were identified and nominated for activity provision. Records of activity provision in the home were maintained and each patient had an activity care plan in place. Activities were conducted on a group and a one to one basis with patients.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. The manager confirmed that care partner arrangements had been offered to relatives but to date there had been no requests to take up this offer.

### 5.2.5 Management and Governance Arrangements

Since the last care inspection the management arrangements in the home had not changed. Mrs Jacqueline Felicitas has been the registered manager for the home since 1 April 2005. Staff commented positively about the manager and described her as always approachable; always available and they felt that she would listen to them if they had any concerns. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that the home had upheld recommendations from a recent serious adverse incident review.

An area for improvement made at the previous care inspection in relation to information for inclusion within the monthly monitoring report has now been met. The home should be visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. A review of the monthly monitoring reports evidenced that the last visit was at the end of June 2021. This was discussed with the manager and identified as an area for improvement.

The manager confirmed that there were no recent or ongoing concerns relating to the home. We discussed that any area of dissatisfaction from a patient or relative should be documented as a complaint. The manager confirmed that any learning from complaints or any compliments received would be shared with staff.

## 6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. Staff were knowledgeable in relation to each patient's individual needs and care was provided in a caring and compassionate manner. There was evidence of good working relationships between staff and management.

Based on the inspection findings six areas for improvement were identified. Five were in relation to safe care and one was in relation to the service being well led.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Felicitas, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that wet floors in the home are signed at all times to reduce the risk of a potential slip hazard.</p> <p>Ref: Section 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Additional wet floor signs purchased and staff advised on the use of the signage.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that chemicals in the home are stored safely when not in use in accordance with COSHH legislation.</p> <p>Ref: Section 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Domestics have been advised to ensure that any chemicals that are not in use must be stored inside the trolley. Staff are all advised to wear PPE while moving residents from communal area to the dining room and vice versa. This is already an ongoing practice.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 6 October 2021	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Infection control issues regarding notices have been addressed and any relevant notices have been laminated. Pull cords identified have been covered with plastic tubing.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that monthly monitoring visits to the home, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, recommence with immediate effect.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Reports are normally issued within a timely manner, however, due to ongoing health problems endured by the registered person, these had been delayed.</p>

	July 2021 and August 2021 reports were issued to the Nurse Manager on the 9 <sup>th</sup> September 2021.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that topical preparations used in the home are dated at the time of opening to make sure that these can be disposed of in accordance with manufacturers' guidelines.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All nurses are advised to ensure any topical creams used by residents are dated at the time of opening before handing to care staff.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2021	The registered person shall ensure that skirting and architraves in the home are maintained to ensure that these can be effectively cleaned.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Maintenance had been focused on the exterior of the home to reduce contractors footfall in the building during Covid. Paintwork has been completed to the worst affected areas and maintenance to other affected areas will be ongoing.

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



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