

Inspection Report

22 May 2021



Castleview

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Castlevue Private Nursing Home Ltd Responsible Individual: Mrs Lynda McCourt	Registered Manager: Ms Kerrie Irwin (acting)
Person in charge at the time of inspection: Ms Kerrie Irwin	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: 33
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 36 persons with a learning disability. The home has three floors; bedrooms are located on the first and second floor with the lounges, communal areas and the dining room situated on the ground floor. Patients can independently access secure outside space.	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2021, from 9:45am to 4:30pm by a Care Inspector.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Castlevue was delivered in a safe, effective and compassionate manner. All of the patients were happy and comfortable and well supported by staff to meet their physical, psychological and social needs. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care. As a result of this inspection three areas for improvement were identified in respect of notifications, completion of pain assessments and the monthly monitoring of patient, relative and staff opinion of the service.

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 information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager and Company Director were provided with details of the findings.

4.0 What people told us about the service

Twelve patients and five staff were spoken with. Patients told us that the staff were friendly and made them feel at home. They said they enjoyed the food and that there was plenty of choice.

The management and staff had gone to great lengths to explain and help the patients understand the global pandemic and how it was impacting on their day to day life in the home. Patients were content and provided examples of what they liked about living in Castlevue; this included the activities and the opportunities to go on bus trips.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable of patients non-verbal cues and what they were trying to communicate.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences.

Seven questionnaires were received from patients following the inspection. All of the patients told us that they felt safe, staff were kind and that the care was good and well organised.

One questionnaire was received from relative during the inspection. They responded that they were very satisfied with all aspects of care and management of the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Castleview was undertaken on 26 November 2020 by a Care Inspector; three areas for improvement were identified.

Areas for improvement from the last inspection on 26 November 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 17.7 Stated: First time	The registered person shall ensure that staff receives training that is appropriate to the level and type of behavioural challenges within the home.	Met
	Action taken as confirmed during the inspection: A review of training records and discussion with the manager confirmed that this area for improvement has been met.	
Area for Improvement 1 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that the terminology used in care plans for responding to behaviours that challenge is patient centred and non-confrontational.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for Improvement 3 Ref: Standard 17.8 Stated: First time	The registered person shall ensure that incident reports pertaining to behavioural issues clearly describe the interventions used to diffuse situations.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited prior to commencing work; this included receiving references, completing police checks and having sight of the candidates full employment history. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff this is the Northern Ireland Social Care Council (NISCC). Staff in the home were appropriately registered with systems in place to check that their registration remained live.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs. Staff were satisfied with the number of staff on duty.

Patients told us that the staff were friendly, kind and help them with everything they needed during the day. Patients knew the staff by name. The staff on duty was displayed on a notice board in the front hall. Patients enjoyed reminding staff who was working when.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

Details on how to make a complaint were included in information provided in the patient guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complaint was resolved. Any learning which may prevent the same issue occurring again was identified.

A number of patients had lap straps, bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The manager was in regular contact with the relevant health and social care Trust to ensure that the required safeguards were in place and reviewed as required.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

The home was warm, clean, homely and fresh smelling throughout. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. A number of patients showed off their bedrooms and it was obvious how proud they were of their private space and their belongings. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

Patients' bedrooms are located on the first and second floor of the home. A passenger lift, which patients can operate independently, provides patients with access to their bedrooms when they need it.

The communal lounge areas contained lots of 'homely' touches such as a large TV, toys, games and books. Patients' art works were on display throughout the home.

In conclusion the home's environment was safely managed and comfortable.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. The nurse in charge completes a daily handover report of compliance with IPC practices. PPE was readily available and appropriately stored.

Arrangements were in place for visiting; the manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection. The home had offered all families the opportunity to become a care partner; there had been no up take.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measure were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable and familiar with individual patients' needs, their daily routine, wishes and preferences.

Staff demonstrated respect for the patients privacy and dignity by the manner in which they assisted them with care. For example when they realised that a patient needed a change of

clothes; they took prompt action to ensure the patient was given the care required in a discreet and thoughtful manner. Offers of assistance to the toilet were made quietly to the patient. If patients became upset or distressed in their surroundings staff responded in a quiet, calm manner.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded. Patients who had skin conditions and/or wounds had these clearly recorded in their care records; records also included the care delivered to encourage the healing of skin conditions and wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were informed of head injuries which occurred as a result of a fall but were not informed of head injuries patients sustained as a result of other incidents; this was identified as an area for improvement.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch; there were two sittings to ensure the dining room was not overcrowded and to ensure that the patients were assisted by staff in a timely manner. There was a lively atmosphere with a real sense of community in the dining room. Patients were well informed of the menu on offer and what they had chosen for that day. The meals served were home cooked and smelt and looked appetising. Patients told us they enjoyed their lunch and that the food was always good. A number of patients required to have the texture of their meals modified to help with swallowing difficulties; these meals were served appropriately. Patients were provided with good nutrition and staff strived to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

In conclusion systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Pain assessments were not routinely completed; this was identified as an area for improvement. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially on a computerised system.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff supported patients to make choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Staff supported patients, where possible, to be actively involved in making good decisions about their care, for example, with food choices for diabetes or weight management, choice of footwear to support safe mobility and the participation in activities.

The programme of activities was planned around the interests of the patients and they were well informed of what activities were taking place throughout the day. The daily activities were displayed in the home; patients knew where to check to see what was planned. On the morning of the inspection patients and staff enjoyed a musical morning with instruments and singing. The patients enjoyed watching the staff participation as much as joining in.

Patients were aware of the global pandemic and spoke of how it had limited their trips out. Patients told us that lock down restrictions were under reviewed by the government and they were looking forward to trips out again, especially shopping trips. Patients were also aware that there was a pathway for visiting. A pictorial timeline, with the dates visiting was due for review, was displayed in an easily understood format on the notice board close to the main lounge. Patients understood the visual display and were excited by the prospect of seeing loved one again more regularly. This use of this visual aid to inform patients was commended. Whilst staff reminded patients of the restriction surrounding shaking hands and hugging it was done in a gentle and caring manner. The management and staff had gone to great lengths to explain and help the patients understand the global pandemic and how it impacted on the day to day running of the home. Whilst patients spoke about “the bug” they were not distressed by the seriousness of the situation. The approach and level of support by staff was commended.

In conclusion there were effective systems in place to support patients to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Temporary management arrangements have been in place from August 2020 as the permanent manager is on planned leave. The current manager is supported on a day to day basis by company director Ms J McCourt who is in the home daily and fully involved in the day to day life of the home. Patients were familiar with the management team, referred to them by name and responded fondly towards them. It was obvious from their interaction with the patients that they were familiar to them.

Management have been very proactive to ensure that relatives, in the absence of normal visiting, were kept up to date with events in the home. Quality assurance questionnaires were sent to relatives to gain their opinion on how the home had managed communication throughout the pandemic; sixteen responses were received and indicated that relatives were very satisfied with communication and the support provided by management through these times. Updates on the arrangements for visiting was communicated regularly via letters to relatives as were the opportunities to become a care partner.

Ms McCourt, on behalf of the registered provider, completed a monthly governance and management review which included staffing, care issues and patient and management records; following this review a report was completed. This review should be further developed to include the views of patients, relatives and staff; this was identified as an area for improvement.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was a system in place to manage complaints and to record any compliments received about the home.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in Castlevue was delivered in a safe, effective and compassionate manner with good leadership provide by the manager.

Staff responded to the needs of the patients in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The routine of the home and the programme of activities were planned around the needs and interests of the patients and provide them with positive outcomes.

Based on the inspection finding three areas for improvement were identified in relation to notification of head injuries, completion of pain assessments and the monthly monitoring of patient, relative and staff opinion of the service. Compliance with these areas will further improve the quality of the care provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Kerrie Irwin, Manager and Jackie McCourt, Company Director, , as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35.9 Stated: First time To be completed by: Ongoing from the date of the inspection	The registered persons shall ensure that RQIA are informed of all head injuries. Ref: 5.2.5
	Response by registered person detailing the actions taken: All head injuries will be reported appropriately to RQIA with immediate effect.
Area for improvement 2 Ref: Standard 4.1 Stated: First time To be completed by: 18 June 2021	The registered person shall ensure that a baseline pain assessment is completed for all patients; patients prescribed pain relief should have their assessment reviewed regularly. Ref: 5.2.6
	Response by registered person detailing the actions taken: A baseline pain assessment is now in place for all residents, which is reviewed on a regular basis.
Area for improvement 3 Ref: Standard 35.7 Stated: First time To be completed by: 18 June 2021	The registered person shall ensure that monthly governance and management review is further developed to include the views of patients, relatives and staff. Ref: 5.2.8
	Response by registered person detailing the actions taken: The monthly management governance review has been amended to reflect the views of patients, relatives and staff. Due to the pandemic, Regulation 29 inspections could not take place. We now have employed a new Regulation 29 Inspector to undertake these visits and reports. This will be in addition to, and complement our monthly management governance reports already being completed.

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



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