

# Unannounced Care Inspection Report 4 November 2016



## Castle Lodge Care Home

Type of service: Residential care home  
Address: 7-9 Fennel Road, Antrim, BT41 4PB  
Tel No: 0289442 8212  
Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Castle Lodge Care home took place on 4 November 2016 from 10:00 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found during this inspection in relation to staff recruitment, infection prevention and control and staff training.

One recommendation was made in regards to a repair a panelling bath surround.

### Is care effective?

There were examples of good practice found during this inspection in relation to maintenance of care records and consultation with residents and their representatives.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found during this inspection in relation to the positive feedback from residents and staff.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found during this inspection in relation to the management and governance arrangements in place and the registered manager's knowledge and understanding of her role and duties.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and 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>	0	1

Details of the Quality Improvement Plan (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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 September 2016.

## 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> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 39

## 3.0 Methods/processes

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

During the inspection the inspector met with 16 residents, six staff of various grades on duty and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- One staff member's recruitment file
- Four residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Individual written agreement
- Information on independent advocacy services

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 May 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 25 August 2016	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This policy and procedure has been revised accordingly with the establishment of a safeguarding champion.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 25 July 2016	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An action plan was submitted to the aligned estates inspector.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Staffing levels at the time of this inspection consisted of:

- 1 x registered manager
- 1 x deputy manager
- 2 x senior care assistants
- 4 x care assistants
- 1 x cook
- 1 catering assistant
- 2 domestics

These levels were found to be appropriate to meet the needs of residents with also taking account of the size and layout of the home.

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

An inspection of one staff member's completed induction records and discussion with the registered 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 and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was inspected during the inspection.

The registered 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; records of competency and capability assessments were retained.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one staff member's personnel files confirmed that staff were recruited in line with Regulation 21(1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included a safeguarding champion, definitions of abuse, types of abuse and

indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. An inspection 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, care records and complaints records 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 were retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. An inspection of four care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home other than the keypad entry system to the dementia care unit. This provision is detailed in the home's Statement of Purpose and Residents' Guide.

On the day of the inspection no other obvious restrictive type practices were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of. A recommendation was made to address a panelling bath surround, which had come loose in the dementia unit.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 28 April 2016. The seven recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually.

Records were 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 were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area for improvement was identified in relation to repair of a bath panelling.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

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

An inspection 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.

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 reviewed were observed to be signed by the resident and / or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Examples of this were how staff knowledge of residents followed through in their interactions with residents.

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

Records were stored safely and securely in line with data protection.

The registered manager confirmed 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 care plans, care reviews, accident and incidents, complaints, the environment were available for inspection.

The registered manager confirmed 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.

Minutes of resident and/or their representative meetings were inspected during the inspection and found to be appropriately maintained.

A three weekly rotational menu was in place. Perusal of this found it to be varied and nutritional. Observations of the supervision and assistance with the dinner time meal at the time of this inspection found staff attended to residents' needs in a sensitive, organised and unhurried manner.

A review 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.

Information in line with the legislation was available to support and advocate for residents.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The inspector met with 16 residents during this inspection. In accordance with their capabilities all confirmed / indicated that they were happy and content with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

- "It's absolutely marvellous here. I couldn't be any better looked after"
- "I love it here"
- "They are all very kind. No complaints"
- "There's a nice atmosphere here"
- "It's a really good home. There are no problems. Staff do a tremendous job".

An inspection of care records together with observations of care practices confirmed residents' spiritual and cultural needs were met within the home.

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. For example it was observed in the dementia unit how care and catering staff facilitated choice of meals through polite clear interactions. A menu was displayed both in pictorial and written formats.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussions with staff on duty found that they felt a good standard of care was provided for.

Discussion with residents and observations of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.



There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings, care reviews, quality assurance audits and surveys.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents and observations of care practices confirmed that residents were enabled and supported to engage and participate in meaningful activities. Televisions and radios were played at an appropriate genre for residents' choice and taste. Arrangements were in place for residents to maintain links with their friends, families and wider community.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which 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 residents' Guide and displayed information. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Review 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 and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Such information was displayed in an accessible area just outside the registered manager’s office for staff to avail of.

Staff were provided with mandatory training and inspection of these records found that these were maintained on a regular and up to date basis.

A monthly monitoring visit 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, trust representatives and RQIA to read. An inspection of the last two months reports found these to be maintained in informative detail.

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. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through for example regular quality assurance audits done via an iPad.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers’ liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

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

Any issues identified during this inspection are detailed in the QIP. Details of the 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 provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 28.1

**Stated:** First time

**To be completed by:**  
4 December 2016

The registered provider should make good the panelling bath surround in the dementia unit.

**Response by registered provider detailing the actions taken:**  
The panelling around the bath in Dementia Unit has been repaired