

# Unannounced Care Inspection Report 18 April 2016



## Castleview

**Address: 40-42 Scotch Quarter, Carrickfergus, BT38 7DP**  
**Tel No: 028 9336 6763**  
**Inspector: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Castleview took place on 18 April 2016 from 09:50 to 15:00 hours.

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?

Following discussion with patients, representatives and staff; and a review of records there was evidence of a high standard of care delivery with positive outcomes for patients. There were no areas for improvement identified.

### Is care effective?

Following discussion with patients, representatives and staff; and a review of records there was evidence of a high standard of effective care with positive outcomes for patients. There were no areas for improvement identified.

### Is care compassionate?

Following discussion with patients, representatives and staff; and a review of records there was evidence of a high standard of compassionate care with positive outcomes for patients. There were no areas for improvement identified.

### Is the service well led?

Following discussion with patients, representatives and staff; and a review of records there was evidence of the service being well led to a high standard, with positive outcomes for patients. There were no areas for improvement identified.

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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the registered manager, Rhonda Murray and the resource manager, Jacqui McCourt, as part of the inspection process and can be found in the main body of the report.

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 announced estates inspection on 10<sup>th</sup> December 2015. Other than those actions detailed in the previous QIP there were no further actions required.

## 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 care and estates inspection
- the previous care inspection report.

During the inspection the inspector met with 11 patients and the majority of others in small groups, three care staff, one registered nurse, two catering staff, three housekeeping staff, one member of the administration team, and one patient's visitors/representative.

The following records were examined during the inspection:

- three patient care records
- staff roster 11-24 April 2016
- staff training planner/matrix
- one staff recruitment record
- complaints and compliments records
- incident and accident records
- record of quality monitoring visit carried out on behalf of the responsible individual
- records of audit.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an announced estates inspection on 10<sup>th</sup> December 2015. The completed QIP was returned and approved by the estates inspector.

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 24 September 2015

There were no requirements of 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 the assessed needs of the patients were met. A review of the staffing rotas evidenced that the planned staffing levels were adhered to.

Discussion with patients and one representative and the observation of the care delivery evidenced that there were no concerns regarding staffing levels. Discussion with staff, management and the review of duty rotas confirmed that staffing levels met the assessed needs of the patients. It was also discussed that the level of sick leave was low; staff felt this indicated that staff were “happy and content” with their work. .

In addition to the care assistants rostered on the care duty rota, the nurse in charge, if needed, could make use of the home’s ‘bus driver’ as they were also a care assistant. For example, if a patient was unwell and needed additional support the ‘driver’ would work in the home as a care assistant until the need was met. Staff consulted also indicated that they were enabled to spend time with patients throughout the day. For example, if a patient wished to go out for a “run in the bus” or to the local café for coffee or lunch, to go shopping or to play a game/do a puzzle.

Discussion with staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored throughout their induction by a more experienced member of staff who assisted them in completing an induction record. A sample of an induction record was reviewed and found to be completed in full and signed/dated appropriately.

Review of the training matrix/schedule for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Records also confirmed that mandatory training had been achieved for 2015. Additional training was also arranged to ensure staff were knowledgeable and skilled in meeting the varied needs of the patients.

Staff spoken with confirmed that they were expected to complete mandatory training and any other training to benefit the patients. The introduction of an electronic learning programme had caused some of the staff concern but they said that they got support from management and colleagues to use the computer.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to the safeguarding of adults.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA, since the last care inspection in September 2015, confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The inspector commended the housekeeping staff for their efforts. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

When seeking to enter the home visitors must first confirm to a patient at the door who they are and who they are there to see. Patients check if the visitor is wearing a badge and either escort the visitor to the person they wish to see, or to the office, if they do not know the visitor. Staff confirmed that patients were very good at meeting and greeting visitors, particularly when they did not know the visitor. This was good to observe as patients were enabled and empowered to make decisions about who came into their home and the location of a CCTV camera at the front door enabled staff in the office to discreetly monitor visitors entering the home without interfering in the patients' assessment of the visitor.

Patients when asked if they felt safe in the home and with the staff indicated that they did. One patient stated “I feel safe because I know [named the providers] will keep me safe.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.4 Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dietitians. Registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

Discussion with staff confirmed that effective communication was “very important”. Staff confirmed that they continually kept each other informed of changes or concerns and reported to their line manager as required. To ensure effective communication handover reports were provided for staff at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda for the meetings and that minutes were made available. This was also confirmed by the observation of the information available in the staff room. The last staff meeting had been held in February 2016. As discussed in section 4.6 staff spoken with were also aware of the outcome of the audits and the effectiveness of the actions taken to address deficits.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), SALT, dietician, and tissue viability nurses. Care records evidenced that recommendations made by healthcare professionals were reflected within the patient’s care plan and the evaluation of the care delivered.

Staff stated that there was effective teamwork; this was also evidenced through discussion and observation of interactions. Staff were “proud” to be a part of their team and to “make a difference”. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager, the home’s resource manager and/or the home owners. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/ management. Patients and representatives spoken with were aware of who their named nurse was and knew the management team.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 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.

Nursing and care staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. However, all grades of staff consulted, knew the patients well because the majority of had worked for 10 or more years in the home. Staff said that the patients were like family to each other and that the staff got to visit and help that family on a daily basis. Staff consulted were all aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. As stated in section 4.3 patients when asked if they felt safe in the home and with the staff, all indicated that they did. One patient stated "I feel safe because I know [named the providers] will keep me safe."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. One patient explained how staff took them to visit their loved one's grave. And other patients enjoyed attending local church groups.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded on an annual basis; were analysed and an action plan was developed and shared with staff, patients and representatives.

A sample of questions patients were asked included:

- Are you happy with the times of your meals?
- Are you happy with where you sit in the dining room and who you sit with?

Patient responses indicated that the majority of patients were 'happy'. However, when a patient indicated they were not happy or worried about something, management evidenced how this was addressed. For example – with agreement one patient who did not like where they sat in the dining room, moved to another table which was a success; and another patient who did not like the time of their meal; moved to different time and was happy with this.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Comments recorded within cards and letters received by the home were reviewed. Comments were all positive regarding the home, staff and management/owners.

Patients were able to indicate how they choose to spend their day and as stated in section 4.2 a bus and driver was available. Patient confirmed that they enjoyed outings to the shops and cafes as well as music, arts/crafts, drama class and parties, 'chippy night' was a particular favourite. Patients also had access to their own computer tablets and the internet.

Ten staff questionnaires and six representatives/relatives questionnaires were left in the home for distribution by the registered manager. Eight staff returned their questionnaire. Responses in relation to is care safe, effective and compassionate seven staff responded with 'very satisfied' and one person indicated 'satisfied'. The question is the service well led was similar in that seven staff responded with 'very satisfied' and one staff member said that it was 'unsatisfactory' in relation to infrequent staff meetings. However, as stated in section 4.4 staff consulted during the inspection confirmed that regular staff meetings were held, that they contributed to the agenda for the meetings and that minutes were made available.

Three representatives/relatives returned their questionnaires. The responses recorded were as follows:

Is care safe? – all three recorded 'very satisfied'

Is care effective? - two responded 'very satisfied' and one recorded 'satisfied'

Is care compassionate - all three recorded 'very satisfied'

Is the service well led? - two responded 'very satisfied' and one recorded 'satisfied'.

There were no further comments made.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 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. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of other staff in the home and to whom they should speak to if they had a concern.

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

Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.



Representatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the registered manager and 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.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, it was commendable that staff spoken with were also aware of the outcome of the audits and the effectiveness of the actions taken to address deficits. This included the role they had in ensuring the measures taken were implemented and had a positive impact for the patients.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 monitoring visits, were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

All staff spoken with confirmed that there were good working relationships, that management support them on a daily basis to deliver a high standard of care and that management were responsive to any suggestions or concerns raised.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
📍 @RQIANews