



Unannounced Care Inspection Report 23 January 2020



Castleview

Type of service: Nursing Home
Address: 40-42 Scotch Quarter, Carrickfergus BT38 7DP
Tel No: 028 9336 6763
Inspector: Sharon McKnight

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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 36 patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Castlevew Private Nursing Home Ltd Responsible Individual: Lynda McCourt	Registered Manager and date registered: Rhonda Murray 19 August 2013
Person in charge at the time of inspection: Rhonda Murray	Number of registered places: 36
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 23 January 2020 from 1130 hours to 15:30 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. Areas for improvement in respect of previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the provision of staff and their attentiveness to patients. We observed that patients were offered choice with the daily routine. There was a range of meaningful activities provided throughout the day. There was a homely environment with each patient having their own bedroom which was personalised to reflect their life.

One area for improvement was identified with regard to the completion of neurological observations following a fall.

We could tell from patients' behaviour and 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Murray, registered manager and Jacqueline McCourt, company director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 April 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 4 April 2020. 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. This included the previous inspection findings including finance issues, 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.

The following records were examined during the inspection:

- incident and accident records
- three patient care records
- residents contract of terms and conditions 2019-20
- financial records
- complaints record
- compliments received
- a sample of the monthly reports completed 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 dated 4 April 2020

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 19 (1) (a) Stated: Second time	The registered person shall ensure that all supplementary care records are completed by staff in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, specifically, elimination and repositioning records.	Met
	Action taken as confirmed during the inspection: A review of care 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 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: A review of records evidenced that post fall evaluations were being 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. This area for improvement has been met. The management of falls is further discussed in section 6.2.4 of this report.	

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the records of the identified patient are reviewed and updated to accurately reflect the patient's skin care needs.	Met
	Action taken as confirmed during the inspection: A review of the identified patients care records confirmed that care records in place accurately reflected the skin care needs of the patient. The detail of the assessed needs and planned interventions was commended.	

Areas for improvement from the finance inspection dated 21 September 2018		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 Schedule 4 (10) Stated: First time	The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought to their room.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records confirmed that a record of patients' possessions was maintained. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 5 (1) (a) (b) Stated: First time	The registered person shall ensure that each patient is provided with an up to date written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: Records confirmed that the written agreements were last updated for the year 2019-20. The written agreements set out the terms and conditions of patient's residency in the home and had been shared with each patient. 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 14 Stated: First time	The registered person shall ensure that a reconciliation of the safe contents is carried out and recorded by two people at least quarterly.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 14.20 Stated: First time	The registered person shall ensure that if a person within the home acts as an appointee, these arrangements are noted in the individual agreement and a record is kept of the name of the appointee, the resident on whose behalf they act and the date they were approved by the Social Security Agency.	Met
	Action taken as confirmed during the inspection: The written agreement setting out the terms and conditions of their residency in the home includes the arrangements for any patient for whom the home acts as an appointee. A log was also maintained of the patients for whom the home acts an appointee and the date the arrangements began. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	Met
	Action taken as confirmed during the inspection: Records were in place to confirm when a service had been delivered, for example hairdressing. The records were signed by the person delivering the service and witnessed by a member of staff to verify that the service had been delivered. This area for improvement has been met.	

Area for improvement 4 Ref: Standard 15 Stated: First time	<p>The registered person shall ensure that a written transport agreement is prepared and shared for signature and agreement with the identified patient or their representative.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records confirmed that a written transport agreement was in place for each patient who avails of the scheme, and signed appropriately. An easy read version had been produced for patients, this was commended. This area for improvement has been met.</p>	Met
Area for improvement 5 Ref: Standard 2.8 Stated: First time	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	Met
Area for improvement 6 Ref: Standard 2.2 Stated: First time	<p>The registered person shall ensure that the home's generic patient agreement template is compared with the standard detailed to ensure that the minimum required content is included.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	Met
Area for improvement 7 Ref: Standard 14.6, 7 Stated: First time	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their</p>	Met

	representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.	
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

The registered manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Additional staff were rostered specifically for patients who required one to one supervision.

We discussed the staffing levels with nursing and care staff; all were satisfied that there were enough staff to meet the patients' needs. Staff confirmed that additional staff were provided when social events were taking place such as bus trips or lunch outings. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them.

Staff spoke enthusiastically about life in the home and their diligence in ensuring that patients' social needs were met alongside their physical ones.

We discussed with the manager the recent implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty safeguards. The manager and the company director have both completed the required range of training and were knowledgeable of their responsibilities with regard to the legislation. All of the registered nurses and the majority of care staff have completed level 2 training. The manager continues to monitor compliance with this training to ensure that all staff complete it.

6.2.2 Daily life

We arrived in the home at 11.30 hours. We were welcomed into the home by one of the patients who asked for identification before allowing us in. The manager explained that a number of patients would be aware of the importance of ensuring visitors have a legitimate reason for visiting the home and will often ask for proof of ID. Staff were available in the reception area of the home if needed.

Patients have the choice of spending time in the lounges or in their bedrooms. We spent time with five patients in one sitting room. The patients were well informed of the events planned for that day, both the planned bus runs and the activities taking place in the home. A number of patients who prefer to spend their time on individual activities had been provided with jigsaws, art material or magazines. The patients were familiar with each other and with the staff. There was a great sense of community; in one lounge patients shared stories of their life in the home with us. We could tell from patients' behaviour and what they told us that they were happy and content in the home. They said:

"You get to out places, I like going to Lisburn."

"I like living here."

"I have my own bedroom with all my own things."

We spoke with one patient who was keen to tell us about their birthday celebrations the day before. They told us about their presents, their cake and how everyone had sang happy birthday. It was obvious from the patient's behaviour how much they had enjoyed their day.

Staff continue to be aware of potential clashes of personalities between the patients and provided discreet diversions on numerous occasions.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not present during the inspection. We received nine completed questionnaires from patients. All of patients told us they were very satisfied with life in the home.

6.2.3 Lunchtime

Lunch was served over two sittings to allow each patient adequate time to enjoy their meal. There a choice of two dishes; this choice was also available for patients who required to have the texture of their meal modified. The choice on the day of the inspection was roast chicken dinner or filled baked potatoes. The dessert was fruit salad. A variety of plates and cutlery were available for patients to maximise their independence at mealtime. The serving of lunch was well organised and all of the patients received their meal and any assistance required in a timely manner.

6.2.4 Management of accidents and incidents

We reviewed the accident and incidents record. 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 appropriately notified.

When a patient sustained an actual head injury medical attention was sought immediately. For potential head injuries and unwitnessed falls staff attempted to completed neurological observations to provide an early indication of a head injury. However there was an inconsistent approach by staff with regard to the period these observations were completed. Due to the patients inability to realise the importance of recording these observations there was a significant number who refused to have them checked. Following discussion with the manager it was agreed that a procedure would be drawn up to provide a consistent approach and to guide staff in best practice and when completing neurological observations. It was further agreed that alternative measures, for example regular checking of coherence of speech, ability

to respond to verbal commendations would be recorded. This was identified as an area for improvement.

6.2.5 Complaints and compliments

A complaints procedure was in place and records were available of any complaints received. A range of thank you cards were displayed in the home. These are examples of some of the comments:

“Christmas time – a time to thank all of the carers for the work you do to improve the life of all those requiring help.....it takes someone special to do what you do.”

“She was always very happy in Castlevue and loved you all.”

6.2.6 Environment

The environment in Castlevue was warm and comfortable. The home was clean and fresh smelling throughout. We visited a number of bedrooms all of which had been personalised to reflect each patient's interests, families and past times. A number of patients have been provided with keys to enable them to lock their bedroom doors to prevent other patients removing their belongings from their room. Patients who are unable to go to their rooms independently were given the option of having their bedrooms locked by staff. Detailed records were in place for this decision making.

Areas of good practice

Evidence of good practice was found in relation to the provision of staff and their attentiveness to patients. We observed that patients were offered choice with the daily routine. There was a range of meaningful activities provided throughout the day. There was a homely environment with each patient having their own bedroom which was personalised to reflect their interest and preferences.

Areas for improvement

One area for improvement was identified with regard to the completion of neurological observations.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Murray, registered manager and Jacqueline McCourt, company director, 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 4.8 Stated: First time To be completed by: 6 February 2020	The registered person shall ensure that: <ul style="list-style-type: none"> • a procedure is drawn up to provide a consistent approach to guide staff in best practice and when completing neurological observations. • when a patient refuses to have neurological observations recorded alternative measures, for example regular checking of coherence of speech, ability to respond to verbal commands would be recorded. Ref: 6.2.4
	Response by registered person detailing the actions taken: A procedure has been drawn up to guide nursing staff in completing neurological observations post falls. This methodological procedure is in line with best practice. An additional observation record has also been drawn up if a patient refuses neurological observations. This includes regular checks on physical signs, speech coherency and response to verbal commands.

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



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