



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Castle Lodge
Establishment ID No:	1453
Date of Inspection:	28 May 2014
Inspector's Name:	John McAuley
Inspection No:	17531

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Castle Lodge
Address:	7-9 Fennel Road Antrim BT41 4PB
Telephone Number:	0289442 8212
E mail Address:	castle.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Mr James McCall Four Seasons (Bamford) Ltd
Registered Manager:	Mrs Una Brady
Person in Charge of the home at the time of Inspection:	Mrs Una Brady
Categories of Care:	RC-I, RC-DE
Number of Registered Places:	39
Number of Residents Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£418 plus £20 top up
Date and type of previous inspection:	4 February 2014 Announced Estates Inspection
Date and time of inspection:	28 May 2014 11.30 am – 3.00 pm
Name of Inspector:	John McAuley

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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 Standard 9: Health and Social Care.

The inspector has 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.

PROFILE OF SERVICE

Castle Lodge Private Residential Home was registered with the RQIA in March 2009. The registered providers were previously Southern Cross Healthcare. The home has been re-registered to reflect a change in registered provider to Four Seasons Healthcare.

The home provides residential care for thirty nine persons and includes a 'locked door' unit for twelve residents who have dementia.

Accommodation is provided in single bedrooms, some of which are furnished as 'bed sits'.

SUMMARY

This inspection to Castle Lodge was a secondary unannounced inspection, carried out by an inspector from RQIA on 28 May 2014. This summary reports on the position of the home at the time of this inspection.

In charge of the home at the time of this inspection was the Registered Manager Ms Una Brady, who was readily available for discussion and clarification, including verbal feedback of inspection findings at its conclusion.

The previous care inspection to the home was an unannounced inspection on 19 September 2013. No requirements or recommendations were made as a result of that inspection.

During this inspection, the inspector met with residents, staff and one visiting relative, reviewed documentation, observed care practices and looked at the general environment.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of residents' care records found these to be maintained in an informative, accessible, up-to-date basis. Supporting evidence was in place that issues of assessed need have a corresponding statement of care / treatment given, with effect of same. This includes referral(s) to the appropriate health and social care professional(s). Discussions with staff on duty at the time of this inspection revealed they had knowledge and understanding of residents' health and social care needs.

This standard has been overall assessed as compliant.

Additional Matters Examined

Stakeholder consultation

Discussions with residents, staff and one visiting relative during this inspection was all positive with no concerns expressed or indicated. The details of such are discussed later in this report.

General Environment

The home was found to be clean and tidy at the time of this inspection with a good standard of décor and furnishings being maintained.

Care Practices

At the time of this inspection residents were found to be comfortable, content and at ease in their environment and interactions with staff. A number of residents were found to benefitting from the pleasant weather in the well-appointed courtyard garden, whilst other residents were relaxing, socialising with one another or watching television.

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

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

FOLLOW-UP ON PREVIOUS ISSUES:

No requirements or recommendations were made at the previous inspection.

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
A review of a sample of six residents' care records confirmed that contact details of the residents' aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff on duty, together with a review of residents' care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately. Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments. Discussions with a visiting relative at the time of this inspection, confirmed that he / she is kept well informed of changes in care and subsequent healthcare appointments / referrals.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' Views

The inspector met twenty residents at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, the provision of care, and their relationship with staff.

Some of the comments made included statements such as:

“Everything is fine, I love it here”

The food is lovely”

“No complaints”

“We're all happy”

“Next to being at home, this is as good”

No concerns were expressed or indicated.

Relatives' views

The inspector met with one visiting relative in the home at the time of this inspection. This relative spoke with positive regard to the provision of care and the kindness and support received from staff.

No concerns were expressed.

Staff views

The inspector met with six members of staff of various roles, on duty at the time of this inspection. Staff spoke positively about their roles and duties, the teamwork, staff morale, and managerial support. Staff informed the inspector that they consider that there was a good standard of care provided for and that they had the necessary resources in place to provide same.

No concerns were expressed.

Monitoring visits

A sample of three of these monthly monitoring reports on the behalf of the registered provider was reviewed on this occasion. These reports were found to be detailed and informative and evidenced good systems of quality assurance and governance in place.

General environment

At the time of this inspection the home was clean and tidy. There was a good standard of furnishings and décor being maintained, with a programme of paint work in place.

Residents' facilities were found to be comfortable and accessible to avail of.

The dementia unit had just recently been appointed a silver award in PEARL an external specialist service.

Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff were observed to be diligent in attending to residents' needs, in a supportive manner.

Residents in the dementia unit were found to be in benefit from the pleasant weather, with enjoying the well-appointed courtyard, whereas other residents chose to watch television, socialise with one another or relax. Televisions and radios etc. were programmed to residents' choice.

Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Fire safety

The home's report of the most recent fire safety risk assessment, as dated 19 May 2014, was reviewed. The registered manager gave assurances that the recommendations made in this report would be duly addressed with the timescales of the report, as this report had just been received that morning.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Ms Una Brady, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

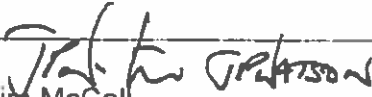
Enquiries relating to this report should be addressed to:

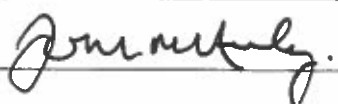
John McAuley
The Regulation and Quality Improvement Authority
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BT1 3BT



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No requirements or recommendations resulted from the **secondary unannounced** inspection of **Castle Lodge** which was undertaken on **28 May 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 DIRECTOR OF OPERATIONS 3.6.2014

Approved by:	Date
	8/6/14.