

Inspection Report

12 January 2022



Castle Lodge Care Home

Type of service: Residential RC
Address: 7-9 Fennel Road, Antrim, BT41 4PB
Telephone number: 028 9442 8212

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual : Mrs Amanda Mitchell	Registered Manager: Mrs Una Brady Date registered: 5 August 2010
Person in charge at the time of inspection: Mrs Una Brady	Number of registered places: 39 There shall be a maximum of 12 residents accommodated within category of care RC-DE and located in the Dementia Unit, Ground Floor.
Categories of care: Residential Care (RC) DE – Dementia I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 39 residents. The home is divided over two floors including a dementia unit located on the Ground Floor. Residents have access to communal lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2022 from 10.10am to 4.40pm by a care inspector.

The inspection assessed progress with all 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.

Residents were well presented and told us that Castle Lodge Care Home was a good place to live. Residents spoke positively about the staff and told us “they are all great”. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that Castle Lodge Care Home was a good place to work and that the management team are very approachable.

Some staff advised that working through the COVID -19 pandemic has been challenging, namely in relation to maintaining staffing levels but that management always do their best to source cover.

It was evident that staff members were knowledgeable and well trained with regard to delivering safe and effective care and were compassionate in their approach towards residents.

RQIA were assured that the delivery of care and services provided in Castle Lodge Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services delivered in the home.

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 we reviewed information held by RQIA about this home. 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

We spoke to 13 residents individually and numerous other residents in small group settings. Residents told us that living in Castle Lodge Care Home was a good experience. Residents said:

- "The staff members here are all very good, I don't know how they do it... I like it here, the food is great".
- "I am very happy here; if I had a problem I would talk to Jackie (Deputy Manager) or Una (Manager). The staff members here are good with the residents, the staff will help you and the residents".

- “I’m very happy here, I like the company”.

Staff told us that Castle Lodge Care Home was a good place to work and spoke positively about the support they receive from management. Staff said:

- “The care here is very good... it’s very homely and the management are approachable”.
- “The care here is very good...at times we are run off our feet, the management team always try to get shifts covered but at times it can be difficult”.
- “I’m proud of the care in this home...the staff work well and there is good team work”.

We spoke with a visiting care partner who was available on the day of inspection. They were very complimentary about the care provided in Castle Lodge Care Home and told us that the management team are approachable and any issues which have been raised are always resolved. The care partner told us:

- “Robyn (activity co-ordinator) is out of this world...the activities are fabulous...all the staff are lovely”.

Four questionnaires were received from residents which confirmed that they were satisfied with the care they received. Some comments were recorded on the questionnaires as follows:

- “I’m very happy here”.
- “The staff all treat me with respect”.

A record of compliments received about the home was kept and shared with the staff team. These included cards and emails; one such compliment read:

- “Thank you to the guardian angels of Castle Lodge. I would like to extend my gratitude and appreciation to everyone at Castle Lodge for your compassionate care, love and devotion shown to my relative and all the residents”.

5.0 The inspection

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

Areas for improvement from the last inspection on 30/11/2020		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 28.3 Stated: First Time	The registered person shall ensure that IPC training in the use of PPE is embedded into practice.	Met
	Action taken as confirmed during the inspection: Through observation of staff practice and discussion with staff there was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that an enhanced Access NI check had been sought, received and reviewed prior to the staff member commencing employment and that a structured orientation and induction programme was underway.

There were systems in place to ensure staff were trained and supported to do their job. Staff training included Deprivation of Liberty level 2; adult safeguarding; first aid; dementia awareness; Infection Prevention and Control (IPC).

There was a system in place to ensure staff members were appropriately registered with the Northern Ireland Social Care Council (NISCC) and this was regularly reviewed by the management team.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work, the management team were approachable and that they felt well supported in their role. One staff member advised that staffing the home can be challenging due to the impact of the ongoing COVID-19 pandemic with staff often “run off their feet”. The staff member acknowledged that management always do their best to ensure all shifts are covered. This feedback was discussed with the manager who provided assurances that staffing levels are kept under regular review and that all necessary action is taken to ensure safe staffing levels are maintained in the home. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, staff members were observed orientating residents around the dementia unit and assisting promptly with toileting needs. Two residents in the lounge said they would like a cup of tea and staff quickly attended to this. Staff members were observed to be skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, care records were maintained which accurately reflected the needs of the residents. Staff members were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on bedroom doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that the risk of falling and falls was well managed. There was evidence of appropriate onward referral by staff, as needed, to the multidisciplinary team as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise with the atmosphere observed to be calm, relaxed and unhurried. Staff members were observed to accommodate residents' dietary preferences, for example, one resident no longer wanted the meal they had requested and an alternative was promptly provided. It was observed that residents were seated for some time before lunch was served; this was discussed with the manager and the need for residents to be served promptly was agreed; this will be reviewed at a future inspection.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's internal environment included residents' bedrooms, bathrooms, store rooms, communal lounges and dining rooms. The home was observed to be warm, clean and tidy.

Resident's bedrooms were personalised with items important to them such as pictures, paintings, and ornaments. One resident proudly showed me to her bedroom which was decorated with personal effects and told me "this is my home". There were some areas of the home identified as being in need of refurbishment, including some identified floors and skirting boards. The management team were requested to submit a time bound refurbishment plan to RQIA following the inspection which identified the areas of the home in need of repair. This information was received by RQIA post inspection and shared with the RQIA estates team for further consideration. The manager has since provided an update to RQIA that work has commenced. Progress relating to this refurbishment plan will be reviewed at a future inspection.

It was noted that the exterior grounds were in need of attention, this included overgrown weeds. The manager acknowledged these deficits and advised that they were currently recruiting for a maintenance person; these environmental shortfalls had already been identified by the manager through regular auditing which outlined the deficits and corrective actions required. It was agreed that the requested refurbishment plan should include these exterior environmental deficits as well.

Fire safety measures were also considered. A fire risk assessment had been undertaken in the home on 7 December 2021 and an action plan identified. The manager was requested to submit a copy of this plan along with the actions taken to ensure compliance. This was received post inspection and shared with the RQIA estates team.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents were observed throughout the home such as in their bedrooms and communal lounges.

There was evidence that residents' meetings were convened which provided an opportunity for residents to comment on aspects of the running of the home.

There was a range of activities provided for residents by staff and the activity co-ordinator. Activities signage was displayed in the foyer outlining which activities were being provided on a daily basis. Residents were observed to be enjoying music in the communal lounge, engaging in one to one conversations with other residents and staff, and enjoying a selection of afternoon tea.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Una Brady has been the manager in this home since 5 August 2010.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional adult safeguarding protocol and the home's safeguarding policy. Mary Stevenson, regional area manager was identified as the adult safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussion with staff evidenced a good knowledge base regarding adult safeguarding procedures.

Several residents and one visiting care partner said that they knew how to report any concerns and said they were confident that the manager would take action to address any issues. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A falls analysis was also completed on a monthly basis to identify trends and patterns.

Staff commented positively about the management team describing them as "very approachable" and "supportive". Staff members told us that they felt able to report any issues or concerns about care practices to the manager.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Una Brady, manager, Mary Stevenson, regional area manager, Jackie Craig, deputy manager as part of the inspection process and can be found in the main body of the report.



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