



Unannounced Care Inspection Report 10 September 2019



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
Tel No: 0287946 8730
Inspector: Sharon McKnight

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 34 patients with a learning disability.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individuals: CathalMcAteer | Registered Manager and date registered: Bernadette O'Neill 27 January 2011 |
| Person in charge at the time of inspection: Bernadette O'Neill | Number of registered places: 34 |
| Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of patients accommodated in the nursing home on the day of this inspection: 34 |

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 10.15 hours to 16.20 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision and training of staff and patient safety. The environment was safely managed.

There were examples of good practice found in relation to the review of patients' assessed needs and the planning of how these need would be met. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients' were offered choice with their daily routine and that there was a meaningful activity programmes which had a positive impact of the life of the patients.

There were stable management arrangements in place with systems to provide management with oversight of the services delivered.

Areas for improvement were identified with regard to the oversight of staff registration with their regulatory bodies, care records and the completion of post falls evaluation.

It was obvious from patients' behaviour and from what they told us that they were happy and content in the home.

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 Bernadette O'Neill, 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 date 12 March 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 12 March 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, 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:

- staff duty rotas for weeks commencing 4 and 8 August and 9 September 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
- two staff recruitment and induction files

- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate

Areas for improvement identified at the last 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 previous inspection(s)

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13(1)(a) Stated: Second time | The registered persons must ensure that there is proper provision for the health and welfare of patients. | Met |
| | Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met. | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 36 Stated: First time | The registered person shall ensure that a procedure is drawn up to guide staff in best practice when completing neurological observations and to provide a consistent approach. | Met |

| | | |
|--|---|------------|
| | Action taken as confirmed during the inspection: A procedure dated 17 April 2019 and entitled "Guidance on completing Neurological Observations" was available in the home to guide staff. This area for improvement has been met. | |
| Area for improvement 2 Ref: Standard 23.2 Stated: Second time | The registered person must ensure that where a patient is assessed as at risk of developing pressure ulcers a prevention and treatment care plan is completed. Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met. | Met |
| Area for improvement 3 Ref: Standard 41.4 Stated: First time | The registered person shall ensure that the minimum skill mix of at least 35% registered nurses to 65% care assistants is maintained over 24 hours. Action taken as confirmed during the inspection: A review of duty rosters evidenced that this area for improvement has been met. | Met |
| Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: Immediate from the day of the inspection. | The registered person must ensure that the registered manager has sufficient management hours to assure the safe delivery of quality care within the nursing home. Action taken as confirmed during the inspection: A review of duty rotas and discussion with the registered manager evidenced that this area for improvement has been met. | Met |

There were no areas for improvement identified as a result of the last medicines management inspection dated 12 June 2019.

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.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas confirmed that the staffing numbers identified were provided. We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered. The records for checking staff registration with the Northern Ireland Social Care Council (NISCC) did not include all staff. This was identified as an area for improvement. Confirmation of registration for staff not included on the monthly check was received following the inspection.

We reviewed the prevention and management of falls. If a patient had an accident a report was completed at the time. The manager reviewed the accidents in the home on a monthly basis to identify any trends. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how to report any concerns.

We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

The environment in Castlehill was warm and comfortable. The home was clean and fresh smelling throughout. Patients' bedrooms had been individualised to reflect their interests and personality. No issues were observed with fire safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision and training of staff and patient safety. The environment was safely managed.

Areas for improvement

An area for improvement was identified with regard to the checks in place to monitor staff registration with their regulatory bodies.

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

6.4 Is care effective?

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

We spoke with eleven patients individually all of who were happy in the home. We spoke with the relative of one patients who was very happy with how their relative was being look after. They confirmed that staff arranged visits from healthcare professionals as required, for example GPs and that they are updated following any appointments or changes noticed with their relative.

Review of three patient care records evidenced that assessments to identify patient need were completed. However in two of the care records the assessments had not commenced on the day of admission and been completed within five days. In one care record initial plans of care based on the pre admission assessment and referral information were not in place within 24 hours of admission; this was identified as an area for improvement.

We reviewed the management of nutrition, falls 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.

We reviewed how patients' needs in relation to wound prevention and care were met. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. For patients with wounds care plans were in place detailing the required dressings. Each wound should have an individual care plan; this was identified as an area for improvement. Records confirmed that wound care was delivered in keeping with the prescribed regimes. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed. Referrals were made to the dietician in the local health and social care Trust for patients identified as at risk of weight loss.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling, a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. It is good practice to complete a post falls review, within 24 hours of a patient sustaining a fall. This provides an opportunity to determine any reason for the fall and identify any preventative measures to minimise the risk of further falls. This post falls review was not being completed; this was identified as an area for improvement.

Staff were well informed with regard to patients' needs and encouraged those patients who could express their preference to do so. Staff demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the review of patients' assessed needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

Areas for improvement

The following areas were identified for improvement in relation to the assessment and care planning process at the time of admission to the home, care plans for each individual wounds and the completion of post falls evaluation.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

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.

We arrived in the home at 10:15 hours and patients were finishing their breakfast. There was a relaxed atmosphere in the dining room and the patients were enjoying their breakfast and the company of staff. Nurses were present in the dining room administering the morning medications.

Staff spoke to us about the challenge of managing patients' expectations. Due to the unpredictability of patient need staff were very aware of the need for a flexible routine. Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient. Staff were also aware of potential clashes of personalities between the patients and the need to provide discreet diversions on occasions.

It was obvious from patients' behaviour and what they told us that they were happy and content in the home. Following lunch patients were excited for the afternoon activities. We joined the patients in the "bungalow" after lunch: this is the area of the home where activities and social recreation take place. There was great excitement for the afternoon activities which included use of the multi-sensory room and arts and crafts. Various items from the art and craft activities were displayed around the walls. We spoke with nine patients in the bungalow who told us the following:

"I love coming over, we do fun things."

"I really like it here."

"I don't know what I'll do today, I'll wait and see."

Patients also have opportunities to go out on the bus. They told us they enjoyed going into Castledawson for coffee and to visit the local shops. One relative we spoke with told us that staff arranged and supported their relative to come home for visits; something that would be impossible without the support and transport "the home so willingly provide".

The home provides questionnaires on an annual basis for relatives to give their opinion on areas such as staffing, visiting arrangements, patient choice, involvement in care, the dining experience and the environment. The most recent questionnaires were completed in August 2019. These are examples of comments provided in the returned questionnaires:

"I am happy with everything on this form. I am informed about appointments and outcomes."

"Absolutely excellent home. Staff go above and beyond their duty and everyone working in the home continually show a loving, caring attitude to all residents."

"I am informed of every incident however small."

"We are very happy that (patient) is well settled and cared for with respect."

The manager confirmed that a report will be completed of the outcome of the questionnaires including what action has been taken in response to any suggestions for improvement. The report will be available for relatives and visitors to the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the daily routine, systems to seek the opinion of relatives and the provision of a varied and meaningful activity programmes which has a positive impact of the life of the patients.

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 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.

There are well established management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been registered with RQIA since 2011 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by the owners, registered nurses and administrators, who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients knew the manager by name and it was obvious from their interactions that she was familiar to them. Staff reported that the manager was approachable and available to speak to.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included care records, analysis of accidents/incident and the environment.

The owner of the home checks the quality of the services provided in the home. This was done during monthly unannounced visits to the home; a report is made of the outcome of these visits. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was in place and records were available of any complaints received. The relatives we spoke with was confident that any concerns or issues brought to the attention of staff would be appropriately addressed. Systems were also in place to record compliments received. A range of thank you cards were displayed in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

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 Bernadette O'Neill, 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 providers 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 | |
| Area for improvement 1 Ref: Standard 4.1 Stated: First time To be completed by: Ongoing from the date of inspection. | The registered person shall ensure that: <ul style="list-style-type: none"> the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission Ref: 6.4 |
| | Response by registered person detailing the actions taken: All Staff Nurses informed of area of improvement and audit will be completed by Nurse Manager. |
| Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 8 October 2019 | The registered person shall ensure that each individual wound has a separate care plan. Ref: 6.4 |
| | Response by registered person detailing the actions taken: Care plans are in place for wound care and individualised accordingly. All Staff Nurses informed of area of improvement. |
| Area for improvement 3 Ref: Standard 22.9 Stated: First time To be completed by: 8 October 2019 | The registered person shall ensure that a post falls review is completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and identify any preventative measures to minimise the risk of further falls. Ref: 6.5 |
| | Response by registered person detailing the actions taken: All Registered Nurses informed of area of improvement and audit completed . |

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



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