

Inspection Report

16 December 2021



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
Tel no: 028 7946 8730

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individual: Mr Cathal McAteer	Registered Manager: Mr John Diamond Date registered: 28 April 2021
Person in charge at the time of inspection: Mr John Diamond	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: 33
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 34 patients. Bedrooms and living areas are located over two floors with access to communal lounges, a dining area and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2021 from 11.30 am to 6.50 pm by a care inspector.

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

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. One area for improvement in relation to the reporting of notifiable events has been stated for a second time and one area for improvement has been escalated from a care standard to a regulation in relation to the governance of care records for newly admitted patients.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Castlehill and that management had taken relevant action to ensure the delivery of safe, effective and well led care. RQIA were assured that the management team acknowledged the need for a more effective oversight of the governance systems within the home to drive the improvements identified.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Nine staff, one relative, ten patients individually and others in groups were spoken with during the inspection. Patients said that they felt well cared for, enjoyed the food and that staff were helpful and friendly. A relative commented very positively about the care delivery and the level of communication from staff.

There were five questionnaires returned from patients. The respondents were very satisfied with the overall provision of care. Comments included; "I like living in Castlehill", "I love it here" and "I'm happy."

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "Great place to work." There was no response from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 October 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: Second 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: Review of a sample of care records evidenced that this area for improvement had not been fully met and an area for improvement under regulation has been identified. This is discussed further in section 5.2.2.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that each individual wound has a separate care plan.	Met
	Action taken as confirmed during the inspection: Review of relevant care records evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 35.9 Stated: First time	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.	Partially Met

	<p>Action taken as confirmed during the inspection: This area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	
--	---	--

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of two staff recruitment and induction files evidenced that a full employment history, including gaps in employment, had not been explored. It was further identified that one employee commenced employment prior to a satisfactory reference from their most recent employer. This was discussed in detail with the Manager and an area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of mandatory training records evidenced that multiple topics such as adult safeguarding, infection prevention and control (IPC), health and safety and the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) were below the required percentage of staff having received training. This was discussed in detail with the Manager and an area for improvement was identified.

The Manager said that 'group supervisions' had recently been commenced but acknowledged that a schedule of supervisions and appraisals had not been completed and agreed to implement a matrix with staff names to ensure that all staff receive a minimum of two supervisions and one appraisal yearly. Following the inspection the Manager confirmed in writing that a matrix to record staff supervision and appraisals had been implemented and would commence in January 2022.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager. However, the full names of staff had not been recorded. This was discussed with the Manager who amended the duty rota template before the end of the inspection and agreed to monitor this going forward.

The inspector requested competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager. The Manager said that these had not been completed and agreed to have these carried out following the inspection. This was identified as an area for improvement.

Patients said that they felt well looked after by the staff and were very happy in Castlehill. One patient commented “Big happy family here” and another patient referred to the staff as being “Very good”.

5.2.2 Care Delivery and Record Keeping

The Manager confirmed that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient’s favourite music or television programme for those patients who were on bed rest. However, this was not consistent throughout the home and the Manager agreed to monitor this during daily walk arounds and to discuss with relevant staff where necessary.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to pressure area care evidenced that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient’s likes and dislikes. The cook said that new pictorial menus were in the process of being updated. Patients said they very much enjoyed the food provided in the home.

Review of three patient care records evidenced that not all risk assessments and care plans were completed within the required time frame following admission to the home. This was discussed in detail with the Manager and an area for improvement has been identified.

In addition hospital passport information for one patient had not been updated following a change in the patient’s assessed needs and whilst there were some examples of person centred care plans within one patient’s folder this was not consistent throughout all care records reviewed. For example; care plans did not provide goals, recommended interventions or desired outcomes. Specific examples were discussed in detail with the Manager who acknowledged the shortfalls in the documentation and agreed to have all care records reviewed. This was identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

The environment was fresh smelling, neat and tidy with the majority of communal areas such as lounges, the dining room and corridors tidy and free from obstruction. Patients' bedrooms were found to be personalised with items of memorabilia and special interests.

However, a number of matters relating specifically to the maintenance and monitoring of the home's environment were identified. For example, surface damage was evident to a number of bedroom furniture, baths, walls, floor coverings and woodwork throughout the home; a number of light pull cords had not been covered to aid effective cleaning; sofas within a lounge on the first floor required cleaning and a small amount of patient equipment required repair or replacement. Details were discussed with the Manager who acknowledged these areas needed improvement and agreed to implement an action plan to address them. This information was shared with the RQIA estates inspector and an area for improvement was identified.

It was further identified that a number of door threshold strips were missing from the entrance to identified bedrooms on the first floor where new floor coverings had been fitted resulting in an uneven floor surface and a potential tripping hazard. This was discussed with the Manager who acknowledged that this needed to be addressed. Following the inspection written confirmation was received from the Manager that relevant bedroom doors had been fitted with threshold strips.

A lounge on the first floor was being used to store furniture and other items. The importance of rooms being used for the purpose they are registered was discussed with the Manager. Following the inspection written confirmation was received, from the Manager requesting a temporary arrangement during the COVID-19 pandemic and confirming that the lounge would return to its registered purpose thereafter.

A number of issues were identified in relation to the overall management of fire safety. Two bedroom doors were observed propped open; gaps were observed between two sets of corridor fire doors; the surface of an identified fire door was damaged and holes were evident in bedroom walls above nurse call points which had recently been installed. The inspector also observed gaps on ceiling surfaces around a number of emergency fire exit signs and light pull cords. The inspector requested the Manager to review these issues from a fire safety perspective. This information was shared with the RQIA estates inspector and an area for improvement was identified.

The home's most recent fire risk assessment completed on 17 August 2021 was reviewed. There were no actions required as a result of this assessment. Following the inspection written confirmation was received from the Manager that relevant advice had been sought from the fire risk assessor to address the above issues.

It was observed that communal bathroom doors were locked throughout the home. Staff said that these bathrooms were locked due to potential risks to patients. Patients could not access the bathrooms without the use of a key which was held by staff. Discussion with the Manager about management of risk, patient choice and DoLS resulted in his decision to complete a detailed risk assessment and to unlock the bathroom doors.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home

participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DoH and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to appropriate infection prevention and control measures, including the wearing PPE and hand hygiene. Aprons were observed draped over hand rails throughout the home rather than in dispensers to reduce the risk of becoming contaminated. Details were discussed with the Manager and an area for improvement was identified.

Discussion with staff evidenced that they were unsure about the dilution and correct labelling of cleaning chemicals when decanted into another container. Details were discussed with the Manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection in October 2020 with Mr John Diamond who is now the Registered Manager.

RQIA have received an application from Mr Owen O'Neill and Mr Damien O'Neill to become the registered persons.

Review of accidents/incidents records in comparison with the notifications submitted by the home to RQIA confirmed that records were maintained appropriately. Whilst most notifications were submitted in accordance with regulation, one accident had not been reported to RQIA. This was discussed with the Manager who submitted a notification retrospectively following the inspection. This area for improvement has been stated for second time.

Audits completed in relation to the home's environment, care records, hand hygiene and IPC measures lacked the complete audit cycle and were not effective at identifying the issues that needed to be addressed. It was further identified that accident/incident audits were not being completed to determine if any patterns or trends were emerging. Details were discussed with the Manager and an area for improvement was identified.

Discussion with the Manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual. However, the reports did not identify the areas of concern evidenced during this inspection and in particular the potential health and safety risks to both patients and staff in relation to the management of the environment. An area for improvement was identified.

Following the inspection written confirmation was received from the Manager of the action taken to address the above deficits. There was evidence of increased awareness in the importance of effective governance systems and processes. RQIA were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	9	3*

*The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Diamond, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • there are two written references, one of which should be from the employees present or most recent employer prior to commencing employment • a full employment history • gaps in employment are explored and recorded. <p>Ref: 5.2.1</p>

	<p>Response by registered person detailing the actions taken: This has been discussed with Management Team and Administrators and going forward a process will be in place (Tick boxes for each requirement) to ensure:</p> <ul style="list-style-type: none"> -Two references are in place, one of which will be from most recent employer. - A full employment history - Any gaps in employment are explored and recorded at interview.
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2022</p>	<p>The registered person shall ensure that staff receive mandatory training relevant to their role and a record of this training is maintained.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Mandatory training matrix now in place and all staff will complete in 2022</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2022</p>	<p>The registered person shall ensure that a competency and capability assessment is completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Nurse In Charge competencies have been completed with all registered nurses.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2022</p>	<p>The registered person shall implement a system to ensure that risk assessments and care plans are completed within the required timeframe for any patient admitted to the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Registered manager will create a check list and ensure that nurses follow this to ensure all risk assessments and care plans are completed within the time frame for all new admissions.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (c) (b) (d)</p>	<p>The registered person shall implement a system to ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.</p>

<p>Stated: First time</p> <p>To be completed by: 16 March 2022</p>	<p>A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Action plan and timescales created for all refurbishment and repairs. This commenced Jan'22 and will continue until all areas within the action plan have been addressed and complete.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> • that fire doors are not propped open • the damaged fire door is repaired/replaced • gaps between fire doors are reviewed • holes in walls are repaired • gaps on ceiling surfaces are reviewed. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Full Fire Training for all staff will be scheduled for Feb'22 Fire doors have now been addressed and gaps filled. Two doors will be replaced. Fire doors are not propped open and this will be reinforced during team meetings going forward Holes in walls and gaps in ceiling have been repaired and photo sent to Inspector.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall implement a system to monitor staff adherence to IPC measures and practice guidelines, such as the wearing and use of PPE at all times. Monitoring records must be maintained which evidence the action taken to address deficits when they occur.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions will be completed with all staff regarding IPC measures and practice guidelines. An audit system will be introduced to monitor staff knowledge and usage of PPE.</p>
<p>Area for improvement 8</p>	<p>The registered person shall ensure that relevant staff are aware of the correct manufacturer's guidance and COSHH</p>

<p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>requirements in relation to the dilution, decanting and labelling of chemicals.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions will take place ensuring all relevant staff will be aware of directions especially around the use of chemicals and appropriate dilution, decanting and labelling.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2022</p>	<p>The registered person shall ensure that the monthly quality monitoring visit report provides sufficient information on the conduct of the home; with an action plan, timescales and the person responsible to address any deficits identified in a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Registered person will ensure the Reg 29 monthly quality monitoring visit is sufficient and provides a thorough action plan with clear timescales.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.9</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<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: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Registered person will ensure Regulation 30 notifications are completed as per legislation and procedures going forward.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2022</p>	<p>The registered person shall ensure that care records are maintained to direct the delivery of care.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • hospital passport information is reflective of the patient's current needs • care plans are person centred and contain clear goals, recommended interventions and desired outcomes. <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken: Care plans will be person centred with clear goals, recommended interventions and outcomes. All hospital passports have been re-written and are now up to date.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2022</p>	<p>The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • environment • IPC • hand hygiene • care records • accidents and incidents. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Audit processes will be in place to address: Environment IPC Hand Hygiene Care Records Accidents and incidents</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care