



Unannounced Care Inspection Report 15 August 2018



Castleview

Type of Service: Nursing Home (NH)
Address: 761 Antrim Road, Belfast, BT15 4EN
Tel No: 028 90 777804
Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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| Organisation/Registered Provider: Tona Enterprises Ltd Responsible Individual: Robert Maxwell Duncan | Registered Manager: Jacqueline Felicitas |
| Person in charge at the time of inspection: Jacqueline Felicitas | Date manager registered: 1 April 2005 |
| Categories of care: Nursing Home (NH) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill | Number of registered places: 35 NH-1,NH-PH,NH-PH(E),NH-TI. Category NH-MP(E) for 1 identified individual only. |

4.0 Inspection summary

An unannounced inspection took place on 15 August 2018 from 08.30 to 15.30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management, record keeping, audits and reviews, nutrition monitoring, mid-morning care reporting, communication between residents, staff and other key stakeholders. Further examples of good practice were found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified under the standards in relation to the environment, infection prevention and control and ensuring that appropriate staff time is allocated to establish a meaningful activity programme to meet the individual needs of the patients.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 4 |

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 20 patients, three patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 6 August 2018 to 26 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- two staff recruitment and induction files
- four patient care records
- 10 patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 07 November 2017

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 21 Stated: First time | The registered person shall ensure pain assessments are up to date, particularly when a patient is in pain. Ref: Section 6.4 | Met |
| | Action taken as confirmed during the inspection: A review of documentation confirmed that all pain assessments were up to date and reassessed daily. | |

| | | |
|---|--|------------|
| Area for improvement 2 Ref: Standard 18 Stated: First time | The registered person shall ensure that the identified patient's care plan is updated to accurately reflect the plan of care in relation to the management of bed rails and fall out/buzzer mats. The care as planned should also be implemented. Ref: Section 6.5 | Met |
| | Action taken as confirmed during the inspection: A review of documentation and conversation with the registered manager confirmed that the identified patient's care plan has been updated to accurately reflect the plan of care in relation to the management of bed rails and fall out/buzzer mats. The care as planned has been implemented. | |
| Area for improvement 3 Ref: Registration Part 1 Stated: First time | The registered person shall ensure the statement of purpose is updated to reflect the correct categories of care of the home, and should include the registered manager details. Ref: Section 6.7 | Met |
| | Action taken as confirmed during the inspection: The statement of purpose available at inspection has been updated and now reflects the correct categories of care of the home and includes the details of the registered manager. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 August to 26 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were

satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Castlevue nursing home.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Fire exits and corridors were

observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling. However the environment looks tired and requires to be refurbished. A six month refurbishment programme is in place from August 2018. It should also include making safe the raised floor at the entrance to toilet 2, which could be a potential trip hazard, cleaning or replacing the discoloured downstairs corridor floor, repairing the plaster around the sink in bedroom 1 and replacing the blackened seal around the sink in toilet 1. An area for improvement is stated under the standards.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed. Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks. However it was noticed that the edges of the floors in shower rooms 1 and 2 had not been properly cleaned and there were gaps noted between the skirting and the floor especially in the upstairs corridor and at some bedroom door frames that could not be effectively cleaned. An area was identified for improvement under the standards.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails/alarm mats.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas were identified for improvement under the standards in relation to the environment and infection prevention and control.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A computerised care records system is in place at Castlevue. Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. The care staff have access to computer docks on the corridors so all care delivered and observation of food and fluid intake is recorded in a timely manner. An area of good practice worthy of note is that the nursing staff have a system in place to check on all patients intake at 2pm daily to determine who needs encouragement to eat and drink. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Another area of good practice is that the care staff give a formal feedback to the nursing staff when they have their patients washed dressed and served breakfast. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and 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 representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, nutrition monitoring, mid-morning care report, communication between residents, staff and other key stakeholders.

Areas for improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 08.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients, relatives and staff and review of the activity programme displayed in the lounge evidenced that arrangements were not in place to meet patients' social, religious and spiritual needs within the home. There is no dedicated activity therapist. The care staff are involved in activities when time allows. On the day of inspection there were no activities available. An area for improvement under the standards is stated to ensure that appropriate staff time is allocated to establish a meaningful activity programme to meet the individual needs of the patients.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and registered nurses were overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with twenty patients individually, and with others in smaller groups, confirmed that Castlevue Nursing Home was a good place to live. Patient comments:

- "I have been in three homes. This is the best of them."
- "There's no problems here. Everyone is very nice."
- "The staff are very good and they respond very quickly when I call them."
- "It's good surely but I would rather have a wee bungalow."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; and one was returned within the timescale. This relative indicated that they were very satisfied with the care provided across the four domains. No comments were included.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement under the standards was identified in relation to ensuring that appropriate staff time is allocated to establish a meaningful activity programme to meet the individual needs of the patients

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p> | <p>The registered person shall update the current six month refurbishment plan to include:</p> <ul style="list-style-type: none"> • making safe the raised floor at the entrance to toilet 2. • cleaning or replacing the discoloured downstairs corridor floor. • repairing the plaster around the sink in bedroom 1. • replacing the blackened seal around the sink in toilet 1 <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The transition strip at the entrance to shower room 2 has been adjusted and reglued to make it safe. The downstairs corridor floor is clean however chemicals being used to clean it and alcohol gel spills have caused staining to the surface. It is the homes intention to replace this floor at a suitable time and this item has been added to the homes improvement schedule. The home has been in possession of a new backsplash for the sink in Room 1 for a period of time. Maintenance has been waiting for a suitable time to complete this work because the resident does not like leaving her room. Maintenance has been advised that arrangements will have to be made to move the resident at a convenient time to enable the work to be completed. Expected completion date by the 12th October. The blackened seal around the sink in toilet 1 has been removed and the sink has been resealed.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p> | <p>The registered person shall ensure that the edges of the floors in shower rooms 1 and 2 are properly cleaned and maintained and all gaps between the woodwork and floors are adequately sealed so that these areas can be effectively cleaned. .</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The edges of the floors in shower rooms 1 and 2 have been deep cleaned. Gaps between the woodwork and floor in corridors etc. have been identified and this has been added to the improvement plan.</p> |

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|--|---|
| <p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p> | <p>The registered person shall ensure that the provision of activities is reviewed to assess, plan and evaluate the needs of patients in the home. The registered person should also ensure that additional time is made available for the completion of such a role.</p> <p>Ref: e.g. 6.6</p> <p>Response by registered person detailing the actions taken: On the day of inspection the home was short staffed due to an absence at short notice, therefore activities were not able to be completed. The staff allocation folder indicates the member of staff responsible for activities each day and activities are regularly reviewed to ensure they suit the needs of the current resident group.</p> |
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Please ensure this document is completed in full and returned via Web Portal



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