



Unannounced Care Inspection Report

14 May 2019



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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 39 residents. 27 places are for residents within the old age category of care. The remaining 12 of these places provide care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Una Brady 05/08/2010
Person in charge at the time of inspection: Donna Boyle, senior care assistant then joined by the registered manager at 13.30 hours.	Number of registered places: 39
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia – 12 places	Total number of residents in the residential care home on the day of this inspection: 33 plus one resident in hospital

4.0 Inspection summary

This unannounced inspection took place on 14 May 2019 from 10.00 to 14.15 hours.

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

Areas of good practice were found in relation to general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Particular good practice was observed how staff worked as a team to minimise any negative effects with residents with the lift being out of operation at the time of this inspection.

One area requiring improvement was identified during this inspection. This was in relation to putting in place a review of staffing pertaining to laundry and domestic designated hours.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as, "The staff are all great. Just lovely and kind" and "I like it here, very much".

Residents who were unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, two visiting relatives and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Una Brady, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 6 November 2018

No further actions were required to be taken following the most recent inspection on 6 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including the most recent pharmacy inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

- staff duty rota
- staff training schedule and training records
- four residents' records of care
- residents' progress records
- a sample of governance audits/records
- complaints records
- compliment records
- accident/incident records

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 last care inspection dated 6 November 2018

There were no areas for improvements made as a result of the last care inspection. There were also no areas of improvement made as a result of the last medicines management inspection on 25 July 2018.

6.2 Inspection findings

6.3.1 Health and Social Care

An inspection of a sample of four residents' care records and residents' progress records was undertaken. Added to this discussions were had with staff in respect of residents' needs and their abilities to meet these needs. From this it was confirmed that the general health and social care needs are understood by staff. Staff had knowledge of individual residents' prescribed care interventions that promoted health and well-being.

A record was maintained of residents' aligned health care professionals and their contact details. A record was also maintained of residents' contact with their health care professionals, such as visits to the dentist, GP and speech and language therapist.

Issues of assessed need, such as pain, had a corresponding recorded statement of care given with effect of same. The resident's next of kin and aligned named worker were kept informed of health care appointments and follow up care.

The sample of care records inspected confirmed that these were maintained in line with the legislation and standards. Care records were maintained in an organised methodical manner. 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, for example falls, nutrition and restrictive practices 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. It was identified that one resident had a prevalent need for a care review in lieu of changes to their behaviours. This resident had a review on January 2019 but significant needs were identified that needed to be reviewed with the aligned named worker. It was confirmed following this inspection that this care review had been appropriately arranged and met.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The general health and welfare of residents is continually monitored and recorded. Referrals made to or advice from aligned health care professionals is recorded and aligned named

workers are kept up-to-date on the resident's well-being or changes to it, other than the one identified resident whose needs were deemed to need a revised care review.

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

6.3.2 The environment

The home was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and suitably facilitated. Residents' bedrooms were comfortable and personalised.

The lift in the home was not operational due to planned repairs. A risk assessment on this had been put in place. Residents and their representatives, as well as RQIA were notified of this planned disruption. Additional measures were also put in place such as increased staffing as a result of the risk assessment.

The home was appropriately heated and fresh smelling.

The grounds of the home were well maintained.

There were no obvious health and safety risks observed in the internal and external environment.

6.3.3 Residents' views

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

- "The staff are all great. Just lovely and kind"
- "I like it here, very much"
- "The meals are very good"
- "There is a bit of disruption with the lift but I understand it needs repaired"
- "The staff are tremendously busy"
- "I couldn't praise the staff enough"
- "I wish the lift was fixed because I like getting around the home."

6.3.4 Relatives' views

Discussions with two visiting relatives at the time of this inspection were very positive. Both confirmed that they were satisfied with the provision of care and the kindness and support received from staff. One comment made included the statement;

- "The staff deserve all the praise in the world for doing such a good job."

6.3.5 Staff views

Staff spoken with were positive about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some staff spoke about the busy workload and how the levels of this fluctuated. This was discussed with the registered manager who gave good assurances that this was being monitored and managed.

The laundry duties for the whole home were split with the laundress having to undertake cleaning in the dementia unit as well. This was deemed to be excessive in terms of designated hours to meet each specific role. This has been identified as an area of improvement to review the need to put in place additional domestic cover to support adequate designated hours of laundry duties.

6.3.6 Care practices

Discussions with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. This was also evidenced by an inspection of staff training records.

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

The registered 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.

Residents appeared content and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm. Staff responded to residents' needs promptly and showed understanding of individual residents' needs, particularly reassurance with distressed behaviours.

Observations of care practices pertaining to the disruption cause by the lift being out of operation found these to be organised with staff working well as a team to support each other to minimise any negative effect to residents. Staff are to be commended for this.

6.3.7 Accident and incidents

The home's accident, incident and notifiable events policy and procedure 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 inspected as part of the inspection process. The registered manager advised that learning from

accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Areas of good practice

Areas of good practice were found in relation to feedback from residents, two visiting relatives, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Particular good practice was observed how staff worked as a team to minimise any negative effects with residents with the lift being out of operation.

Areas for improvement

One area of improvement was identified during this inspection. This was in relation to reviewing the provision of laundry and domestic designated hours of duty.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Una Brady, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2019</p>	<p>The registered person shall review the hours designated to the laundry and domestic duties to ensure these are adequate to meet the resident occupancy.</p> <p>Ref: 6.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Registered Manager has conducted a review of laundry and domestic hours. Staff are deployed accordingly.</p>

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



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