

# Inspection Report

20 May 2024



## Castleview

Type of service: Nursing

Address: 40-42 Scotch Quarter, Carrickfergus, BT38 7DP

Telephone number: 028 9336 6763

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Castlevew Private Nursing Home Ltd	<b>Registered Manager:</b> Miss Rhonda Murray
<b>Registered Person/s OR Responsible Individual</b> Mrs Lynda McCourt	<b>Date registered:</b> 19 August 2013
<b>Person in charge at the time of inspection:</b> Miss Rhonda Murray - manager	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 36 patients. The home is divided over two floors with communal lounges, bathrooms and a dining room. There is an outdoor courtyard for residents use.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2024, from 9.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients spoke positively about their experience of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and are included in the body of the report and the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### 4.0 What people told us about the service

Both patients and staff were spoken with individual and in small groups about their experiences of living and working in Castlevue.

Patient told us they were happy at Castlevue and complimented staff on their care, were happy with the activities provided and the outings they went on.

Staff were very happy working in the home and described it as one big family. Staff showed good knowledge of what to do if they had any concerns about patient care in the home.

Completed questionnaires were received from patients and a staff member and confirmed that they were very satisfied that care was safe, compassionate, effective and well-led.

Responses to the online survey were mixed in regard to staffing levels in the home. All other responses received were very positive in relation to patients feeling safe and staff being friendly and approachable. No concerns were raised about patient care. Responses received were shared with the manager for their review and action if required.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> Third time	The responsible individual shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> Second time	The responsible individual shall ensure that all notifiable incidents are reported appropriately to RQIA, the Trust and families.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 18 (2) (j) <b>Stated:</b> First time	The responsible individual shall ensure that the home is kept free from offensive odours.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.	
<b>Area for Improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The responsible individual shall ensure that suitable arrangements are in place to minimise the risk of infection and spread of infection.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.</p>	
<p><b>Area for Improvement 5</b> <b>Ref:</b> Regulation 13 (4) (b) <b>Stated:</b> First time</p>	<p>The responsible individual shall ensure all medication is administered safely to the patient for whom it is prescribed</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Third time</p>	<p>The responsible individual shall ensure that patients are repositioned as directed by their care plan and this is recorded accurately.</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 2</b> <b>Ref:</b> Standard 44.3 <b>Stated:</b> Third time</p>	<p>The responsible individual shall ensure that the nursing home, including all spaces, is only used for the purposes for which it is registered.</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a robust auditing system in place that assures the safe and effective delivery of quality care in the nursing home. This includes but is not limited to audits of repositioning charts, hand hygiene.</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training showed good compliance and included moving and handling practice, fire safety and health and safety. Staff also confirmed that they had received an induction to prepare them for their roles and responsibilities.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota reflected the staff working in the home on a daily basis, however their full names were not recorded. This was discussed with the management team and an area for improvement was identified.

The duty rota identified the person in charge when the manager was not on duty. Examination of the staff duty rota confirmed that the planned number of care staff on duty was reduced on a number of days. Details were discussed with the management team during feedback and an area for improvement was identified.

Staff responded to requests for assistance promptly in a caring and compassionate manner. Interactions between staff and patients were professional and appropriate.

### 5.2.2 Care Delivery and Record Keeping

Staff were prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs. Staff were observed to be patient and took time to let patients express their feelings and needs.

Patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences and met at the beginning of each shift to discuss any changes in the needs of the patients.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records reviewed showed that not all mattresses were at the correct setting for patients' skin care requirements. An area for improvement was identified.

Examination of records confirmed that the risk of falling and falls were fairly well managed. However; the record of observations completed following an unwitnessed fall or head injury showed that this had not been completed appropriately for all patients who required this. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was tidy, warm and welcoming. While patients' bedrooms were personalised with items important to the patient, there was evidence that décor, repair or replacement of equipment was required in communal rooms and patients own rooms. An environmental improvement plan was submitted following the inspection and this will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of the environment identified a number of infection prevention and control (IPC) issues including but not limited to bed linen stored on a floor, a bottle of wash cream stored in a communal toilet and personal protective equipment (PPE) stored inappropriately. An area for improvement was identified.

It was identified in one patient's room that denture cleaning tablets were not stored securely. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV; or could go out to local shops, pubs or other activities in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. As said previously patients helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Visiting and care partner arrangements were in place, with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Rhonda Murray has been the manager in this home since 19 August 2013.

Whilst there was evidence of auditing of the care and services provided by the home, auditing of the environment and cleanliness in the home was not in place. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was a system in place to manage complaints. Patients said that they knew who to approach if they had a complaint.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is suspected.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff have received supervision to reiterate the correct procedure for completion of records. The registered manager audits records after every fall where a head injury has occurred or potentially suspected and robust protocols are followed..</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The item mentioned, a tube of steradent tablets, was removed immediately. The registered manager completes a weekly inspection of the home to ensure that the home is free from hazards.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2024)</p>	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All IPC issues identified during the inspection process have been addressed. It is important to note that 98% of the home had been refurbished and re-decorated including new flooring, at the time of the inspection, with just 2 rooms and a few remedial works to be completed in communal areas.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2024</p>	<p>The responsible individual shall ensure the full name of staff working over a 24-hour period in the nursing home is recorded on the staff duty rota.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The full name of staff is now recorded on the duty rota.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure there are enough staff on duty at all times to meet the assessed needs of the patients.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Unfortunately there had been a period of increased sick leave by a number of staff at the time of the inspection which impacted on the duty rota. It must be noted that gaps in staffing in the rota are rare. We have subsequently completed a recruitment drive with a number of new staff appointed, ensuring that the sick leave is covered, with enough staff on duty to meet the assessed needs of the residents.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure that all pressure relieving mattresses are at the correct setting for patient weight to prevent pressure damage.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Daily audits of pressure relieving mattresses continue. The registered manager has enhanced weekly audits by visually inspecting each mattress ensuring it is on the correct setting for the resident weight.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure that management systems are in place to ensure the home's environment is monitored regularly.</p> <p>Ref: 5.2.5</p>

<b>To be completed by:</b> 31 May 2024	<b>Response by registered person detailing the actions taken:</b> On top of daily infection control audits, new performas has been devised which is extensively thorough, covering the entirety of the environment.
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The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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