



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 May 2019



Castleview

Type of Service: Nursing Home
Address: 761 Antrim Road, Belfast, BT15 4EN
Tel No: 028 9077 7804
Inspector: Linda Parkes

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.

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

Organisation/Registered Provider: Tona Enterprises Ltd Responsible Individual: Robert Maxwell Duncan	Registered Manager and date registered: Jacqueline Felicitas 1 April 2005
Person in charge at the time of inspection: Jacqueline Felicitas	Number of registered places: 35 Category NH-MP(E) for 1 identified individual only.
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 patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 10.30 hours to 17.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Castleview which provides nursing care.

The inspection assessed progress with 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. 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, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding the health and welfare of patients to ensure that medication which is kept in the nursing home is stored in a secure place, the safe storage of chemicals and cleaning products and that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/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
Total number of areas for improvement	2	1

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 10 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken 10 October 2018. No further actions were required to be taken following the most recent inspection on 10 October 2018. 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 20 May to 2 June 2019
- 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
- one staff recruitment and induction file
- three patient care records
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 28 March to 1 May 2019
- RQIA registration certificate

Areas for improvement identified at the last care 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 outstanding areas for improvement from previous inspection

Areas of improvement identified at the previous care inspection on 15 August 2018 have been reviewed. Of the total number of areas for improvement all were met.

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 registered 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 20 May to 2 June 2019 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 registered 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 Castleview. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A patient said, "The girls are great. I've no worries. All the staff are more than good."

Three patient representatives 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. One questionnaire indicated they were satisfied and one questionnaire indicated they were very satisfied that staff had 'enough time to care'.

One returned questionnaire included the following comment: "I think my relative's care is middle of the road at best."

A relative commented: "My wife's well looked after. I have no concerns or complaints."

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 evidenced that staff had attended training regarding moving and handling, emergency 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 registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 3 to 22 February 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. Records were maintained appropriately and notifications were submitted in accordance with 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, generally well decorated, fresh smelling and clean throughout. Flooring on the ground floor corridor was observed to have a large discoloured area. This was discussed with the registered manager who agreed it was not pleasing to look at and advised that the area could be effectively cleaned in order to adhere to infection prevention and control measures. Correspondence with the registered person for the home advised that an improvement programme had commenced and was ongoing. He advised that a plan was in place with intention to replace the flooring and that a suitable installation date would be arranged. This will be reviewed at the next care inspection. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection it was observed on two occasions that the treatment room door was unlocked and the registered nurse was not in the area. It was concerning that two medicine trolleys and the medicine refrigerator were unlocked and easily accessed. It is extremely important 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 was discussed with the registered manager and the registered nurse on duty. An area for improvement was identified under regulation.

Observation of a sluice room on the ground floor evidenced that it was unlocked and that chemicals and cleaning products could be easily accessed. This was discussed with the registered manager as it does not comply with Control of Substances Hazardous to Health (COSHH). An area for improvement was identified under regulation.

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. 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, adult safeguarding and the home’s environment.

Areas for improvement

Two areas for improvement were identified regarding the health and welfare of patients to ensure that medication which is kept in the nursing home is stored in a secure place and regarding the safe storage of chemicals and cleaning products.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

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

Review of three 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 the management of falls and restrictive practice. 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.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

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.

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 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.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. 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. The menu for the day displayed on the notice board in the dining room was observed to be from the previous day. It was noted that no breakfast menu was displayed. The daily menu is required to be displayed in a suitable format including pictorial where necessary, showing what is available at each mealtime. An area for improvement was identified.

Three patients commented:

- “The food’s nice.”
- “Very good. Lovely.”
- “Food’s good.”

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

An area for improvement was identified to ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

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 for the kindness you showed looking after ... You will be in our prayers."
"To all the staff. You are all very kind and thoughtful looking after our mum."

During the inspection the inspector met with three patients, small groups of patients in the dining room and lounges, one patient's relative, six staff, two patient support workers and a Trust professional. 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. Two questionnaires were returned and indicated they were satisfied and very satisfied that care is compassionate.

A patient commented. "The nurses are professional, excellent and know the job well. I have no concerns at all and the care's great. I'm very happy here."

Two patient representatives commented:

"The staff's attentive and good. The home manager's approachable."
"I've no concerns. The care's good."

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

A staff member commented: "I've settled in well and have had good induction and training."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff allocated to provide the activity programme for the day were observed in the lounges enthusiastically facilitating a card game that involved a quiz and a ball game. Patients and their visitors were responsive and appeared to be enjoying the activity.

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their 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.

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 falls and infection prevention and control practices including hand hygiene.

Discussion with the registered manager and review of records from 26 February to 7 May 2019 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.

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.

The registered 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/management.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The existing key lock on the treatment room door has been replaced with a keypad lock to ensure that it cannot be left unlocked under any circumstances.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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).</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The existing key lock on the Sluice room doors have been replaced with a keypad lock to ensure that it cannot be left unlocked under any circumstances.</p>
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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 12</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to ensure that the menu board is updated at the beginning of each day.</p>
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Please ensure this document is completed in full and returned via Web Portal



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