

Unannounced Care Inspection Report 12 October 2016



Castleview

Type of Service: Nursing Home
Address: 761 Antrim Road, Belfast, BT15 4EN
Tel no: 028 9077 7804
Inspector: Donna Rogan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Castleview Nursing Home took place on 12 October 2016 from 10:00 hours to 16:30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. The selection and recruitment information was available for inspection and three files were reviewed they were all in keeping with best practice. The induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming and generally well maintained. A recommendation is made in relation to the environment of the laundry, where the light fitting needs replaced and needs to be repainted.

Is care effective?

Care records reviewed, accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with patient representatives within the care records, in relation to any changes in the patients' condition. Personal care records evidenced that personal care was delivered in line with their care plans. Patients' confidentiality was respected by staff and the staff consulted confirmed that communication between all staff grades was effective. Staff, patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was evidence of patient, representative and staff consultation. A recommendation is made that the registered manager recommences regular patient/relatives meetings.

Is the service well led?

There was an organisational structure within the home. Staff were able to describe their roles and responsibilities. Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. Complaints were managed appropriately. There were systems in place to monitor and report on the quality of nursing and other services provided. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. There were also systems and

processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. Monthly monitoring visits were also completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. There were no requirements or recommendations made in this domain.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Jacqueline Felicitas, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 August 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no areas that required to be followed up in this inspection.

2.0 Service details

Registered organisation/registered person: Tona Enterprises Ltd Robert Maxwell Duncan	Registered manager: Jacqueline Felicitas
Person in charge of the home at the time of inspection: Jacqueline Felicitas	Date manager registered: 01 April 2005
Categories of care: NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-TI NH-MP(E) for 1 identified individual only	Number of registered places: 35

3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 16 patients, four care staff, deputy manager, registered manager, two kitchen staff, one laundry assistant, one domestic and three visiting relatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- three selection and recruitment personnel files
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 August 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 24 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review in order to ensure that the assessed needs of patients were being met. Examples of the indicators used to evidence that there were sufficient staff to meet the needs of the patients were provided, this included details of patients' dependency levels.

A review of the staffing rotas for weeks commencing 19 September 2016 to 16 October 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Relatives and patients spoken with commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Staff spoken with stated they felt well supported and well directed.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

Training was available via an e-learning system. There were systems in place to monitor staff attendance and compliance with training. Review of staff training records evidenced that the attendance/compliance levels with adult safeguarding, infection control and moving and handling was almost fully compliant. Following discussion with the registered manager it was ascertained that a management system is in place to ensure that those staff required to attend training are identified and reminded to complete their training as soon as possible.

Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

The registered manager stated that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A review of three staff recruitment files evidenced that all the required information was available and in place.

There is currently an on-going safeguarding issue being managed/investigated by the local health and social care trust. The registered manager described the systems in place to monitor the progress of the safeguarding issue reported with the local health and social care trust and the Police Service of Northern Ireland (PSNI). The registered manager is currently co-operating with the process and records are being maintained.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient’s individual care plans.

The registered manager completed a monthly analysis of falls to identify any trends or patterns. The manager has reintroduced a falls safety record, whereby a robust system is in place to review falls. Falls safety awareness training has been attended by staff.

A general inspection of the home was undertaken to examine a random sample of patients’ bedrooms, lounges, bathrooms and toilets. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with infection prevention and control practice. A programme of redecoration is ongoing. During this inspection it was observed that the light fitting in the laundry room should be replaced. The laundry area should also be repainted. A recommendation is made in this regard.

Areas for improvement

One recommendation was made in relation to the management and redecoration of the laundry area.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Care records were subject to regular auditing. There was evidence that an action plan was in place to address issues identified and there was evidence that the outcome of the audit had been shared by the named nurse.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 10 March 2016. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. The registered manager confirmed that they operate an open door policy and are available for patients and their representatives whenever possible.

The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. Discussion took place with the registered manager regarding the presentations of tables and the provision of condiments. The registered manager agreed to review and address this.

Areas for improvement

There were no requirements or recommendations made in this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 16 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. There are arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There

was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that there was evidence that the staff cared for patients and their relatives in a kindly manner. There have been no recent complaints recorded.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four staff, three relatives and six patients returned questionnaires.

All comments on the returned questionnaires were positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff

- "This is like home from home"
- "I think we all work well together"
- "The building needs a bit of attention, but the care is good"
- "I don't like it when we are short staffed and under pressure"
- "The care is excellent"
- "I love working here"

Discussions were held with approximately 16 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Five questionnaires were returned in time for comments to be included. Some comments were made by patients during the inspection and in the returned questionnaires are as follows:

Patients

- "I like it here, I have no complaints"
- "I am comfortable and well looked after"
- "Staff are so good and kind to me"
- "Staff are very attentive and caring"
- "I just get on with things, I have no worries"
- "The food sounds lovely thou I have no appetite"
- "The minute I press the buzzer staff come right away"

During the inspection three relatives were spoken with and they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives during the inspection and in the four returned questionnaires as follows:

Patients' representatives

- "My relative has settled in well"
- "We are kept informed"
- "Happy that my relative is well cared for"
- "I am made feel very welcome"

A recommendation was made that the registered manager holds patient and relatives meetings. Records should be held of the minutes and any issues arising should be addressed.

Areas for improvement

There was one recommendation made in this domain in relation to patient and relatives meetings.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registered manager was aware of her responsibility to keep this under review. The registration certificate was displayed appropriately. A certificate of public liability insurance was current and displayed.

The policies and procedures for the home were systematically reviewed and updated. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Relatives spoken with were aware there was a new manager in post and most of them stated that she had introduced herself to them. Discussions with staff confirmed that there were good working relationships and that they knew the registered manager well that they assisted in providing care where necessary and that the registered manager was responsive to any suggestions or concerns raised.

There was evidence that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the registered manager completed the following audits:

- accidents/incidents

- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints

The audits were observed to be conducted in keeping with best practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Felicitas, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP through the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that the issues identified in the laundry are addressed. This area should be redecorated.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The laundry has had an existing dividing door removed (the Fire Safety Risk Assessor has approved) and access improved to the shelving areas. The light fitting has been replaced and decorator has been advised to attend as soon as is practical to paint.</p>
<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure patient and relatives meetings are undertaken. Records should be held of the minutes and any issues arising should be addressed.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: A meeting took place on the 18th November and was attended by 8 residents and 4 relatives with the feedback received being very positive regarding the care being provided. The Nurse Manager and Senior Carer also received suggestions from the residents regarding meals and activities.</p>

Please ensure this document is completed in full and returned through the web portal



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