



Unannounced Care Inspection Report 17 October 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 within the categories of care detailed in its certificate of registration and in 3.0 of this report.

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: Una Brady	Number of registered places: 39
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 36

4.0 Inspection summary

This unannounced inspection took place on 17 October 2019 from 09.30 hours to 13.00 hours.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and to review the standard on staffing.

Evidence of good practice was found in relation to staff and management's knowledge and understanding of residents' needs and prescribed interventions. Good practice was also found in relation to the managerial oversight in the home and governance.

One area requiring improvement was identified in relation to putting in place a review of staffing levels. This was in particular reference to the dementia unit where there was a noticeable increase in resident dependencies.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Some of the comments made included statements such as: "I am very happy here. Everything is very good" and "I can't praise the staff enough".

Comments received from residents, people who visit them 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 14 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 May 2019. Other than the one action detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, such as notifiable reports.

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
- competency and capability assessment
- staff training schedule and training records
- supervision and appraisal schedules
- residents' progress records
- complaint records
- compliment records
- governance audits/records
- accident / incident records
- monthly monitoring reports
- RQIA registration certificate

The one area of improvements identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

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 14 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.4 Stated: First time	The registered person shall review the hours designated to the laundry and domestic duties to ensure these are adequate to meet the resident occupancy.	Met
	Action taken as confirmed during the inspection: A review of these hours had been put in place with subsequent appropriate action taken.	

6.2 Inspection findings

6.3.1 Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

An inspection of the staffing levels found that these to be largely in keeping with residents' dependencies. However the dependencies in the dementia unit had increased and with result the senior care assistant had to give more assistance with personal care in the mornings. This resulted in the morning medications not being completed in time and as per directed. Staff also described that there was an overall increase in resident dependencies throughout the home but in particular in the dementia unit. An area of improvement in accordance with standards has been identified to review this staffing provision in keeping with residents' dependencies.

Catering, housekeeping, laundry and administration staff are in place to meet these aligned roles and duties.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the manager. A sample of one of these assessments was inspected and found to be appropriately in place.

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

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 nicely facilitated. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

The grounds of the home were nicely maintained.

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

6.3.3 Residents' views

The inspector met with 24 residents in the home at the time of this inspection. In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as:

- "I am very happy here. Everything is very good"
- "I can't praise the staff enough"
- "The meals are lovely. You can always get what you like"
- "I have no complaints nor are you likely to find any".

6.3.4 Relatives' views

The inspector met with two visiting relatives at the time of this inspection. Both confirmed that they were very satisfied with the provision of care and the kindness and support received from staff.

6.3.5 Care practices

Staff spoke positively 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 of the comments made by staff included statements such as:

- "The care here is very good"
- "It's very busy at times but residents are well cared for".

Staff 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. Contact details of reporting were readily available.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff spoke positively on this provision.

Discussion with the 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 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.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed 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 distress associated with confusion needs.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the most recent visit was inspected and found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

6.3.6 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 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, staffs' knowledge and understanding of residents' needs and prescribed interventions.

Areas for improvement

One area of improvement was identified during this inspection. This was in relation to the need for staffing levels to be reviewed, particularly in the dementia unit, to meet residents' assessed needs and dependencies.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one areas 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 25.1</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2019</p>	<p>The registered person shall put in place a review of staffing levels so that in particular the increase dependencies in the dementia unit can met appropriately met.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Person reviews the staffing levels at least monthly in line with the dependency of the residents. This will be reviewed more often if the needs of the resident changes.</p>
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