

Unannounced Care Inspection Report 30 November 2020



Castle Lodge Care Home

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

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 residential care home registered to provide residential care for up to 39 residents.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual(s): Amanda Celine Mitchell	Registered Manager and date registered: Una Brady 05/08/2010
Person in charge at the time of inspection: Jacqueline Craig, deputy manager. Una Brady, manager, joined the inspection at 12.15.	Number of registered places: 39 There shall be a maximum of 12 residents accommodated within category of care RC-DE and located in the Dementia Unit, Ground Floor.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 30

4.0 Inspection summary

This unannounced care inspection took place on 30 November 2020 from 11.30 to 17.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- care delivery
- dining experience
- staffing
- infection prevention and control (IPC) measures
- the home's environment
- recording of care
- management and governance arrangements.

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Una Brady, manager and Jacqueline Craig, deputy 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned QIP.

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.

A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received following the inspection.

The following records were examined during the inspection:

- staff duty rota from 30 November 2020 to 13 December 2020
- two staff recruitment records
- the weekly menu
- care records for eight residents
- accidents and incidents records
- fire risk assessment dated 3 November 2020
- complaints records
- monthly monitoring reports dated 20 August 2020, 30 September 2020 and 29 October 2020
- a sample of governance records including audits.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 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 25.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Staffing levels had remained stable, despite a reduction in the number of residents in the home. Observation of care delivery, discussion with residents and staff, and review of staff duty rota confirmed this area for improvement had been met.	

6.2 Inspection findings

6.2.1 Care delivery

Residents looked well cared for and it was evident that staff had taken time to support them with their personal care and appearance. Residents looked well groomed, and several residents had their hair and nails recently done.

Some residents were still sleeping or being supported in their morning routines by staff when we arrived to the home. Other residents were contentedly chatting with each other, listening to music or watching television in lounges, bedrooms or other communal areas of the home. Residents were friendly and inquisitive about visitors to the home; they told us they felt happy and looked after in the home.

On resident commented:

- “The staff are good to me. I have all I need – staff bring me my magazines weekly. I can have good and bad days and I can talk to staff when I need to. I rarely need to use my buzzer.”

A small group of residents returned from their morning activity of glitter painting; they were laughing and chatting. Those residents later told us how much they had enjoyed this activity. Other popular activities in the home have included ladies health day, the annual cake baking competition and food themed days, when residents made milkshakes or enjoyed doughnuts.

Throughout the inspection, there were relaxed and friendly interactions observed between residents and staff. Staff treated residents with respect, dignity and compassion. Staff took time to chat with individual residents throughout the day, especially those residents who preferred to spend time in their bedrooms.

Residents bedrooms were comfortable and had personalised touches like photos and mementos. In some bedrooms, residents' life stories were framed and on display, to further enable staff to reminisce with and orientate residents.

6.2.2 Dining experience

We observed the serving of the lunchtime meal. This was an organised and unhurried experience for residents. Residents chose whether to eat their meal in one of the lounges, their bedrooms or one of the dining rooms. There were two dining rooms used upstairs, to better enable social distancing.

Residents were provided with a choice of sausage roll, chips and beans, or chicken goujons, potato wedges and beans. This did not reflect the menu on display in one of the dining rooms. Discussion with management confirmed that the menu display was under review, to include a bigger font size and pictorial guide for residents. This was discussed further in section 6.2.5.

The food was served hot, and in appropriate portions. Residents appeared to enjoy their meals and told us they got plenty to eat. Staff were attentive and available to provide residents with support with eating as required. Staff also ensured alternative options and extra portions were offered, depending on residents' needs and preferences. Hot and cold drinks, including milk, water or juice, were offered and provided to residents throughout the day.

6.2.3 Staffing

The home is divided into two separate units, with one unit specifically for residents living with dementia. Both units are discretely staffed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff and management advised that additional staff were scheduled in the early morning, and twilight shifts, to support residents with their morning and evening routines. As the home was not currently fully occupied, the twilight shift was not always covered. This remained under review by management, depending on occupancy levels and residents' dependency levels.

Staff stated they were busy, but that staff worked well together to ensure residents' needs were met. The duty rota accurately reflected the care staff and management working in the home. The recruitment records of two recently employed members of staff included the necessary checks to ensure that staff were safe to work in the home.

There were good arrangements in place for staff induction, training and competency and capability assessments. Two care staff were being supported by the home to complete additional leadership qualifications; this is to be commended.

Staff were knowledgeable about resident's individual needs and preferences and were able to describe how they ensure resident's independence, privacy, choice and consent were sought and respected in the home. Specific comments from staff included:

- "The manager is good and it's a good team."
- "I love working here, I love the residents. Management and senior care assistants are all approachable."
- "Staff are very well supported. The lack of visiting was so hard for residents, but we did our best."
- "I think the residents are happy, I've heard no complaints. We always make time to have a laugh and a chat – we have brilliant craic with them (the residents)."

6.2.4 Infection Prevention and Control (IPC) measures

On arrival to the home, the inspector's temperature and contact tracing details were obtained by staff. The same process was in place for any visitors to the home, in line with COVID-19 guidance.

Achieving social distancing in an effective and compassionate manner can be challenging when caring for individuals living with dementia. The manager outlined the measures they had taken, while trying to limit any upset or distress to residents. For instance, residents and their relatives wear a face mask during pre-arranged visits, which take place in the entrance of the home. A table with a Perspex screen and hand sanitiser is also in place, as well as storage for Christmas presents for residents.

Personal protective equipment (PPE) was readily available and PPE stations were well stocked. Hand sanitising gel was also available at various locations through the home.

Staff wore face masks or visors when working in the home. Management maintained liaison with the Public Health Agency (PHA) for guidance and risk assessment of IPC practices in the home.

We noted occasions where social distancing could not be maintained, when staff escorted residents in the home, or provided support with eating. Some staff did not wear the additional required PPE such as gloves and aprons. The manager advised that staff training regarding IPC including the use of PPE was ongoing, although accepted that additional supervision and guidance was required. The manager agreed to action this as a matter of priority. An area of improvement was made regarding staff's adherence to IPC measures and management's oversight of this.

6.2.5 The home's environment

There was a friendly, happy atmosphere in the home throughout the inspection. The home had been tastefully decorated for Christmas and looked bright, clean and tidy.

There were some photographs on display in the home showing residents enjoying a range of activities and special occasions. Otherwise, there was limited signage and information on display for residents, which potentially reduced their ability to independently move and orientate themselves around the home. Discussion with management confirmed this was in preparation for repainting, and also in line with IPC guidance that posters etc should be laminated and therefore able to be effectively cleaned. Management confirmed that this would be reviewed, once repainting completed.

Staff advised they struggled at times with the heat in the home, especially when wearing PPE. This was discussed with the manager who agreed to monitor the temperature within the home during daily walk rounds and regular temperature checks of the environment. Staff were also given regular comfort breaks.

Fire safety checks, including the annual fire risk assessment, were in place. Staff had received appropriate fire safety training, including attending a minimum of two fire drills per year.

A programme of repainting and refurbishment was ongoing in the home. Vacant bedrooms and corridors were being repainted during the inspection. Management confirmed this would include door frames and skirting boards, as we noted several were displaying signs of wear and tear.

We identified several areas in the home which required attention. A section of ceiling tiles in an identified lounge needed to be replaced. Radiator covers required cleaning or repainting. A paper towel dispenser in one bathroom needed to be repaired. Part of the flooring in an upstairs bathroom needed repair. One resident's bedroom shelves and vanity unit required repair. The manager confirmed these had been addressed following the inspection.

6.2.6 Recording of care

Risk assessments and related care plans were in place for the management of pain, continence, smoking, nutrition, skin care and infection, including specifically for COVID-19. Care plans included information to direct staff on the individual needs and preferences of residents, such as their night time routine.

Information on residents' mental capacity and any related Deprivations of Liberty Safeguards (DoLS) were retained in care records. Annual care reviews were in place.

There was clear evidence that staff took appropriate action to monitor and share any concerns regarding a resident with relevant health professionals, including GP's, district nursing, care managers, dieticians, speech and language therapists and community psychiatric nurses. Discussion with staff and management confirmed staff were persistent and regularly advocated on behalf of their residents, especially during the challenges of COVID-19 restrictions.

Care plans for one resident regarding management of mental health and distressed reactions did not include sufficient personalised detail to direct staff. This was discussed with management and relevant records were immediately updated. Management provided confirmation of this following the inspection.

Care records were in the process of being archived and overhauled. The manager advised this was to update details of the registered provider and to ensure that care records fully reflect the social model of care to be provided in the home.

We welcomed this development, as although completed to a high standard, care records were medically focused. This included the use and completion of clinical nursing assessment tools such as Braden, Abbey pain scale, Cornell depression scale and Malnutrition Universal Screening Tool (MUST). Management agreed that for these assessments to be effective, they must be completed by trained staff, with robust systems in place for escalation to medical professionals as required. The manager advised that there were no current plans to refresh existing training, or arrange training for newer staff as these tools were no longer going to be used in the residential home.

6.2.7 Management and governance arrangements

Staff stated that the manager was approachable, supportive and that there was good communication in the home.

The deputy manager was in charge of the home on the day of inspection as the manager was on leave. The manager came into the home to support the staff during the inspection.

Management acknowledged it had been a very challenging year, including implementing COVID-19 restrictions, and a change in the ownership of the home; however, the manager confirmed that they felt well supported by the new registered provider and how they had ensured that residents remained the priority throughout this time.

There was a robust system in place to regularly review the quality of care and other services provided by the home. This included audits and analysis of accidents, incidents, falls, IPC and hand hygiene. Management maintained additional good oversight in the home through the completion of a monthly manager's audit. A comprehensive risk register was also maintained to review any potential risks to residents' health or welfare.

Review of records confirmed complaints were managed appropriately and learning shared with staff as required.

Regulation 29 monitoring reports and actions plans were detailed and prioritised. There was clear evidence of how identified issues were being actioned and addressed by the manager. Progress was monitored, with additional input and support from the regional manager as required.

Areas of good practice

Areas of good practice were identified in relation to care delivery, the dining experience and management and governance arrangements.

Areas for improvement

One area for improvement was identified during the inspection regarding staff's adherence to IPC measures and management's oversight of this.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents looked well cared for and were content and relaxed in their surroundings. There were friendly and positive interactions between residents, staff and management throughout the inspection.

Care delivery was prompt and residents were supported to maintain their independence and offered choice in the home.

The home was clean and tidy and undergoing repainting and refurbishment.

There were robust management and governance arrangements in place.

One area for improvement was identified to be managed through the QIP below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Una Brady, manager, and Jacqueline Craig, deputy 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 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 providers 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	
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: from the date of inspection.	The registered person shall ensure that IPC training in the use of PPE is embedded into practice. Ref: 6.2.4
	Response by registered person detailing the actions taken: <u>———All staff have been issued with PHA most up to date PPE guidance and have watched the PHA donning and doffing procedures on line. Daily monitoring and regular IPC audits are carried out by Manager and Senior staff to ensure compliance at all times.</u>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care