



The Regulation and
Quality Improvement
Authority

Castle Lodge
RQIA ID: 1453
7-9 Fennel Road
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BT41 4PB

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**Unannounced Care Inspection
of
Castle Lodge**

08 December 2015

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

An unannounced care inspection took place on 8 December 2015 from 10:30am to 2:15pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas of improvement were identified during this inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

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

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

2. Service details

Registered Organisation/ Registered Person: Maureen Claire Royston	Registered Manager: Una Brady
Person in charge of the home at the time of inspection: Una Brady	Date manager registered: 5/8/2010
Categories of care: RC-DE, RC-I	Number of registered places: 39
Number of residents accommodated on day of inspection: 39	Weekly tariff at time of inspection: £470 plus £20 top up

3. Inspection focus

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

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**4. Methods/processes**

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with 20 residents, three visiting relatives, five members of staff and the registered manager. Verbal feedback of the findings of the inspection was given to the deputy manager and registered manager.

We inspected the following records: four residents' care records, monitoring visit reports, complaints records, record of residents meetings and quality assurance documentation.

5. The inspection**5.1 Review of requirements and recommendations from previous inspection**

The previous inspection of the home was an unannounced care inspection dated 1 June 2015. There were no requirements or recommendations made at this inspection.

5.2 Review of requirements and recommendations from the last Care inspection

No Requirements or Recommendations resulted from this inspection

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**Is care safe? (Quality of life)**

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice.

Residents' meetings are held on a regular basis. Residents' views and wishes were actively sought and recorded. The record of these meetings was inspected. These were found to be maintained satisfactory with agreed actions delegated as necessary.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits.

The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

The home has also a quality assurance programme for obtaining residents' and their representatives' views, as well as other stakeholders. This programme works on an IT system from which feedback is reported to the registered manager and senior management of the company.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review. Evidence was in place that any agreed actions at these meetings were acted upon.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with 20 residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home.

Some of the comments made included statements such as:

- "The home is marvellous"
- "I love it here"
- "They are all very good to us"
- "We all well cared for "
- "This is a lovely place".

5.4.2 Relatives' views

We met three visiting relatives in the home at the time of this inspection. These relatives spoke with praise and gratitude for the provision of care and the kindness and support received from staff. Two relatives talked about how they were kept well informed of any issues and were very reassured about the standard of care provided.

5.4.3 Staff views

We spoke with five staff members of various grades, in addition to the registered manager. Staff advised us that they felt supported in their respective roles and that they felt a good standard of care was provided. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

5.4.4 General environment

We found that the home presented as clean, organised and adequately heated. Décor and furnishings were found to be of a good standard.

A dining room had been transferred from one lounge to another, with prior agreement from RQIA. This was to make better utilisation of space for residents. The initial observations of this arrangement found it to be of resident benefit.

5.4.5 Staffing

The staffing levels at the time of this inspection consisted of:

- 1 registered manager
- 1 x deputy manager
- 2 x senior care assistants
- 4 x care assistants
- 3 x domestics
- 1 x cook and 1 x catering assistant
- 1 x administrator
- 1 x activities co-ordinator plus 1 x activities co-ordinator supernumerary on induction.

From general observations of care practices and discussions with staff and residents these levels were found appropriate to meet the needs of residents, taking account the size and layout of the home.

5.4.6 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

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Programmes of activities were in place with residents who choose to partake benefitting from same.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined. These areas considered to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	UNA BRADY	Date Completed	29/12/15
Registered Person	Dr Claire Royston	Date Approved	30.12.15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	31.12.15

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

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