

# Inspection Report

23 July 2024



## Castle Lodge Care Home

Type of service: Residential  
Address: 7-9 Fennel Road, Antrim, BT41 4PB  
Telephone number: 028 94428212

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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> Mrs Una Brady	<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> 38
<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 23 July 2024, from 10.00 am to 5.25 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.

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in communal areas across the home, or their bedrooms based on their individual preference. Some aspects of the environment were observed as requiring repair, this is discussed further in the main body of the report.

Staff generally provided positive feedback about working in the home and said there was good teamwork and support from the manager. It was evident that staff promoted the dignity and well-being of residents, this was observed through staff's interactions with residents and also in the feedback provided regarding care delivery. Staff provided care in a compassionate manner. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents generally reported to enjoy living in the home and said it was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Feedback received regarding the provision of activities is discussed further in the body of the report.

Visitors to the home provided positive feedback about the care provided to residents and said they felt the staff and the management team were supportive and approachable.

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

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the management team 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 management team at the conclusion of the inspection.

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

Residents spoken with provided positive feedback about their experiences residing in the home. One resident said, "I'm very happy in here, I really love it." Another resident said, "it's a great place." Residents said the staff were attentive and supportive, one resident commented "they are all very good." Comments made by one resident regarding the food, was shared with the management team for review and action as appropriate.

Relatives who were visiting the home provided positive feedback about the staff and the environment. One relative said, "mum is very well looked after, the care is great."

A visiting professional spoken with during the inspection said the management team were responsive and communicative when liaising with members of the multi-disciplinary team (MDT).

Staff generally provided positive feedback about their experiences working in the home. Staff said they loved working with the residents and confirmed the management team were supportive and approachable, available for guidance if they required.

Four questionnaires were received from residents within the identified timeframes following the inspection. The residents reported they found the care to be; safe, effective and compassionate. One respondent commented, "the staff are all good to me. I have plenty to eat." No relatives completed the questionnaires within the identified timeframes following the inspection. Four staff completed the staff survey; the feedback generally reported the staff to feel satisfied that the care delivered in the home was; safe, effective, compassionate and well led. One of the comments wrote: "the home manager is very approachable, it is a very good staff team."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One of the compliments noted, "I want to thank all the staff who cared for my relative. I really appreciated all your kindness towards them."

## **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 24 May 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</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>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of improvements to care plans in place for those residents with restrictive practices, for example; alarm mats. However, further improvements are required to ensure these clearly evidence consultation with all relevant personnel. A discussion took place with the management team. This area for improvement has been partially met and is stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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. There was evidence that a pre-employment checklist was in place to ensure staff were recruited correctly to protect residents.

There was a system in place to monitor and ensure those staff who were required to be registered with the Northern Ireland Social Care Council (NISCC) had this in place.

There were systems in place to ensure staff were trained and supported to do their job. However, staff attendance at practical fire training was low. A discussion took place with the management team and an area for improvement was identified.

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 and that they felt well supported in their role and the level of communication between staff and management. Some staff said it was busy working in the home; however, reported this to be due to staff sickness and annual leave. Staff said this impacted their capacity to facilitate activities for residents. These comments were shared with the management team for review and action as appropriate.

The management team said the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The provision of planned activities is discussed further in Section 5.2.4.

Residents said there was enough staff in the home to respond to their needs in a timely manner. Two residents were present and said, "there always seems to be enough staff in the home", further adding; "they are very good."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. This was also reflected in the feedback provided by those residents who could make their wishes known. Comments made by one resident were shared with the management team for review and action as appropriate.

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

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

Staff 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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that 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.

Examination of records and discussion with staff 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, or for physiotherapy.

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, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu was on display however this did not evidence two mealtime options. A discussion took place with the kitchen staff who confirmed alternative options were available for residents. A discussion took place with the management team to ensure mealtime options are displayed in a suitable format for residents; 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.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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 environment evidenced that the home was generally fresh smelling, clean, neat and tidy. A discussion took place with the management team regarding areas identified during the inspection which required repair and enhanced cleaning, for example; a bathroom in the dementia unit. A discussion took place with the management team and an area for improvement was identified.

Residents bedrooms were clean, neat and tidy; personalised with items important to the resident. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Call bell leads were not always observed to be available in resident's bedrooms. Confirmation was received following the inspection to confirm this had been reviewed and addressed to ensure those residents who required a call bell lead, had this in place.

Residents told us the home was kept clean and tidy. There was evidence of cleaning staff completing their duties throughout the inspection.

A Fire Risk Assessment had been completed by an accredited fire risk assessor on 10 June 2024. The risk had been assessed as tolerable. There was evidence of the actions being progressed within the timeframes outlined by the fire risk assessor as part of the action plan.

There was evidence of a system in place to monitor and ensure staff were in attendance at an annual fire drill, a record was kept of this.

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 personal protective equipment (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 use of PPE and 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. Could have birthday parties with family and friends in their room or one of the lounges, could go out to shops or pubs or other activities in the community.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents provided mixed feedback regarding activities in the home, some residents told us there was access to activities however, others said there was a lack of activities available. There was evidence of an activity schedule in place, however there was not always evidence of activities taking place consistently. A discussion took place with the management team and an area for improvement was identified. Records reviewed relating to activities, evidenced that activities were not always completed on a regular basis. Records were not always completed in line with record keeping requirements. A discussion took place with the management team and an area for improvement was identified.

It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents were generally well presented, clean, neat and tidy, dressed appropriately for the time of year.

### 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 Registered Manager in this home since 5 August 2010.

There was evidence that a robust 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. The area manager (Mrs Mary Stevenson) was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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

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 (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	5*

\* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 June 2022	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
	<b>Response by registered person detailing the actions taken:</b> All restrictive measures have been completed with evidence to consent from resident and where required in a Best Interest Decision, evidence of consultation with relatives and other relevant personnel where appropriate is held. This will continue to be monitored in care file audits. Senior Management will also audit within REG 29 visits.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2024	The registered person shall ensure all staff attend practical fire training at least twice every year.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Fire Practical training is 100% compliant and all staff are trained twice yearly. The Registered Manager audits this at least monthly. Senior Management also check as part of REG 29 visit
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 17 September 2024	The registered person shall review the environment and submit a time-bound rolling refurbishment plan to RQIA outlining the plans for repair to those areas required.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Refurbishment plan has been reviewed by Registered Manager, and sent to Estates for timescales. This will be forwarded to Lead RQIA Inspector by 15.10.23

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 August 2024</p>	<p>The registered person shall ensure the provision of activities in the home is reviewed to ensure meaningful activities are offered to residents on a regular basis. There should be sufficient staff on duty to facilitate this.</p> <p>Ref: 5.2.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (23 July 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b> Activities have been reviewed to ensure meaningful activities are offered to residents on a regular basis. A temporary activity person has been appointed to oversee the roll out of activities until permanent activity therapist returns from maternity leave. This will continue to be monitored by Registered Manager at least monthly and by Senior Management within Reg 29 visits</p>
	<p><b>Response by registered person detailing the actions taken:</b> Documentation and records have been completed in accordance with professional and legislative requirements. This will continue to be monitored by Registered Manager at least monthly and by Senior Management within Reg 29 visits</p>

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



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