

Unannounced Care Inspection Report 15 October 2020



Castlehill

Type of Service: Nursing Home (NH)
Address: 14 Bellshill Road, Castledawson BT45 8HG
Tel no: 028 7946 8730
Inspector: Bronagh Duggan

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 nursing home registered to provide nursing care for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individual: Cathal McAteer	Registered Manager and date registered: Martha O' Kane acting
Person in charge at the time of inspection: Martha O'Kane	Number of registered places: 34
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. With associated physical disabilities	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 15 October 2020 from 10.30 to 17.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from 10 September 2019.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients were possible and in keeping with their levels of understanding confirmed they were happy living 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.

The term 'patients' is used to describe those living in Castlehill Nursing Home.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Martha O' Kane, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. *One area for improvement has been partially met and is stated for a second time, one area for improvement has been carried forward.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 19 patients, five staff and the manager. Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" 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. Six completed questionnaires were returned within the identified timescale, all responses were positive in relation to living in the home.

The following records were examined during the inspection:

- Duty rotas
- Three patients care records
- Staff training matrix
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019.

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 4.1 Stated: First time	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 	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care record showed the assessment of patients' needs had been commenced on the day of admission and completed within five days. Initial care plans reviewed had not been completed within 24 hours of admission. This area for improvement has been partially met and is restated in the QIP appended to this report.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that each individual wound has a separate care plan.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: The manager advised there was currently no patient that had any wounds in the home therefore it was not possible to validate this area for improvement as being met. The area for improvement has been carried forward for review at a future inspection.	

Area for improvement 3 Ref: Standard 22.9 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed that post falls reviews were being completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and identify preventative measures.	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.30, the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 12 October until 25 October 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the nurse in charge.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home over a 24 hour period. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff advised they found the manager approachable and supportive if they had any issues, in addition staff confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- “I think the standard of care is very good, staff work well together.”
- “It is very much focused on the residents here, staff know them really well. The team works well together. Staffing is pretty good with two nurses on.”
- “I love working with the residents, you get really attached to them, they are like family. Staffing has been very good, especially the past four to five months. Great team work.”
- “It is a nice place to work, we really love them it's their home and we are here to help them. The manager is fantastic, very approachable, and works well with us all.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

The manager advised visitors temperatures were checked and relevant information recorded prior to admission to the home. The manager confirmed all patients had temperatures taken twice daily. Staff temperatures were also taken during each shift. We observed that PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control.

6.2.3 Environment

Upon arrival at the front reception of the home, PPE including face masks and hand sanitation was available. The area was bright and clean with music playing in the background. During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining room, bathrooms, toilet areas and a sample of residents' bedrooms. We found patients bedrooms were nicely decorated and were personalised with individual interests and mementos.

The manager advised plans were in place for some environmental improvements including paintwork, improving a number of bedheads and new flooring was on order for identified bedrooms. The manager shared that the work had been put on hold due to the Covid 19 situation but would be completed when deemed safe to do so. Environmental improvements shall be followed up at a future inspection.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately .

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to communication challenges of some of the patients.

We noted patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences.

Throughout the day some patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. The manager advised every effort was made to ensure social distancing where possible and that arrangements were in place for meal times so that patients were not all in the same dining area during meal times. Patients appeared comfortable and relaxed in the home; staff were available throughout the day to meet their needs.

During interactions with the inspector patients indicated in keeping with their level of understanding that they were satisfied with the care provided in the home, some gave verbal confirmation while others shared their views through gesture. A number of patients were unable to share their views, patients were observed to be clean and tidy in appearance and comfortably settled in the environment.

Comments from patients included:

- “I like it, am happy here.”
- “I like it, food is nice.”
- “I like to go to the chapel.”

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and daily evaluation records. Information from other health professionals including for example Speech and Language Therapy (SALT) were included in the care records.

We could see the care records were reviewed and updated on a regular basis or as any changes occurred. The manager advised staff were currently in the process of rewriting all care records to ensure review, updating and filing of relevant information and also reviewing some of the templates being used. The progress with this shall be followed up at a future inspection.

6.2.6 Governance and management arrangements

The manager retains oversight of the home, and confirmed she felt well supported in recent months. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding the most recent Covid 19 guidance.

We reviewed a sample of audits including care records, equipment, accidents and incidents and complaints. We noted completion of some audits was intermittent this was discussed with the manager who advised this had been due to the recent management changes and efforts were being made to ensure the regular completion of all identified audits. This shall be followed up at a future inspection.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed the omission with regards to the reporting of one notifiable event. Following the inspection the manager provided confirmation that other relevant bodies had been informed of the incident at the time, however the information had not been shared with RQIA as necessary. An area for improvement was identified.

A review of staff NMC and NISCC information showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. There had been no new complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

Staff confirmed there was good working relationships with external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff and promoting individual interests of patients.

Areas for improvement

One new area for improvement was identified in relation to the reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients looked well cared for and spoke positively about their experiences living in the home. Interactions between patients and staff were pleasant and friendly.

We acknowledge that the home had been affected by the Covid 19 situation and the efforts of staff in dealing with those challenges over recent months.

One new area for improvement has been identified in relation to the reporting of notifiable events. One area for improvement has been partially met and is restated on the QIP, one area for improvement has been carried forward to a future inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martha O’Kane, 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	
Area for improvement 1 Ref: Standard 4.1 Stated: Second time To be completed by: 15 December 2020	<p>The registered person shall ensure that:</p> <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 <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Nurse meeting held on 01/12/20 and discussed this process going forward. New residents admitted on 07/12/20 and all pre admission assessment and referral information in place prior to admission. Resident Care File in place and populated with relevant care plans , assessments and risk assessments.</p>
Area for improvement 2 Ref: Standard 4 Stated: Carried forward To be completed by: 8 October 2019	<p>The registered person shall ensure that each individual wound has a separate care plan.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 35.9 Stated: First time To be completed by: 17 October 2020	<p>The registered person shall ensure all accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: At nurse meeting on 01/12/20 Home Manager introduced new Incident report form and completed training around how this is completed. Within this form it identifies all relevant communication required in accordance with legislation and procedures re: notifications to RQIA. Home Manager will also manage a Reg. 30 notifications file and a record will be maintained.</p>

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



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