

# Inspection Report

**21 & 28 June 2022**



## Castle Lodge Care Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Ms Una Brady  <b>Date registered:</b> 5 August 2010
<b>Person in charge at the time of inspection:</b> Ms Una Brady	<b>Number of registered places:</b> 39  There shall be a maximum of 12 residents accommodated within category of care RC-DE and located in the Dementia Unit, Ground Floor.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 33
<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 39 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 21 June 2022, from 9.20 am to 5.00 pm by a care inspector. A finance inspector attended on 28 June 2022 from 10.45am to 1.45pm.

The inspection assessed various aspects of the running of the service to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The care inspection also sought to assess an application submitted to RQIA for a variation to the registration of Castle Lodge Care Home to add two additional en-suite bedrooms, a new hairdressing facility and additional staff facilities on the ground of the home. The variation to registration was approved in principle from a care perspective following the inspection.

Residents were well presented in their appearance and spoke positively when describing their experiences of living in the home. Staff interactions with residents were observed to be both caring and compassionate. Comments received from residents and staff members are included in the main body of this report.

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

Staff members promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver care. There was a good working relationship between staff and management.

Three new areas for improvement were identified and are detailed in the Quality Improvement Plan (section 7.0).

The purpose of the finance inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of residents' finances. No new areas for improvement were identified during the finance inspection.

The findings of this report will provide the Manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and 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 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. A sample of residents' financial files, records of transactions and records of residents' personal property were also reviewed.

The findings of the inspection were discussed with Una Brady, Manager at the conclusion of the inspection. The findings of the finance inspection were discussed with Mrs Cherith Rogers, regional area manager.

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

We spoke with 18 residents during the inspection, either individually or in small groups. Residents were positive about their experiences living in the home, and told us they enjoyed the company of the other residents and that the staff members were lovely, helpful and friendly.

Specific comments included, "The staff members are all excellent", "the staff members are very kind, I enjoy a wee joke and laugh with them", "they are all great, nice and efficient" and "they help me in every way they can".

During the inspection, we spoke with one resident's relative who was very complimentary about the care provided in the home, they told us they have peace of mind knowing their mum is being looked after in Castle Lodge. The relative said the communication in the home was good and staff kept her up to date with her mother's care.

Eight staff members were spoken with and all the staff confirmed that they felt well supported from management and discussion with the Manager and staff confirmed that they had a good working relationship.

Six resident questionnaires were returned and all indicated they were happy with the care and services provided in the home, one comment included "I am happy here".

No feedback was received from the staff online survey within the allocated timeframe.

#### **5.0 The inspection**

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

The last inspection to Castle Lodge Care Home was undertaken on 12 January 2022 by a care inspector; no areas for improvement were identified.

#### **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 were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period, however, it was not clear from the duty rota as to which was the day duty rota and which was the night duty rota; this was discussed with the Manager and was actioned before the end of the inspection. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

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. Staff members were seen to respond to residents needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and residents knew one another well.

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

The atmosphere in the home was observed to be calm and relaxed. Residents were well presented and willing to engage in conversation. The residents spoken with were all very positive about the care they received in Castle Lodge.

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.

Residents' needs were assessed at the time of their admission to the home. Care plans were developed from these assessments. A number of deficits were observed in the care records reviewed; namely; residents' demographic and medical history was not available for review or was incomplete, a number of care plans and risk assessments had been developed by care staff but were not dated and one care record did not contain a photograph of the resident. Care plans had been appropriately developed when a resident had developed an infection but the care plans had not been discontinued once the infection had been successfully treated. Furthermore, there was no evidence in the care records reviewed that the resident where possible or appropriate had been consulted or involved in the assessment or planning of their care. These deficits were discussed with the Manager and an area for improvement was identified.

Review of residents' records did not evidence that the correct procedures were followed if restrictive practices and/ or equipment, for example, alarm mats were required. Consent forms reviewed had not been appropriately completed and did not evidence the resident or their family had been involved in the decision making regarding the use of restrictive measures. This was discussed with the Manager and an area for improvement was identified.

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 also recorded.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed.

The dining experience was an opportunity of residents to socialise; 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 a pleasant experience and had a meal that they enjoyed. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents commented positively on the food within the home.

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

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. It was observed in several residents' bedrooms and communal bathrooms that the water pressure was low, the Manager advised she was aware of this issue and the maintenance personnel was actively working to resolve the problem.

Some pieces of furniture were seen ripped and torn and in need of replacement, this was discussed with the Manager and stressed how these items of furniture cannot be effectively cleaned if their integrity is compromised. The replacement of these items is included in the refurbishment of the home, the Manager was advised and agreed to keep RQIA updated when these items have been replaced.

Residents' bedrooms were personalised with items important to them. It was observed some of the vanity units with a number of bedrooms were tired and worn; this was discussed with the Manager who advised RQIA of ongoing refurbishment plans for the home.

Within the treatment room of the dementia unit the medicine refrigerator had been broken for some time and staff had to utilise the medicine refrigerator in the other unit for the appropriate storage of for example eye drops. This was discussed with the Manager who agreed to follow up the delay in the replacement of this refrigerator, it was agreed RQIA would be informed when the new one had been delivered.

Residents had free access to their own rooms and communal rooms in the home.

The environment was also viewed in respect to a variation application to provide two additional en-suite bedrooms, a new hairdressing facility and additional staff facilities on the ground floor of the home. The improvements to the home from a care perspective were seen to comply with the Department of Health Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A fire risk assessment had been completed 30 March 2022 with no identified actions.

It was noted that the exterior grounds were in need of attention, this included overgrown weeds. The Manager acknowledged these deficits and advised that a landscaper was due very soon to work on getting the garden areas ready for summer.

Visiting arrangements were managed in line with Department of Health 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. For example, residents could have a lie in or stay up late to watch TV. Each resident had their own personal belongings in their rooms which included televisions, radios, toys and books. Residents confirmed that they could go outside when they wanted, remain in their bedroom or go to a communal room when they requested.

There was a range of activities provided for residents by staff in the home. The range of activities included social, community, cultural, religious, spiritual, creative and seasonal events. Activities signage was displayed in the foyer outlining which activities were being provided on a daily basis.

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

#### 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.

Staff members were aware of their role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff described the Manager as "very good and approachable". Staff also advised that they felt able to raise any concerns and were confident these would be resolved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The quality of the falls audit was discussed with the Manager as to how it could be improved to identify frequent falls, trends and actions taken to prevent reoccurrence; this will be followed up on a future inspection. There was no evidence that care records had been audited on a regular basis. An area for improvement was identified.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were managed correctly and reported appropriately.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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.

### 5.2.6 Findings from the finance inspection

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held at the home on behalf of residents were up to date at the time of the inspection. No valuables were held on behalf of residents.

A bank account was in place to retain residents' monies. A review of a sample of statements from the account confirmed that the name of the bank account referred to residents' monies and that the bank account was not used in connection with the carrying on or management of the home.

Discussion with staff and a review of records confirmed that reconciliations (checks) of the bank account were undertaken at the home's head office on a monthly basis. Reconciliations of monies held on behalf of residents were undertaken on a weekly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Three residents' finance files were reviewed. Written agreements were retained in all three files. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. A list of services available to residents at an additional cost, such as hairdressing, was also included within the agreements. The agreements were signed by the resident, or their representative, and a representative from the home.

Review of records and discussion with staff confirmed that residents' weekly fees, apart from private patients, were paid to the home's head office by the Health and Social Care Trusts. A sample of records of fees received for a private resident evidenced that the amounts received were in line with the amount owed by the resident.

Discussion with staff confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

Discussion with staff confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed. A sample of records of payments to the hairdresser was also reviewed. These records were also up to date at the time of the inspection. The records were signed by the hairdresser and countersigned by a member of staff to confirm that the treatments took place.

A sample of records of monies deposited at the home on behalf of two residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident. A sample of records of one resident's monies forwarded to the home from the Health and Social Care Trust was also reviewed. The amounts recorded as received on behalf of the resident agreed to the records forwarded from the Trust.



A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into residents' rooms and when items were disposed of. The records were checked and signed by two members of staff at least quarterly.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

No new areas for improvement were identified during the finance inspection.

## 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' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Una Brady, 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 5 and 6  <b>Stated:</b> First time  <b>To be completed by:</b> DD Month Year	<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 residents care; e.g. infection</li> <li>care records contain a recent photograph of the resident.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Audits has been carried out to ensure that there is evidence of resident involvement in assessment and care planning, care plans are discontinued when no longer appropriate and there is an recent photo of the resident. This will be monitored on an ongoing basis through audit by senior staff and monthly monitoring reports by the regional area manager.</p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 7 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          A restraint audit is carried out on regular basis, this includes a review of documentation and evidence of consent and consultation. This is also reviewed during monthly monitoring visits by the regional area manager.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2022	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>          There is a care plan audit schedule in place. All care plans in-house have been audited from date of inspection and include time scaled action plans. Audits and action plans are reviewed during monthly monitoring visits by the regional area manager.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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