



The Regulation and
Quality Improvement
Authority

Castle Lodge Care Home
RQIA ID: 1453
7-9 Fennel Road
Antrim
BT41 4PB

Inspector: John Mc Auley
Inspection ID: IN022786

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**Unannounced Care Inspection
of
Castle Lodge Care Home**

01 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced inspection took place on 1 June 2015 from 10:30 AM to 1:45 PM. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/ Registered Person: Maureen Claire Royston	Registered Manager: Una Brady
Person in Charge of the Home at the Time of Inspection: Una Brady	Date Manager Registered: 05 August 2010
Categories of Care: RC-DE, RC-I	Number of Registered Places: 39
Number of Residents Accommodated on Day of Inspection: 38 plus 1 resident on leave	Weekly Tariff at Time of Inspection: £470 plus £20 top up

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

Methods/ Process

Specific methods and processes used in this inspection include the following:

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with twenty residents, six staff and two visiting relatives.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 16 December 2015. **There was no QIP for this inspection.**

4.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The registered manager provided us an example of how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We inspected a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We inspected five residents, care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care. There is associated guidance available for staff.

Training in this area of care is received in staff induction, with formal training planned for.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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4.3 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management in their induction. Formal training in continence management has been planned for on 11 and 16 June 2015. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected five residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Additional Areas Examined

We met with twenty residents in the home. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

“It’s brilliant. No complaints. They are all very kind”

“I am really glad to be here”

“It’s simply great”

“You couldn’t ask for better“

“We are all well looked after”.

5.5.2 Relatives’ Views

We met with two visiting relatives. Both spoke with praise and gratitude about the care provided the kindness and support received from staff, the provision of meals and the provision of activities. Relatives also confirmed that they felt good confidence with the standard of care provided.

5.5.3 Staff Views

We met with six staff of various grades. All spoke on a positive basis about the workload, teamwork, training, managerial support and staff morale. Staff informed us that they felt a good standard of care was provided for.

Seven staff questionnaires were distributed for return.

5.5.4 Quality Assurance

The home has established a computerised quality assurance feedback tool. This is located in the reception area. Its purpose is to obtain the views of residents, visiting relatives, staff and visiting health care professionals. Feedback is then received by the registered manager and the home’s central head office. The tool was found to be accessible and easy to use. This is to be commended.

5.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents’ bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

The dementia care unit had recently received a PEARL gold award on dementia friendly design. This is to be commended.

The grounds to the home were well maintained with good accessibility for residents.

5.5.6 Accident/ Incident Reports

We inspected these reports from the previous inspection. These were found to be appropriately managed and reported.

5.5.7 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

A supportive practice of teamwork was found to be in place with residents benefitting from this.

An appetising, well presented dinner time meal was provided for. Staff were found to assist with residents' needs in an appropriate manner, such as hand washing before meals.

Residents were found to be engaged in pastimes of choice such as socialising with one another, watching television, resting or planned activity with the activities co-ordinator. Communal televisions and music systems were programmed to channels appropriate to residents' age group, taste and choice.

5.5.8 Fire Safety

We reviewed the home's most recent fire safety risk assessment, dated 28 April 2015. This assessment had corresponding evidence that recommendations made were duly dealt with.

Fire safety training including fire safety drills were maintained on an up to date basis.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

5.5.9 Complaints

A review of the record of complaints together with discussions with the registered manager confirmed that expressions of dissatisfaction are taken seriously and manager appropriately.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected. The overall assessment of these additional area examined considered these to be compassionate, safe and effective.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager		Date Completed	
Registered Person		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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 home. 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.