

# Unannounced Care Inspection Report 11 April 2017



## Castleview

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Castleview took place on 11 April 2017 from 10:00 to 17:05.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Staff spoken with were knowledgeable in relation to their specific roles and responsibilities.

Weaknesses were noted in relation to the cleanliness of patients' bedrooms and commodes. Shortfalls were also observed in regards to patient hoists which were not maintained in accordance with best practice guidelines for infection prevention and control (IPC). One recommendation was made.

Deficits were also identified in relation to the storage of chemicals which were not stored in adherence with Control of Substances Hazardous to Health (COSHH) Regulations. One requirement was made to ensure compliance and drive improvements.

Weaknesses were also observed in regards to recruitment and selection practice. A requirement was stated.

### **Is care effective?**

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as general practitioners (G.P.s), dieticians and speech and language therapists (SALT).

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Weaknesses were identified in relation to the timeliness of patients' risk assessments being completed and the formulation of corresponding care plans. Two requirements were made to ensure compliance and drive improvements.

### **Is care compassionate?**

The interpersonal contact between staff and patients was observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients and members of staff spoken with enthusiastically confirmed that patients were listened to, valued and communicated with in an appropriate manner. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Weaknesses were noted with regards to the lack of regular relatives meetings. Shortfalls were also identified in relation to reviewing and analysing patient feedback in an effort to improve the delivery of care. One recommendation was made.

### Is the service well led?

Discussion with staff evidenced that there was a clear organisational structure within the home. There were systems in place to monitor and report on the quality of nursing and other services provided.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives.

Weaknesses were identified concerning the regular appraisal of nursing staff. Shortfalls were also noted in regards to maintaining a robust system of audits which would help to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Two recommendations were made to ensure compliance and drive improvements.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhonda Murray, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Castleview Private Nursing Home Ltd/ Mrs Lynda McCourt	<b>Registered manager:</b> Miss Rhonda Murray
<b>Person in charge of the home at the time of inspection:</b> Rhonda Murray	<b>Date manager registered:</b> 19 August 2013
<b>Categories of care:</b> NH-LD, NH-LD(E)	<b>Number of registered places:</b> 36

## 3.0 Methods/processes

Prior to inspection we analysed 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 quality improvement plan (QIP) from the previous medicines management inspection
- the previous care inspection report and returned QIP

During the inspection the inspector met with 10 patients and the majority of others in small groups throughout the home; five care staff, one catering staff and two registered nurses.

The following records were examined during the inspection:

- two patient care records
- staff roster 9-22 April 2017
- staff training planner/matrix
- three staff recruitment records
- complaints and compliments records
- incident and accident records
- a sample of audits
- minutes of staff meetings
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no areas of concern identified by the pharmacy inspector which required follow up at this time.

### 4.2 Review of requirements and recommendations from the last care inspection dated 19 April 2017

There were no requirements or recommendations made as a result of the last care inspection.

## 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met.

A review of the staffing rota for weeks commencing 9 April 2017 and 16 April 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. One staff questionnaire which was returned stated that "frequently being short staffed days and nights is a concern amongst the staff team." This respondent did indicate that they were 'satisfied' that care being delivered to patients was safe, effective, compassionate and well led. This comment about staffing was contrary to findings on the day of inspection. No other concerns were expressed by any staff member spoken with or via returned staff questionnaires.

The registered manager provided evidence of an induction pro forma for nursing and care staff which was used at the commencement of their employment. Staff confirmed that they were mentored throughout their induction by a more experienced member of staff who would assist them in completing their induction record as necessary. Records also confirmed that there were out of hours and on-call arrangements for nursing staff should there be any queries or concerns whenever the registered manager was not on duty.

Review of the training records indicated that training was planned to ensure that training requirements were being met. Additional training was provided as required to meet the assessed needs of the patients. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The registered manager and staff also demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. However, the registered manager did indicate that she needed to attend updated training in relation to adult safeguarding. The registered manager was strongly encouraged to discuss this with the responsible person so that such an update could be attended as soon as possible.

An inspection of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, one bedroom was observed to be dated and worn with areas of damaged plaster and flaking paint. Another patient's bedroom wardrobe had a missing handle exposing a sharp fitting. This was discussed with the registered manager who acknowledged that these areas required attention and advised that appropriate maintenance would be carried out. The registered manager also confirmed that a redecorating programme was due to commence shortly and would initially focus on patients' bedrooms.

Fire exits and corridors were observed to be clear of clutter and any obstruction with the exception of one fire door which was observed to have been wedged open. This was brought to the immediate attention of the registered manager who removed the wedge and reminded staff on duty to keep all fire doors closed. The importance of ensuring that staff adhere to appropriate fire precautions so that such routines are embedded into daily practice was discussed with the registered manager.

Shortfalls were observed in relation to IPC. The underside of a soap and paper towel dispenser in one patient bedroom was observed to be stained and not maintained in adherence with best practice guidance on IPC. The underside of a toilet seat in a communal bathroom was also observed to be stained and not effectively cleaned following use. The corridor hand rail directly underneath two hand sanitisers was found to be stained and ineffectively cleaned. Furthermore, the protective covering on the 'boom' of two patients' hoists were observed to be torn and unfit for use. A recommendation was made.

During a review of the environment the inspector identified three separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The three areas identified on inspection were addressed on the day of inspection.

Weaknesses were also observed in regards to recruitment and selection practice. During a review of personnel files for three staff it was observed that one staff member's personnel file contained no written references. Following the inspection the registered manager confirmed that the staff member's written references had been received but not placed within the appropriate staff file. The personnel records for another staff member evidenced that this person had commenced employment within the Home with only one of two written references having been obtained in contravention of Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005. It was also noted that another staff member had commenced employment without a reference from their most recent employer having been obtained. Each member of staff did have their Access N.I. checks satisfactorily carried out prior to commencing employment within the home. A requirement was made.

## Areas for improvement

The registered person should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance on IPC. All patient hoists should also be fit for purpose so that best practice guidance on IPC can be adhered to.

The registered person must ensure that chemicals are stored in keeping with COSHH regulations.

The registered person must ensure that staff are not employed within the home unless all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, and other members of the multidisciplinary team. .

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping within the daily care notes and of the need to ensure that the principle of patient confidentiality is maintained and promoted at all times.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their patients, their colleagues and with other healthcare professionals. All staff demonstrated an effective knowledge of patients' individual preferences and tastes.

Staff confirmed that there was effective teamwork and this was also evidenced from an observation of interactions between staff. Staff repeatedly stated that they were "proud" to be a part of their team. Each staff member spoken with knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise such matters with the registered manager. All staff stated that they felt well supported by the registered manager.

Two patient care records were reviewed as part of the inspection process. It was evidenced that a patient admitted into the home did not undergo any risk assessments until eight days following their admission. These completed assessments subsequently identified a number of assessed needs. This patient's care plans were also not completed until eight days following admission. One requirement was stated.

The care records of a second patient who was admitted into the home were also examined. Only one care plan had been written within 24 hours of admission alongside the completion of one unrelated risk assessment. Although care records did evidence six relevant risk assessments and 17 relevant care plans, these had not been written in a timely manner following admission.

All six risk assessments addressed fundamental care needs such as the patient’s manual handling needs; nutritional needs and risk of pressure sores. As such, these should have been completed as part of the admission process. Likewise, the majority of the 17 care plans which were reviewed addressed needs which would have reflected assessed needs on the day of admission and should therefore have formed part of the admission process. One requirement was stated.

**Areas for improvement**

The registered person must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner in order to meet patients’ current needs.

The registered person must ensure the care needs of patients admitted into the home are holistically assessed by registered nursing staff in a timely manner.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were positive in their comments regarding the staff’s ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- “It’s like home.”
- “I like the day trips.”
- “They always take you out.”
- “It’s very good.”
- “I like the staff.”

All of the nursing and care staff who were spoken with demonstrated a detailed knowledge of patients’ personal preferences and tastes with regards to various aspects of their assessed needs. Many staff spoke of the sense of “family” which existed within the home and demonstrated awareness of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing the report three patient questionnaires; nine staff questionnaires and four relative questionnaires were returned. All respondents indicated that they were either ‘very satisfied’ or ‘satisfied’ with the delivery of care within the home.

Weaknesses were noted with regards to the lack of regular relatives meetings. Although it was stated by the registered manager that a number of patients have no active family involvement, the registered manager confirmed that the most recent relatives meeting had occurred approximately three years ago for which no minutes were available.

Shortfalls were also identified in relation to the process of reviewing and analysing patient feedback in an effort to improve the delivery of care. Discussion with the registered manager confirmed that patient satisfaction questionnaires had been distributed in 2016 although the findings were unavailable on the day of inspection. The registered manager was therefore unable to effectively assess and review patient feedback for the purpose of driving improvement and improving care delivery within the home. A recommendation was made.

### Areas for improvement

The registered person should ensure that relatives meetings are facilitated on a regular basis so as to facilitate their participation in all aspects of patient care.

The registered person should ensure that resident questionnaires which are used to assess patient satisfaction are reviewed, assessed and acted upon in a timely manner.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Staff confirmed that they had access to the home's policies and procedures.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager confirmed that the home was operating within its registered categories of care.

A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. It was confirmed that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records and discussion with the registered manager evidenced weaknesses in regards to the lack of robust auditing processes within the home, specifically relating to care records and IPC. Records confirmed that the last care records audit by the registered manager took place on 25 January 2017. Discussion with the registered manager confirmed that nursing staff are expected to review all care plans every three months although there is "no system for auditing" this by the registered manager.

Auditing records and discussion with the registered manager also evidenced that nursing staff complete a daily IPC audit and would typically report their findings verbally to the registered manager. However, there was no written record that the daily IPC report by nursing staff was reviewed and/or actioned by the registered manager. A recommendation was made.

Shortfalls were also noted in regards to the regular appraisal of nursing staff. Although all nursing staff spoken with did state that they felt well supported in their role, discussion with the registered manager and a review of existing records confirmed that only one member of the nursing team had undergone appraisal in 2016. A recommendation was made.

### Areas for improvement

The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically in relation to care records and IPC.

The registered person should ensure that all staff have annual appraisal meetings in order to review their performance against their job descriptions, and to agree personal development plans.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Murray, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The chemicals have been removed from the areas and are now locked in a chemical store. These are not accesible to any patient.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person must ensure that staff are not employed within the home unless all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Recruitment procedures have been made more robust and will follow legislative requirements</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16 (1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner in keeping with current legislative requirements.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The current legislative requirements have been reiterated to all nursing staff with the time frame required for completing new patient care plans. They have been requested to read and sign a copy of Standard 4 of the Care Standards for Nursing Homes as part of this reminder. This will be monitored by the registered manager.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person must ensure the care needs of patients admitted into the home are holistically assessed by registered nursing staff in a timely manner in keeping with current legislative requirements</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The current legislative requirements have been reiterated to all nursing staff with the time frame required for completing new patient assessments. They have been requested to read and sign a copy of Standard 4 of the Care Standards for Nursing Homes as part of this reminder. This will be monitored by the registered manager.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance on IPC. All patient hoists should also be fit for purpose so that best practice guidance on IPC can be adhered to.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New boom covers ordered for the tracking hoists. A meeting was held with domestic staff to highlight the shortfalls on IPC. A more extensive auditing process has commenced to inspect all areas of IPC by the Registered Manager.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person should ensure that relatives meetings are facilitated on a regular basis so as to facilitate their participation in all aspects of patient care. The registered person should also ensure that resident questionnaires which are used to assess patient satisfaction are reviewed, assessed and acted upon in a timely manner.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Informal relatives meetings occur regularly. A formal relatives meeting has taken place recently and will continue to be held on a more regular basis. Residents questionnaire information was available on day of inspection and continue to be robustly reviewed, assessed and actioned.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2017</p>	<p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care records and IPC.</p> <p><b>Ref: Section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has developed the current governance arrangements to include a more robust system for auditing all areas of the home to ensure that services are delivered effectively in accordance with the legislative requirements.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that all staff have annual appraisal meetings in order to review their performance against their job descriptions, and to agree personal development plans.</p> <p><b>Ref: Section 4.6</b></p>
<p><b>To be completed by:</b> 11 April 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager has delegated a number of appraisal meetings to other trained supervisory staff to ensure that all staff receive an annual appraisal in order to review their performance and develop their skills where required.</p>



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