



The Regulation and
Quality Improvement
Authority

Castleview
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40-42 Scotch Quarter
Carrickfergus
BT38 7DP

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**Unannounced Care Inspection
of
Castleview**

21 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 21 September 2015 from 10:50 to 14:00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Castleview Private Nursing Home Ltd Mrs Lynda McCourt – Responsible Individual	Registered Manager: Miss Rhonda Murray
Person in Charge of the Home at the Time of Inspection: Rhonda Murray – registered manager	Date Manager Registered: 19 August 2013
Categories of Care: NH – LD and LD(E)	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £653-£1600

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection the delivery of care and care practices were observed. A review of the general environment was also undertaken. The inspection process allowed for consultation with the majority of patients individually and in small groups, two care staff, one registered nurse, the registered manager and administration team.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- duty rotas for week commencing 21 September 2015
- training records
- staff induction templates
- three patient care records
- palliative care/end of life/grievance and bereavement resource files.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the nursing home is conducted –</p> <p style="padding-left: 40px;">(a) In a manner which respects the privacy and dignity of patients;</p> <p>Reference to this is made in relation to the use of CCTV in internal communal areas of the home.</p> <p>Approval of this must be submitted in writing to the home's aligned inspector, with the supporting policy and procedure on the use of CCTV.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Further discussion and correspondence with the registered manager, following the inspection, confirmed that consideration had been given to the privacy and dignity of patients in relation to the use of CCTV.</p> <p>RQIA received a copy of the home's policy on the use of CCTV on 23 March 2015.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 20.10 Stated: First time	Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary. Reference to this is made in that in the format of recording accidents / incidents it should include; <ul style="list-style-type: none"> • Details on who was notified of the event, such as the patient's next of kin, aligned care manager and / or RQIA. • Details that the registered manager signs and dates all reports on a regular and up to date basis as reviewed / inspected. 	Met
	Action taken as confirmed during the inspection: Review of accident and management records evidenced that this recommendation had been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff induction and training records evidenced that staff had completed awareness training in relation to communicating effectively with patients, their families/representatives and with each other to ensure safe and effective care was delivered.

Is Care Effective? (Quality of Management)

Care records reviewed included reference to the patient's specific communication needs and actions required to manage barriers such as, language, culture, cognitive ability or sensory impairment. There was also evidence that patients and their representatives were included in discussions regarding communication and for treatments options, where appropriate.

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives.

Is Care Compassionate? (Quality of Care)

Observation of care delivery and interaction between patients and staff clearly demonstrated that communication was compassionate and considerate of the patient's needs. Patients were treated with dignity and respect and responded to in a timely manner.

The inspection process allowed for consultation with the majority of patients individually and in small groups. Patients who could verbalise their feelings on life in Castleview commented positively in relation to the care they were receiving and in relation the attitude of staff.

Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

At a recent celebration to mark the 25th anniversary of the home, positive comments were recorded in thank you cards and letters received from relatives.

Areas for Improvement

There were no areas for improvement identified in this section.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Training records evidenced that staff were trained in the management of serious illness/deteriorating patient and what to do when death occurred. Nursing staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A resource file had been developed by the registered manager in relation to the inspection themes and focus and it was available to staff.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services as required.

Discussion and review of records confirmed that patients and/or their representatives had discussed end of life care.

Discussion with the registered manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

Is Care Effective? (Quality of Management)

Discussion with the registered manager and staff and review of care records evidenced that patients' needs for end of life care were assessed and reviewed on an ongoing basis. In relation to palliative care specifically, the registered manager clearly demonstrated awareness of the requirements as per the GAIN guidance and how to access specialist support. The registered manager was confident that when/if the staff were required to deliver specific palliative care that they would be able to do so.

Care records evidenced discussion between the patient, if appropriate, their representatives and staff in respect of death and dying arrangements.

Discussion with the registered manager and staff evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Staff confirmed that relatives were supported with tea, coffee, meals and advice as required.

Discussion with the registered manager confirmed that she was aware of the requirement to notify RQIA when a death of a patient occurred in the home. This is in accordance with regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan. Staff spoken with demonstrated clearly their compassion for the patients, their relatives and friends. The inspector was impressed with how staff interacted with patients and of the detailed knowledge demonstrated to ensure patients were afforded choice, privacy, dignity and respect.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes; for family/friends to spend as much time as they wish with the person. All staff spoken with informed the inspector of how they could provide support to families who were 'sitting with loved ones' who were ill or dying.

Following a recent celebration to mark the home being open 25 years, families and friends had sent cards and letters to the registered persons and staff which had commended the management and staff for their efforts towards the patients and them over the years. Some examples of comments made included:

"We wish you every blessing for the next 25 years of care in the community. Thank you for taking such great care of our ... for the past 25 years."

"Thank you for everything you do for our We know ... is safe and happy living in Castleview".

"We know we made one of the most difficult but best decisions when we decided to let our ... live in Castleview. It really is a home from home for ... and we know ... is happy"

Discussion with the registered manager and staff confirmed that patients, staff and families were given the opportunity to pay their respects after a patient's death. Mementoes of

previous patients, such as outdoor seating and shrubs/trees, were observed and openly discussed.

Areas for Improvement

There were no areas for improvement identified in this section.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, staff and patient representative/relatives

Patients

The inspector met and spoke with the majority of patient individually and with others in small groups. Patients were very complimentary regarding the standard of care they received, the staff and the food provided. Patient who could verbalise their opinions confirmed that Castleview was their home and family and that they were happy living in Castleview. There were no concerns raised with the inspector. .

Staff

In addition to speaking with staff on duty six questionnaires were provided for staff not on duty. The registered manager agreed to forward these to the staff selected. At the time of writing this report one had been returned. Comments recorded that evidenced that the staff member had attended training in relation to the inspection focus, safeguarding of vulnerable adults and how to report poor practice/whistleblowing. The staff member also indicated that they were either satisfied or very satisfied that the care delivered was safe, effective and compassionate.

Additional comments recorded included:

“It is a very rewarding job with amazing job satisfaction”.

“There is also excellent support from the employers and management for the staff...”

Representatives/relatives

Six questionnaires were provided for patient representatives/relatives and three were returned. Comments recorded evidenced that relatives were either satisfied or very satisfied with the care provided for their loved ones.

There were no additional comments recorded.

5.5.2 Environment

A review of the home’s environment was undertaken which included observation of a random sample of bedrooms and bathrooms on each floor and the lounge dining areas. The home was found to be warm, well decorated, fresh smelling and clean.

Various signs providing direction or explanation for patients were observed throughout the home. For example, indicating the quiet lounge or that CCTV was recording. The signage

was obvious without intruding, clear and easily understood. The development and use of this was commended during feedback.

Areas for Improvement

There were no areas of improvement for the home in respect of the additional areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Rhonda Murray	Date Completed	12/10/15
Registered Person	Lynda McCourt	Date Approved	12/10/15
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	14/10/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to Nursing.Team@rqia.org.uk from the authorised email address