



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Castle Lodge Care Home (1453)
Date of Inspection: 16 December 2014
Inspector's Name: John McAuley
Inspection No: IN017530

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of home:	Castle Lodge Care Home
Address:	7-9 Fennel Road Antrim BT41 4PB
Telephone number:	0289442 8212
Email address:	castle.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Ms Una Brady
Person in charge of the home at the time of inspection:	Ms Una Brady
Categories of care:	RC-DE, RC-I
Number of registered places:	39
Number of residents accommodated on day of Inspection:	38
Scale of charges (per week):	£418 plus £20 top up
Date and type of previous inspection:	28 May 2014 Secondary Unannounced Inspection
Date and time of inspection:	16 December 2014 10:30am – 3:15pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents and three visiting relatives

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	20
Staff	7
Relatives	3
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	7	None in time for inclusion to this report

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Castle Lodge Residential Care home is situated on the Fennel Road on the outskirts of the town of Antrim. The home adjacent to Rosemary Lodge Residential Care Home.

The residential home is owned and operated by Four Seasons Healthcare. The registered manager is Ms Una Brady and has been registered manager for over five years.

Accommodation for residents is provided in single room accommodation over two floors, with a designated dementia unit on the ground floor level. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided in central areas throughout the home.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home has two nicely appointed courtyard gardens.

The home is registered to provide care for a maximum of thirty nine persons under the following categories of care:

Residential Care;

I – old age not falling into any category
DE - dementia

8.0 Summary of Inspection

This unannounced primary care inspection of Castle Lodge was undertaken by John McAuley on 16 December 2014 between the hours of 10:30am and 3:15pm. The registered manager Ms Una Brady was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection resulted in no requirements or recommendations being made and so no follow up in this regard was required.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards Inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

8.2 Inspection Findings

8.2.1 Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected good practice guidance in relation to restrictive practice and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint was not used in the home, other than a locked door in the dementia unit. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.2.2 Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home employs an activities co-ordinator and had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review

of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.3 Stakeholder Consultation

During the course of the inspection the inspector met with residents, visiting relatives and staff. Questionnaires were also issued to staff for return.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties, and spoke highly regarding the provision of care.

Three visiting relatives who met with the inspector spoke with praise and gratitude for the provision of care.

Comments received from residents, staff and visiting relatives are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined these include the management of complaints, guardianship and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements or recommendations were made as a result of this primary unannounced inspection.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection from residents, staff and the registered manager.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 25 May 2014

No requirements or recommendations made on the previous inspection.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Information regarding the resident’s usual conduct, behaviours and means of communication is gathered during pre- admission assessment and then on an ongoing basis throughout their stay in this unit. This information is incorporated into care plans and risk assessments for each resident and evaluated at least monthly. Staff are provided with training relating to dementia and also challenging behaviour. In addition to the above a handover report is given verbally at each shift change. This enables up to date information in relation to each Resident to be given to staff in order to direct the care for that day.	Compliant
Inspection Findings:	
The home has a policy and procedure on responding to residents’ behaviours. Staff has also received training in this. A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices. Discussions with the deputy manager and care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of residents’ care records reviewed on this occasion.	Compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment When faced with uncharacteristic behaviour, staff will map out and analyse the behaviour to try to understand why it has happened. Information regarding the behaviour may be recorded on the Challenging Behaviour Record. This information will inform care plans and risk assessments to avoid similar situations or to diffuse them if they occur. Any incidents are reported to the person in charge at time of incident. Where necessary, the incident is also reported to the resident’s Care Manager and /or G.P and to the resident’s next of kin. An urgent care review may be required and would involve the care manager, next of kin, and Home staff. The resident would also attend if appropriate.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of residents’ care records confirmed in general that issues of assessed need had a recorded statement of care/treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Where the resident displays behaviour which causes concern, a care plan is formulated regarding what behaviour and how this is displayed, the triggers for this behaviour, and what approach should be taken to reduce this behaviour’s ill-effects on the resident and on others. This care plan and risk assessment is discussed with the resident’s family.	Compliant
Inspection Findings:	
A review of residents’ care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Any guidance provided by the multidisciplinary team is incorporated into the care plan.	Compliant
Inspection Findings:	
There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.	

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff are provided with training relating to dementia and to challenging behaviour. Any new behaviour management programme for any individual resident is discussed with staff within supervision or procedures read memo.	Compliant
Inspection Findings:	
Discussions with staff on duty, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Where an incident occurs in which a resident displays behaviour which has not already been noted and care plan compiled for, this incident would initially be recorded within the Daily progress notes and within the Challenging Behaviour Record. It may also be recorded on the companys DATIX system for recording incidents/accidents.	Compliant
Inspection Findings:	
A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.	Compliant

Discussions with the deputy manager and the registered manager evidenced that where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	
STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Physical restraint is not used in the home. Where restrictions are in place for individual residents this is documented in the care plan and accompanying risk assessment. Any restraint that would be used is listed on the Register of Restraint and records held follow guidance from Company policy on Restraint	Compliant
Inspection Findings:	
The home has a policy and procedure on restraint and restrictive practises which is reflective of good practice guidance. Discussions with staff revealed that they had knowledge and understanding of the governance pertaining to same.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
---	--------------------------------------

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
--	-------------------------

	Compliant
--	-----------

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
Individual assessments have been completed for all residents and these identify the individual resident’s preferences, needs and interests. These are considered in the development process of the activity programme. Individual participation records are held to record outcomes of all activities attended. As well as identifying social interests and hobbies at the initial and on going assessment residents' meetings are held regularly. This provides a forum where residents can comment on activities provided and/or suggest any other ideas they may have.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of residents’ care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Consideration is given in the development of the activities programme to enjoyment, to purpose, to cultural background, and to spiritual needs. Community involvement is promoted throughout the programme. Individual participation records are reviewed at least monthly by the resident’s key worker and the Activities Coordinator to ensure that resident’s needs continue to be met. The Activities Coordinator receives a handover report in order to inform of changing needs and changes are made to the planned activities programme to reflect this where necessary.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in in community based events. Discussions with the activities co-ordinator, care staff and residents confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>At the time of this inspection there was a planned entertainment event in the home with festive treats in the afternoon, which was enjoyed by all.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	
Provider's Self-Assessment	
Residents are informed of any activity planned for that day and encouraged to attend. However if they choose not to then this is respected by the staff.	Compliant
Inspection Findings:	
A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for. Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The programme is displayed on central notice boards and within newsletters which are left in various areas of the unit for viewing. There are written and pictorial displays.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in communal areas throughout the home. Discussion with residents at the time of this inspection confirmed that they were aware of what activities were planned and were looking forward to the planned afternoon of a visiting entertainment. The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Appropriate equipment, aids and support from staff is provided where appropriate as indicated in individual assessments</p>	Compliant
Inspection Findings:	
<p>The home has designated an activity co-ordinator who is also assisted with staff with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.</p>	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Consideration is given to the individual needs and abilities of residents participating when developing the daily programme	Compliant
Inspection Findings:	
Discussion with the activities co-ordinator, care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All persons contracted in have provided evidence (eg qualification certificates) to the Registered Manager that they have the necessary skills to deliver or facilitate the activity. Where this is not appropriate, the activity is monitored by allocated staff	Compliant
Inspection Findings:	
Observations at the time of this inspection, confirmed that any person, such as a visiting entertainer, contracted in to provide activity, is supervised and assisted by staff during such provision.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff do inform the person contracted in to deliver activity of the current needs of the residents. Feedback is recorded by the Activities Coordinator or allocated staff member(s) who also attend the activity and this informs the care plan.	Compliant
Inspection Findings:	
As detailed in criterion 13.7	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Individual Participation records are held for each resident and these detail to activity type, the date of activity, the times of duration, who lead the activity and the participation level and feedback from resident.	Compliant
Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity programme is reviewed at least twice yearly and when residents needs are assessed as changed.	Compliant
Inspection Findings:	
A review of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents' consultation

The inspector met with a large number of residents throughout this inspection. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments made included statements such as;

- "Everyone is very kind"
- "They all look after me well"
- "Absolutely no problems, things are great"
- "I couldn't complain about a thing, the home is lovely"

No concerns were expressed or indicated.

11.2 Relatives/representative Consultation

The inspector met with three visiting relatives in the home at the time of this inspection. All were complimentary about the provision of care and the kindness and support received from staff and management.

No concerns were expressed.

11.3 Staff Consultation/Questionnaires

The inspector spoke with seven members of staff of various grades on duty. All spoke positively about their roles and duties, the teamwork, managerial support and the provision of training. Staff also informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

Seven questionnaires were also distributed to staff for return at the time of this inspection. None were returned in time for comment inclusion to this report.

11.4 Visiting Professionals' Consultation

The inspector did not meet with any visiting professionals in the home at the time of this inspection.

11.5 Observation of Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. An appetising dinner time meal was provided for and residents were found to assist in an organised unhurried manner with same.

A programme of planned activities was in place, which also included a visiting entertainer in the afternoon, with festive treats and snacks, which was enjoyed by all.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records, together with discussions with the registered manager, evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.7 Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were nicely furnished and personalised. The communal areas were comfortable and homely.

The dementia care unit was suitably appointed to aid comfort and care and had a nice homely appearance.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The home's most recent fire safety risk assessment as dated was reviewed. This contained subsequent evidence that the recommendations made from this were and are being duly attended to.

Fire safety training including fire safety drills were found to be maintained on an up to date basis and the records of fire safety checks in the environment were similar.

A review of the returned fire safety questionnaire identified no obvious concerns and there were no obvious fire safety risks observed in the environment at the time of this inspection.

11.10 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager. This confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with the registered manager Ms Una Brady, as part of the inspection process.

The inspection resulted in no requirements or recommendations being made. The registered provider and registered manager are asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of this report.

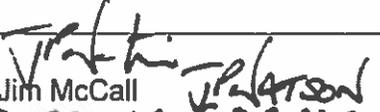
Enquiries relating to this report should be addressed to:

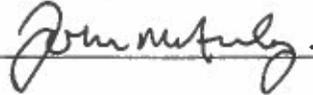
John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced inspection of **Castle Lodge Care Home** which was undertaken on **16 December 2014** and I agree with the content of the report. Return this QIP to Care.Team@rqia.org.uk.

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

NAME OF REGISTERED MANAGER COMPLETING	Una Brady
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	 Jim McCall J. McCall DIRECTOR OF OPERATIONS 6.1.15

Approved by:	Date
	25 1 15