



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 24 February 2020



## Castleview

**Type of Service: Nursing Home**  
**Address: 761 Antrim Road, Belfast, BT15 4EN**  
**Tel No: 02890777804**  
**Inspector: Linda Parkes**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Tona Enterprises Limited</p> <p><b>Responsible Individual:</b> Robert Maxwell Duncan</p>	<p><b>Registered Manager and date registered:</b> Jacqueline Felicitas – 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Jacqueline Felicitas</p>	<p><b>Number of registered places:</b> 35</p> <p>Category NH-MP(E) for 1 identified individual only.</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23</p>

### 4.0 Inspection summary

An unannounced inspection took place on 24 February 2020 from 13.20 hours to 19.10 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives. Good practice was noted regarding governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the notification of reportable incidents to RQIA, the health and welfare of patients, infection prevention and control best practice (IPC) in relation to information displayed and that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Felicitas, 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 30 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 February to 1 March 2020
- 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 patient care records
- two patient repositioning charts
- a sample of governance audits/records
- complaints received
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 26 November 2019 to 25 January 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection

Areas for improvement from the last care inspection		
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  <b>Stated:</b> First time	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the keypad lock on the treatment room door, evidenced that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. This area for improvement has been met.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager, observation of the environment and of the keypad locks on sluice room doors evidenced that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH). This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the menu board in the dining room evidenced that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime. This area for improvement has been met.	

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 17 February to 1 March 2020 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Castlevew. We also sought the opinion of patients on staffing via questionnaires. Three questionnaires were returned within the timescale specified and indicated they were very satisfied that there are enough staff to help.

Three patients' relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned within the timescale specified and indicated they were very satisfied that that staff had 'enough time to care'.

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.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2019/2020 evidenced that staff had attended training regarding deprivation of liberty safeguards (DoLS), adult safeguarding, infection prevention and control (IPC), first aid and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 14 October 2019 to 7 November 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Generally notifications were sent to RQIA in a timely manner but on one occasion it was observed that RQIA were not notified regarding a significant incident. This was discussed with the manager and the notification was received by RQIA post inspection. An area of improvement was identified under regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. It was noted that a marked area of flooring in the corridor outside the kitchen, had been replaced. We observed that patients had the potential to access the kitchen on the ground floor as the door was unlocked. The health and safety risk to patients was discussed with the manager and an area for improvement under regulation was identified.

Concerns raised to RQIA regarding the temperature level in the home were reviewed. Thermometer readings of room temperatures were taken in different areas of the home, during the inspection, between 11.30 and 19.10 hours. They were found to be satisfactory in order to ensure that the comfort of patients was maintained. Four patients we spoke with individually and a group of patients in the lounge stated that they were warm and had no concerns regarding the temperature in the home.

A relative commented:

“I have no issues with the heating levels. It was warm here when we visited last night.”

Fire exits and corridors were observed to be clear of clutter and obstruction.

Information displayed on the notice board in the ground floor corridor, evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager who addressed the concern before the end of the inspection. An area for improvement was identified.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

**Areas for improvement**

Three areas for improvement were identified in relation to the timely reporting of notifiable incidents to RQIA, the health and welfare of patients and ensuring notices displayed in the home are laminated in order to adhere to infection prevention and control best practice (IPC).

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

**6.4 Is care effective?**

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

Review of two patient’s 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 the management of pressure relief. Care records were well documented and 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. 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.

Review of two patient repositioning charts evidenced that they were well documented.



Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. 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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 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.**

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you all for the care and attention you gave to ... We always felt welcome at Castleview and were content to know that ... was in safe hands.”

During the inspection the inspector met with seven patients, small groups of patients in the lounges, three patients’ relatives and three staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Castleview. 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. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Five questionnaires were returned within the timescale specified and indicated that they were very satisfied that care was compassionate.

Four patients commented:

- “I’m very happy with my stay.”
- “The staff are great.”
- “I’m looked after well and have no concerns.”
- “The staff’s good and the food’s good.”

Three relatives commented:

- “The care my mother has received since September has been exceptional, professional, compassionate and caring. The last few weeks have been difficult for us as a family but made so much easier by the caring staff at Castleview.”
- “The staff are unbelievable and incredibly attentive. She loves them. We have no concerns.”
- “Exceptionally caring and attentive. Have really supported the family at a difficult time. Excellent communication.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

A staff member spoken with commented:

“All’s good. I’ve been here a number of years. We get good training and I’ve no concerns.”

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Staff were observed in the ground floor lounges, enthusiastically, facilitating group sessions of skittles and ball games. Patients were responsive and appeared to be enjoying the event. Observation of the activity board in the lounge, evidenced that it had not been updated to reflect the activities provided. Staff advised the board was changed by using activity cards. However, these were unavailable to view. This was discussed with the manager as it is required that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. An area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients.

**Areas for improvement**

An area for improvement was identified to ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.6 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the 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 manager.

Discussion with the 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 care plans, falls and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the manager and review of records from 26 November 2019 to 25 January 2020 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. The manager advised that no complaints were received for January 2020.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> Statutory Notification of Incidents and Deaths guidance for Registered Providers and Managers of Regulated Services has been reviewed and Nursing Staff advised.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> The kitchen door will be fitted with a keypad lock to ensure residents can not access the kitchen when unattended.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that infection prevention and control issues regarding notices displayed are managed to minimise the risk and spread of infection.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> Notices were put into plastic pockets at the time of the inspection. A laminator has also been purchased for the home and staff advised accordingly.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.  Ref: Section 6.5  <b>Response by registered person detailing the actions taken:</b> Daily activities have been updated and the programme of activities is displayed in a suitable format.

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





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