

Unannounced Care Inspection Report 26 November 2020



Castlevue

Type of Service: Nursing Home (NH)
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Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Castlevew Private Nursing Home Ltd Responsible Individual: Lynda McCourt	Registered Manager and date registered: Kerrie Irwin – acting manager
Person in charge at the time of inspection: Registered nurse, Michele McNally	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: 36

4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 12.00 to 17:40 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- leadership and governance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqui McCourt, company director, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included 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 QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with the majority of patients and staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to patients and their relatives/representatives, who were not present on the day of inspection, with the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 22 November 2020
- Staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- care records for four patients
- accident and incident reports
- record of complaints and compliments
- records of audit
- monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced inspection care undertaken on 23 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> a procedure is drawn up to provide a consistent approach to guide staff in best practice and when completing neurological observations. when a patient refuses to have neurological observations recorded alternative measures, for example regular checking of coherence of speech, ability to respond to verbal commands would be recorded. 	Met
	Action taken as confirmed during the inspection: A review of records evidenced that a checklist was now in use for patients who declined to have neurological observations. A review of completed records evidenced that staff were consistent in the completion of the form. A procedure for the completion of neurological observations was in place.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide support. The staff reported that there was enough staff to comfortably meet the needs of patients. Staff told us that they felt well supported in their roles and were

satisfied with the staffing levels. It was obvious from the relaxed interactions with the patients that the staff were familiar with them and knew them well.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; one was returned. The respondent was very satisfied with the staffing arrangements and all aspects of their care.

The home provides training for staff via an eLearning programme and, prior to the global pandemic, they also provided face to face training for a number of topics. Staff continue to complete the e learning training and are expected to have 100% compliance with training by December of each year. Systems were in place to provide management with an overview of compliance.

Practical training has been completed in the correct use of PPE and how to safely put on and remove it. We discussed the provision of training for behaviours that challenge and in particular where low level physical intervention may be required. Face to face training had been delivered in 2018 and 2019. Two staff were booked to attend training in December entitled "Promoting Positive behaviour and behaviours that challenge." All staff involved in supporting patients with challenging behaviour should receive training that is appropriate to the level and type of behavioural challenges within the home; this was identified as an area for improvement.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

We spoke with seven members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives. Staff spoke positively of the support provided by management and were confident that any issues raised with the manager would be responded to and addressed.

6.2.2. Care delivery

When we arrived in the home patients were relaxing in the foyer or the communal areas throughout the home lounge depending on individual choice. They were nicely dressed with good attention to detail with their personal appearance. Staff were knowledgeable of the importance of social distancing but were challenged in maintaining it with the level of understanding many of their patients had.

We joined the patients in the dining room for lunch; there was a choice of two dishes and we saw that both dishes were available to any patient who required to have the texture of their meal modified. The meals were appetising and nicely presented. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime.

A Christmas themed drawing activity was held for a number of patients in the afternoon in the dining room; the atmosphere was relaxed and there were lots of encouraging interactions between staff and patients. The activity was enjoyed on different levels by the patients; those who could actively participate and those who observed closely and enjoyed the interactions

between staff and residents. Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient. Staff told us of how they had to rethink the range of activities given as a result of the current pandemic; they had to consider the numbers that attend group activities and how to replace trips out as currently the patients were unable to go out into the local community. In the absence of trips to the cinema a projection system and a large screen had been installed in one of the lounge areas; additional subscriptions to satellite television channels ensured that patients had access to a wide variety of movies. Patients spoken with were enthusiastic about the new cinema arrangements.

Twice a week the dining room is set up as a shop with a range of goods, including sweets and soft drinks for the patients to purchase. For a small number of patients who enjoyed a weekly visit to the local pub a mobile pool table, air hockey table and magnetic darts are set up in the dining once a week with a range of drinks on offer.

Staff were empathetic to the impact the pandemic and the required restrictions were having on patients, many of whom could not fully understand the reasons for the restrictions. With this in mind as part of the home's 30 year anniversary celebrations in September 2020 each patient was awarded a Lockdown Medal for their role in keeping each other safe during the global pandemic.

We were informed by management and staff of the initiatives introduced to support patients to keep in touch with their loved ones and to ensure relatives continued to feel involved in the daily life of the home. A newsletter is posted to relatives regularly containing photos of activities and updates events in the home; a closed social media page, available only to relatives and with access restricted to management for posting information, has also been created.

We discussed the arrangements for visiting with staff who explained that visiting was currently being facilitated in a dedicated room at the rear of the home. The room can be accessed directly from the outside without visitors having to come into the home and had handwashing facilities. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. We spoke with one patient after their visit and it was obvious from their expressions how much they enjoyed being able to spend time with their relatives again.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed and from these assessments, care plans to direct the care and interventions required were produced. Care records with regard to the management of swallowing needs and challenging behaviour were reviewed.

Care plans contained good details of patient individual needs and preferences. However in the care plans for responding to behaviours that challenge the terminology used was, on occasions, outdated and not in accordance with best practice guidance. This was identified as area for improvement. The terminology used in incident reports for behavioural issues varied between nurses and did not always clearly describe the interventions used to diffuse situations. This was also identified as area for improvement.

6.2.4 Infection prevention and control (IPC) measures including the use of personal protective equipment (PPE)

Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Hand sanitiser was also available at the entrance and throughout the home.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. Records evidenced that regular hand hygiene and PPE audits were completed.

Staff and patient temperatures were being checked and recorded a minimum of twice daily. Staff and patients were tested regularly as part of the national testing programme for care homes.

Staff spoken with advised that an enhanced cleaning schedule was in operation, including regular cleaning of touch points; deep cleaning of rooms was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

Management explained that a Preparedness Plan was in place in the event of an outbreak of COVID 19 in the home. The plan is kept under review and updated following any change to Department of Health (DOH) guidance. An information file with copies of the relevant DOH guidance was also available in the office for easy reference for staff.

6.2.5 Leadership and governance

Since the last inspection there have been changes in management and temporary arrangements were in place. RQIA were notified appropriately and updated as required. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

The monthly visits required to be undertaken to review the quality of the services provided were previously completed by an independent consultant. Due to the current pandemic and in an attempt to minimise the number of visitors to the home this arrangement has been temporarily suspended. A monthly governance report is currently completed by a director of the home, Ms J McCourt, who is actively involved in the day to day running of the home. This report included a review of staffing, accidents and incidents, hospital admissions/medical appointments and incidents such as occurrence of pressure ulcers and any safeguarding referrals. A Covid position report was also completed monthly which reviewed staffing issues, supply of PPE, contacts with the Partnership hub in the Northern Health and Social Care Trust (NHSCT) and any variations to business continuity.

We reviewed the reports of accidents and incidents. Patients' relatives and the appropriate health and social care trust were informed of all accidents and incidents. RQIA were also appropriately notified. The manager completes a monthly analysis of incidents which includes identifying any patterns or trends, for example with location, time and nature of incident. The analysis also included a review to ensure that all of the relevant parties were informed.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, the provision of activities, use of PPE and effective team work throughout the home.

Areas for improvement

Areas for improvement were identified in relation to the completion of care plans and incident reports pertaining to behaviours which challenge. A need for staff to receive training, appropriate to the level and type of behavioural challenges within the home, was also identified.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

The atmosphere in the home was relaxed with patients being supported by staff to meet their physical, psychological and social needs. Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient.

The home was clean, tidy and fresh smelling and staff used PPE according to the regional guidance. Family visiting was being facilitated in a designated room within the home with a range of safeguards in place to minimise the risk of the spread of infection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqui McCourt, company director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 17.7 Stated: First time To be completed by: 25 February 2021	<p>The registered person shall ensure that staff receives training that is appropriate to the level and type of behavioural challenges within the home.</p> <p>Ref: 6.2..1</p> <p>Response by registered person detailing the actions taken: All staff complete online training, which includes Complex Behaviour, Autism Awareness, Mental Health Awareness and Stress and Distress training, which provides staff with knowledge and skills to deal with those with challenging behaviour. Due to the pandemic, we have been unable to complete any inhouse training which would have occurred annually through an external trainer. This included training to respond to behaviours perceived as challenging. In response to one resident presenting with particularly challenging behaviour earlier in the year, we responded by providing all staff with specific Breakaway training, facilitated by Queens Clinical Education Centre training videos. This was delivered during May and June 2020.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: Ongoing from the day of the inspection	<p>The registered person shall ensure that the terminology used in care plans for responding to behaviours that challenge is patient centred and non-confrontational.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All care plans have now been updated to reflect more appropriate terminology, and qualified staff have completed additional online training for Record Keeping, Person Centred Care, Communication and Complex Behaviour. This is to ensure that all care plans and written reports use appropriate and up to date terminology. In addition, a discussion was had with all qualified staff advising appropriate use of language that is person centred and non-confrontational.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 17.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that incident reports pertaining to behavioural issues clearly describe the interventions used to diffuse situations.</p> <p>Ref: 6.2.2</p>
<p>To be completed by: Ongoing from the day of the inspection</p>	<p>Response by registered person detailing the actions taken: The incident reports referred to in this QIP relate to one qualified staff member, whose completion of reports were unclear and ineffective due to a language barrier. A learning and reflective discussion took place with the staff member, highlighting the importance of the information required and terminology to be used when completing reports to a high standard. This was to ensure incident reports accurately reflect the incident and interventions used.</p>

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



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