

# Inspection Report

<b>Name of Service:</b>	<b>Castleview</b>
<b>Provider:</b>	<b>Castleview Private Nursing Home Ltd</b>
<b>Date of Inspection:</b>	<b>19 November 2025</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Castleview Private Nursing Home Ltd
<b>Responsible Individual:</b>	Ms Jacqui McCourt
<b>Registered Manager:</b>	Miss Rhonda Murray
<p><b>Service Profile –</b>  This home is a registered nursing home which provides nursing care for up to 36 patients living with a learning disability. The home is divided over two floors with communal lounges, bathrooms and a dining room.  There is an outdoor courtyard for residents use.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 November 2025, between 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients.

As a result of this inspection, seven areas for improvement were assessed as having been addressed by the provider; and three areas for improvement pertaining to medicines management have been carried forward for review at a future inspection. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives spoken with told us that they were happy with the care provided in Castleview.

Eight questionnaires were received from patients following the inspection, all indicated that they were happy with the care and services provided in Castleview. Comments made included, "staff are good" and "look after me well". There was no additional feedback received from the online staff survey.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

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

The staff duty rota accurately reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the manager and review of records confirmed that a system was in place to monitor the dependency levels of patients and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of patients.

Review of records provided assurances that a system was in place to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC). Discussion with the management team confirmed that the records were being further developed to enhance oversight arrangements.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. A review of records confirmed that a matrix had been developed and that the provision of supervision and appraisal meetings was ongoing.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were observed to be 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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

Arrangements were in place to meet the patients social, religious and spiritual needs within the home. Activities for patients were provided which involved both group and one to one activities and patients commented how much they enjoyed outings.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

Patients care records were held confidentially.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. For example, the patient's bedroom was personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

There was evidence of an ongoing refurbishment plan, one of the lounges had recently been painted and decorated. It was noted that a pipe fitting in one identified bathroom required review; assurance was provided by the management team that this would be reviewed and actioned as appropriate.

Fire safety measures were in place and the most recent fire risk assessment was undertaken on 10 November 2025.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures, regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

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.

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.

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

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

There was a system in place to manage complaints.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Discussion with the management team confirmed that audits were being further developed to support enhanced oversight.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13.4 (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (29 October 2024)	The responsible individual shall ensure that records of administration of thickening agents are maintained.  Ref: 3.3.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (29 October 2024)	The responsible individual shall ensure that appropriate action is taken if the temperature of the medicines refrigerator is outside the range of 2 °C -8°C.  Ref: 3.3.2
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (29 October 2024)	The responsible individual shall ensure that a current and up to date list of medication is obtained from the GP when a patient is admitted from their own home or transferred from another care home.  Ref: 3.3.4
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>



## The Regulation and Quality Improvement Authority

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