

# Inspection Report

24 May 2023



## Castle Lodge Care Home

Type of service: Residential

Address: 7-9 Fennel Road, Antrim, BT41 4PB

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland No2 Ltd	<b>Registered Manager:</b> Mrs Una Brady
<b>Responsible Individual</b> Ms Amanda Mitchell	<b>Date registered:</b> 5 August 2010
<b>Person in charge at the time of inspection:</b> Ms Donna Boyle 8 am – 10 am Ms Una Brady 10 am – 6 pm	<b>Number of registered places:</b> 41  There shall be a maximum of 14 residents accommodated within category of care RC-DE and located in the Dementia Unit, Ground Floor. Maximum approved places 41
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 37
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 41 residents. The home is divided over two floors including a dementia unit located on the ground Floor. Residents have access to communal lounges, dining rooms and garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 May 2023, from 9.50 am to 5.50 pm 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the registered manager.

The home was bright and welcoming on arrival. Staff were approachable and attentive to the needs of residents, evidenced throughout their interactions. Good team work was observed across both units. Staff said the manager is “supportive” and the manager’s door is “always open”. Staff had good knowledge of the needs of residents and were well trained to deliver safe and effective care.

Residents were well presented, clean, neat and tidy, dressed appropriately for the time of year. Residents said that living in the home was a good experience. Those unable to voice their opinions were observed to be relaxed and comfortable in their surroundings; this is further discussed in the main body of the report (Section 4.0.)

RQIA were assured that the delivery of care and service provided in Castle Lodge was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents’ experience.

### **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 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

A number of residents were spoken with across the residential home. Feedback from those spoken with was positive. Residents reported staff are responsive and approachable. Residents told us “the staff are lovely”, “you get whatever you need.” One resident said, “I enjoy getting out to watch a movie, everyone’s great...very friendly.”

A relative told us, the home is “spotless”, and reported good communication from staff.

Staff were complimentary about the home manager and talked about the benefits of staff meetings that they have regularly. One staff member reported, “I love coming to work”. Another said, “I enjoy work here, everyone always help’s each other. The manager is brilliant.”

Staff comments regarding staffing levels were discussed with the home manager and detailed under staffing arrangements (Section 5.2.1).

No questionnaires were received from residents or relatives following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included cards and messages thanking staff for the care they provided. One card wrote “Thank-you for all your kindness care and compassion shown to mum and all the family.”

#### 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 18 November 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 5 and 6  <b>Stated:</b> First time	<p>The registered person shall ensure the following in regards to resident care records:</p> <ul style="list-style-type: none"> <li>• resident involvement in the assessment and care planning process should be evidenced</li> <li>• care records and assessments, as appropriate, are signed by the resident</li> <li>• care plans are discontinued when no longer appropriate to the resident’s care; e.g. infection</li> <li>• care records contain a recent photograph of the resident.</li> </ul>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time	The registered person shall ensure when restrictive measures are required; the appropriate documentation is completed in full to evidence consent and consultation with residents, relatives and other relevant personnel where appropriate.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered person shall ensure care record audits are completed regularly, the care record audit should include an action plan with time frames, the person responsible for completion and a follow up to ensure the deficits have been addressed.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There was evidence that systems are in place to monitor and ensure staff are compliant with their NISCC registration and this is reviewed on a monthly basis.

There were systems in place to ensure staff were trained and supported to do their job. The management team have good oversight of staff compliance with the required training.

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

Staff told us that the residents' needs and wishes were very important to them. Staff said there is good team work, they feel supported in their role and are satisfied with the level of communication between staff and the manager. Staff responded to requests for assistance promptly in a caring and compassionate manner. Staff were knowledgeable on the needs of the residents.

Some staff highlighted how more staff in one unit would be beneficial to residents. Following review of the duty rota and resident's assessed dependency levels, the manager agreed to review staffing ratios. An area for improvement was identified.

### **5.2.2 Care Delivery and Record Keeping**

The atmosphere in the home was calm and relaxed. Residents were comfortably engaging with one another and the staff throughout the day.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

Care plans are completed in a timely manner on admission to the care home and are person centred to reflect individual assessed needs, ensuring these are up to date and accurate. It was also positive that the previous area for improvement relating to care records was met.

If a resident is at risk of falling, measures to reduce this risk are put in place. For example, assistive technology such as an alarm mat. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP.

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, music was playing, the atmosphere was calm, relaxed and unhurried. A menu was on display in each unit and records were kept of what residents had to eat and drink daily for those were required. Residents were observed enjoying their meal and their dining experience. Staff made sure residents were comfortable and had a meal they enjoyed. There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. Lounges and dining areas were bright and spacious, with homely touches such as flowers, magazines and drinks available. Pictures were displayed across notice boards in the care home, showing resident's engagement in activities.

Resident's bedrooms were clean and fresh, personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Damp was noted to particular areas of the home, alongside some wear and tear to the paintwork. The home manager confirmed the request for the refurbishment plan following the inspection. Additional seating was required for one unit in the care home, and a delivery date for the additional seating was confirmed following the inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The home's fire risk assessment was due for review; the manager confirmed the date for completion following the inspection.

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

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Staff were observed supporting this. The home has a newsletter, musical events and seasonal activities scheduled involving the residents.

The care home has an assigned activity co-ordinator. There was a range of activities provided for residents by staff and by visiting musicians to the home. During the inspection, there was reminiscence activities taking place with residents through music. The activity planner showed a range of planned activities including; chocolate custard day, games, singing, music therapy, armchair aerobics and sing songs.

Residents said they were encouraged to participate in regular meetings which provided an opportunity to feedback on daily life in the care home, including activities and menu choices.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Una Brady has been the Registered 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 protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these appropriately. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home. This is good practice.

Staff 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. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

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; action plans for improvement were put in place, and followed up to ensure these actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005** and **The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	*2

\* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> Carried forward  <b>To be completed by:</b> From the date of inspection onward	The registered person shall ensure when restrictive measures are required; the appropriate documentation is completed in full to evidence consent and consultation with residents, relatives and other relevant personnel where appropriate.  Ref: 5.1 & 5.2.2
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection onward	The registered person shall ensure the number and ratio of staff to residents is kept under review on an ongoing basis to ensure there is adequate staff on duty to meet residents assessed need.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The staffing reflects the current dependancy levels in both units and will be reviewed monthly or sooner if there are any changes to Residents assessed needs.

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



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