

# Unannounced Care Inspection Report 25 May 2016



## Castle Lodge Care Home

**Address: 7-9 Fennel Road, Antrim, BT41 4PB**

**Tel No: 0289442 8212**

**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Castle Lodge took place on 25 May 2016 from 10:15 to 14:20 hours.

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

### Is care safe?

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and confirming an action plan with timescales in response to the most recent fire safety risk assessment's recommendations.

### Is care effective?

There were no requirements or recommendations made in regard to effective care.

### Is care compassionate?

There were no requirements or recommendations made in regard to compassionate care.

### Is the service well led?

There were no requirements or recommendations made in regard to the service being well led.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>2</b>

Details of the QIP within this report were discussed with Una Brady the 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.

## 1.2 Actions/ enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Maureen Claire Royston	<b>Registered manager:</b> Una Brady
<b>Person in charge of the home at the time of inspection:</b> Una Brady	<b>Date manager registered:</b> 5 August 2010
<b>Categories of care:</b> RC-DE, RC-I	<b>Number of registered places:</b> 39
<b>Weekly tariffs at time of inspection:</b> £494 plus £27 top up	<b>Number of residents accommodated at the time of inspection:</b> 35 plus one resident in hospital

## 3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 18 residents, three visiting relatives, six staff members of various grades and the registered manager.

The following records were inspected during the inspection:

- Statement of purpose
- Duty rotas
- Safeguarding policy and procedure
- Accident and incident notifications
- Three staff members' recruitment files
- Induction records
- Staff training records
- Supervision and appraisal schedules
- Complaints and compliments records
- A sample of four residents' care records
- Quality assurance audits
- Monitoring reports
- Fire safety records

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2015

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made as a result of this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 8 December 2015

There were no requirements or recommendations made as a result of this inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met. Discreet observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty;

- Registered manager
- Deputy manager
- 2 x senior care assistants
- 3 x care assistants
- 3 x domestics
- 1 x cook
- 1 x catering assistant
- 1 x activities co-ordinator
- 1 x administrator
- 1 x maintenance man

Review of the duty rotas for the week of this inspection found these to be appropriately maintained.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule record of planned supervision and appraisals with staff was in place.

The registered manager 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.

An inspection of three staff members' recruitment files was undertaken. These were found to be undertaken in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Recruitment records also contained staff registration status with the Northern Ireland Social Care Council (NISCC).

Details of Enhanced Access NI disclosures were in place within the recruitment records.

The adult safeguarding policy and procedure in place. This policy and procedure reported to be under review. In reviewing this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home. A recommendation has been made in this regard.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all 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. Written records of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, dining room and bathrooms. The home was clean and tidy and appropriately heated. A good standard of furnishings and décor was maintained. Discussions with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, alcohol hand rubs and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

The dementia unit in the home is a locked door facility, which is documented in the home's statement of purpose and residents' guide. The unit was found to be comfortable and nicely facilitated for residents' needs. There were observed to be other no obvious restrictive care practices in place at the time of this inspection.

Inspection of four residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

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

The most recent fire safety risk assessment was in 28 April 2016. Seven recommendations were made from this. A recommendation was made for an action plan to be submitted in writing with timescales to the home's aligned estates inspector detailing how these recommendations will be dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

## Areas for improvement

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and confirming an action plan with timescales in response to the most recent fire safety risk assessment.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of four residents' care records 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. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussions with care staff and management confirmed knowledge and understanding of residents' assessed needs.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

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

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. A poster was displayed of this in the home.

## Areas for improvement

There were no areas for improvement identified.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

Discussions with the registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “I love it here. They are looking after me very well”
- “Everyone is very kind to us”
- “You couldn’t wish for better”
- “The food is lovely. Plenty to eat and you get what you want”
- “Una, the manager is on the ball and knows what is going on. I am glad she is here.”
- “It’s lovely here”

Discussions with three visiting relatives at the time of this inspection were all positive about the provision of care and the kindness and support received from staff. Relatives declared that they felt confident about the delivery of care and were in gratitude for same.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activity was in place with a knitting club enjoyed by those residents who choose to partake. Televisions and radios were played to channels appropriate to residents’ age group and tastes. In the dementia unit two residents were found to be engaged in healthy laughter at a comedy programme being played, which was a delight to see.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff. This was also observed in practice with the prompt response to call alarms.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out on a regular basis. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

There were no areas for improvement identified.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately. Discussions with the registered manager confirmed good knowledge and understanding of this process and how such was effectively dealt with.

Arrangements were in place to share information about complaints and compliments with staff.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the registered 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 monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The last two months' reports were inspected. These were recorded in good detail with evidence of governance arrangements.



There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure.

This was outlined in the home's statement of purpose. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

### Areas for improvement

There were no areas for improvement identified.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Una Brady the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Please see attached an Appendix to the current homes adult safeguarding policy which is in line with current guidance whilst this policy is being updated and ratified. The new Regional Adult Safeguarding guidance(Adult Safeguarding Protection in Partnership, July 2015) is available. A staff awareness on how to locate these documents is signed by all staff and this policy will be discussed at the next staff meeting. Safeguarding Champion has been nominated and is displayed in the Home.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2016</p>	<p>The registered person should submit in writing with timescales an action plan to the home's aligned estates inspector detailing how these recommendations from the fire safety risk assessment dated 28 April 2016 will be dealt with.</p>
	<p><b>Response by registered person detailing the actions taken:</b> All actions from the Homes Fire Safety Risk Assessment dated 28/4/16 have been carried out. There are no outstanding actions.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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