



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 November 2018



Castle Lodge Care Home

Type of Service: Residential Care Home
Address: 7-9 Fennel Road, Antrim, BT41 4PB
Tel No: 028 9442 8212
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 39 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Una Brady
Person in charge at the time of inspection: Jacqueline Craig deputy manager	Date manager registered: 5 August 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia Residential Care (RC)	Number of registered places: 39 12 residents within RC-DE in the dementia unit

4.0 Inspection summary

An unannounced care inspection took place on 6 November 2018 from 10.10 to 14.00.

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

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, management of care records and management of incidents and accidents. Good practice was also found in relation to risk management, the home's environment, quality improvement and maintenance of good working relationships.

No areas of improvement were identified during this inspection.

Feedback from residents and two visiting residents' relatives was all positive in respect of the provision of care, the support and kindness of staff, provision of meals and the provision of activities and events.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jacqueline Craig, deputy manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent pharmacy inspection

No further actions were required to be taken following the most recent inspection on 8 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the deputy manager, 20 residents, six staff members of various grades and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Four questionnaires were returned by residents and residents' representatives.

During the inspection a sample of records was inspected which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 August 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 29 May 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home in an infrequent basis. The deputy manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and two residents' representatives. Concerns were expressed by staff with covering duties with unplanned staff absences and subsequent shortfalls in numbers of staff. Staff did acknowledge that they felt that this was being managed.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of a sample of two completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. Schedules and records of training, supervision and appraisals were inspected during this inspection.

Discussion with the deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a staff competency and capability assessment was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The deputy manager advised that AccessNI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. Management staff also completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager advised that the only restrictive practice within the home, notably a keypad and the use of alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. These restrictive practices were described in the Statement of Purpose and Residents' Guide.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. Audits were taken of hand hygiene, the environment and equipment such as wheelchairs and shower chairs. Inspection of these audits found these to be comprehensively maintained on an up-to-date basis.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends. An action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken. The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. Communal areas were comfortable and nicely facilitated.

The grounds of the home were well maintained.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The deputy manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc. Added to this the home had health and safety meetings with representatives from different disciplines of staff. This is good practice.

It was established that one resident smoked. Discussions with the deputy manager confirmed that this resident had a risk assessment and corresponding care plan completed in relation to smoking

The home had an up to date Legionella risk assessment in place dated 1 October 2018. The one recommendation from this assessment was reported to have been actioned.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager reported that there was no lifting equipment used in the home.

The home's most recent fire risk assessment was dated 17 April 2018. The two recommendations from this assessment were recorded as actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management and the home's environment.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents. It was also confirmed that the deputy manager had good knowledge and understanding of residents' assessed needs and prescribed care interventions.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of a sample of three residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Care records inspected were observed to be signed by the resident and/or their representative.

Care records were maintained in an organised, methodical manner with good access to information.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example this was evident with staffs knowledge of residents' dietary likes and dislikes and how they dealt with these preferences such as with the mid-morning snacks and at the lunch time meal.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. The menu is rotated over a three weekly period and is reviewed accordingly to meet seasonal changes. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Observations of the supervision and assistance with the lunch time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal. The meal was appetising and nicely presented with provision of choice. Dining tables were nicely set with choice of condiments. Aids and equipment were in place to help residents in their independence with eating and drinking. Throughout the inspection residents commented positively on the provision of meals and snacks.

A quality assurance audit has also recently been undertaken to obtain residents' views and opinions on the menus and dining experience. This is good practice.

The catering facilities appeared tidy and well organised.

Staff advised that they were able to recognise and respond to pressure area damage. The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of visits by the registered provider.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The minutes of the staff meetings for 20 September 2018 were inspected and found to be appropriately maintained.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The deputy manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment. For example, written consent was obtained for any photographs used for care record identification and social activities.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. For example, this was evident on how staff interacted with residents in a polite, courteous manner with explanation of the proposed task such as assistance with personal needs.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was also taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings, residents' meetings, suggestion box, visits by the registered provider and day to day contact with management.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A programme of planned activity was in place. Discreet observation of this activity found that residents gained enjoyment and fulfilment from this. Photographs of activities and events and crafts were nicely displayed to show participation.

At the time of this inspection, residents were also enjoying the company of one another or watching television, reading or relaxing. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 20 residents at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff, activities and the provision of meals. Some of the comments made included statements such as;

- "We are all very well looked after"
- "I am very happy here. I couldn't praise staff enough"
- "It's a lovely place this"
- "You wouldn't find anything wrong here. It is a 100%".

The inspector also met with two visiting relatives who spoke in complimentary terms about the provision of care, the kindness and support received from staff. Both confirmed that they felt confident with the provision of care and were kept well informed of any issues. One relative made comments that included the following statement;

- "There are no problems here. Staff are doing a great job".

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. However it was identified that the registered manager's hours in the home have been reduced in order to provide cover for the adjacent Rosemary Lodge Care Home. Clarification was received after this inspection to confirm that this situation was being resolved with the recruitment of a registered manager for Rosemary Lodge Care Home.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with the deputy manager confirmed that she had received training on complaints management and was knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. Inspection of the reports for 13 August 2018, 17 September 2018 and 15 October 2018 found these to be appropriately maintained.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy manager advised that there were open and transparent methods of working and effective working relationships with internal and external stakeholders. The deputy manager also described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Four completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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