

Inspection Report

26 January 2023



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Safecare Chrysalis Ltd Responsible Individual: Mr Cathal McAteer	Registered Manager: Mrs Martha Therese O' Kane– not registered
Person in charge at the time of inspection: Mrs Martha Therese O' Kane	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: 31
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 26 January 2023 from 10.00 am to 5.00 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; significant improvements were noted pertaining to the environment and governance oversight; these are discussed throughout the main body of the report. There were no new areas for improvement identified during this inspection.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of patients' and carried out their work in a compassionate manner.

Patients were happy to engage with the Inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Castlehill was provided in a safe, effective, compassionate manner and was well led.

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, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients spoke positively about the care that they received. Patients told us that they felt well cared for and that staff were very kind. One patient said, "I'm very happy here".

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

A visiting professional commented positively on the engagement of management and staff with patients and support provided.

There were four questionnaires returned from patients; all reported that they were satisfied with the provision of care; no comments were included. Five staff members completed the online survey with two reporting a high level of satisfaction and two reporting varying degrees of satisfaction whilst another response was not fully completed. It is positive to note that two complementary comments pertaining to the management, care and provision of services in Castlehill was included. Feedback was provided to the manager following the inspection for review and action as appropriate.

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 16 December 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (a) (b) Stated: First time	<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. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered person shall ensure that staff receive mandatory training relevant to their role and a record of this training is maintained.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

Area for improvement 3 Ref: Regulation 20 (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 10 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 27 (2) (c) (b) (d) Stated: First time	The registered person shall implement a system to ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.	Met
	A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met and is discussed further in section 5.2.3.	

<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that relevant staff are aware of the correct manufacturer's guidance and COSHH requirements in relation to the dilution, decanting and labelling of chemicals.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Area for improvement 9 Ref: Regulation 29 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 35.9 Stated: Second time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 4 Stated: First time		
	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 3 Ref: Standard 35 Stated: First time	<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 <p>accidents and incidents</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p style="text-align: center;">Met</p>
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5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. Systems were in place to ensure staff were trained and supported to do their job and mandatory training was progressing for staff. The management confirmed that training compliance was kept under review.

A system was in place to ensure staff had the opportunity to attend appraisal and supervision sessions. Competency and capability assessments were also undertaken for staff members who had responsibility of being in charge of the home.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. One staff member commented "I love it here", whilst another staff member stated "I'm very happy here".

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Discussion with the manager confirmed that patients' dependencies were reviewed on a regular basis to determine required staffing levels. It was observed that staff were responsive to requests for assistance and were observed to treat patients with respect and kindness.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed.

Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

Lunch served in the dining room was an opportunity for patients' to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. It was noted that a menu was not displayed in a meaningful manner; this was discussed with the manager who confirmed that this was under review. This will be reviewed at a future care inspection.

Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their nutritional needs. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required.

Staff maintained a record of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the Manager confirmed that patient care records were held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated. There was evidence throughout the home of 'homely' touches such as personalised artwork and magazines. A sample of patients' bedrooms were reviewed and noted to be personalised with items important to them reflecting their individuality.

A number of improvements were observed, for example, new flooring in a number of areas had been fitted since the last inspection. Discussion with management confirmed that a refurbishment plan is ongoing with identified areas in order of priority; this will be reviewed at a future care inspection.

The home was observed to be clean, tidy and had no malodours. Fire exits were observed to be free of clutter and obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

The provision of activities rests with care staff at present; however the manager advised that they are actively reviewing the activity provision and will be recruiting activity staff. The manager further confirmed that a singer attended on a regular basis and there was provision to celebrate special holidays, for example, Valentine's day and Jubilee celebrations; progress in this area will be reviewed at the next care inspection.

Staff recognised the importance of maintaining good communication with families; visiting 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. Mrs Martha O 'Kane has been the acting manager since 10 June 2021. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

Since the last unannounced care inspection, a review of records evidenced improved governance arrangements within the home; as there was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

A system was in place to monitor accidents and incidents that happened in the home. A review of a sample of these records found they were reported to RQIA in accordance with regulation and standards.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home.

A sample of reports were reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Martha O 'Kane, manager, as part of the inspection process and can be found in the main body of the report.



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