



# Unannounced Care Inspection Report

## 28 June 2018



## Castlehill

**Type of Service: Nursing Home**  
**Address: 14 Bellshill Road, Castledawson, BT45 8HG**  
**Tel No: 0287946 8730**  
**Inspector: Sharon Mc Knight**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 34 persons.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Safecare Chrysalis Ltd  | <b>Registered manager:</b><br>Bernadette O'Neill   |
| <b>Responsible Individuals:</b><br>Cathal McAteer<br>Brian McAteer  |  |
| <b>Person in charge at the time of inspection:</b><br>Nurse in charge Teresa Agnew 10:30 -13:30<br>Nurse in charge Marrison O'Neill 13:30 – 16:00 | <b>Date manager registered:</b><br>27 January 2011 |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>LD – Learning disability.<br>LD(E) – Learning disability – over 65 years.                      | <b>Number of registered places:</b><br>34          |

### 4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 10:30 to 16:00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing and staff development, training, supervision and appraisal, infection prevention and control and the home's environment. There were examples of good practice found in relation to the assessment of patient need, the management of nutrition, the communication of patient needs between staff and the culture and ethos of the home.

Areas requiring improvement were identified in relation to falls management, noise management and care records. An area for improvement was also identified in relation to ensuring that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | <b>1</b>    | <b>7</b>  |

Details of the Quality Improvement Plan (QIP) were discussed with the nurse in charge Marrisa O'Neill, as part of the inspection process and with the registered manager Bernadette O'Neil during a telephone conversation on 3 July 2018. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 9 January 2018.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with four patients individually and with the majority in small groups and seven staff. Questionnaires were also left in the home to obtain feedback from patients' representatives. A poster was provided which directed staff to an online survey.

The following records were examined during the inspection:

- duty rota for staff from 17 – 30 June 2018
- staff training records
- incident and accident records
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last careinspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 19 June 2017.

| Areas for improvement from the last care inspection                                      |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015)    |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> Second time    | It is recommended that assessments are reviewed regularly to ensure they accurately reflect the patient's needs.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Care records examined were regularly reviewed to ensure they accurately reflected the patient's needs. This area for improvement has been met.       |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 35.6<br><b>Stated:</b> Second time | It is recommended that the registered manager undertake regular audits of care records to ensure that the required improvements are made and that care records are maintained in accordance with best practice. | <b>Met</b>               |

|  |  |                   |
|--|--|-------------------|
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Records evidenced that audits of care records were undertaken regularly. This area for improvement has been met.</p>  |                   |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Standard 4<br/><b>Stated:</b> First time</p>    | <p>The registered person shall ensure that care plans are regularly reviewed to ensure they continue to meet the needs of the patients.</p>  | <p><b>Met</b></p> |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Care plans examined were regularly reviewed to ensure they continue to meet the needs of the patients. This area for improvement has been met.</p>  |                   |
| <p><b>Area for improvement 4</b><br/><b>Ref:</b> Standard 35.6<br/><b>Stated:</b> First time</p> | <p>The registered person shall ensure that the working arrangements of the registered manager are kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively.</p>  | <p><b>Met</b></p> |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>A review of the duty roster evidenced that the registered manager continues to work a number of shifts for management responsibilities and shifts as a registered nurse. They confirmed that this is kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively</p> |                   |

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 17 and 24 June 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Staff recruitment files and records to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were not available for inspection as the registered manager was not on duty. These records will be reviewed at the next care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records which evidenced that an annual training plan was in place. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions. Training records included the date the training was attended/completed, the names and signatures of those who attended and provided the registered manager with oversight of compliance. A review of the appraisal and supervision planner evidenced that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records completed from 1 January 2018. The review of completed accident reports and patients' care records evidenced that neurological observations were not always recorded when a possible/actual head injury was sustained. To ensure that there is proper provision for the health and welfare of patients the nurse must ensure that in the event of a suspected head injury CNS observation are recorded. If patients refuse to have the observations taken this should be recorded on each occasion.

An accident book was maintained which formed part of the management system for the recording and monitoring of accidents. One accident, recorded in the patient's care records had not been included in the accident book. To ensure that all recorded accidents are reviewed as part of the home's governance systems all accidents should be recorded in the accident book. This was identified as an area for improvement. Notifications were submitted to RQIA in accordance with regulation.

A review of records confirmed that systems were in place to ensure that falls occurring in the home were analysed monthly to identify if any patterns or trends were emerging. However none had been completed for a number of months prior to the inspection. This was identified as an area for improvement under the standards.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example alarm mats. There was also evidence of consultation with relevant persons.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm, well

decorated, fresh smelling and clean throughout. We noted that the doors throughout the home banged loudly when closing. Due to the hot weather at the time of the inspection a large number of windows in the home were open and it was acknowledged that this can impact on doors closing. However due to the level of noise created by the doors a review should be completed of the closing force of the automatic self-closing devices in an attempt to reduce the noise level; the review should give consideration to when the windows are both open and closed to ensure that any doors which are fire doors and fitted with automatic self-closing devices continue to operate correctly and close fully at all times. This was identified as an area for improvement.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and staff development, training, supervision and appraisal, infection prevention and control and the home's environment.

### Areas for improvement

The following areas were identified for improvement in relation to the completion of neurological observations in the event of a suspected head injury, the monthly analysis of falls, the completion of accident forms and noise management.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | <b>1</b>    | <b>3</b>  |

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily and evidence the patient's daily intake.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place but were not consistently evaluated following falls. A post falls review should be completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly. This was identified as an area for improvement under the standards.

There were no patients with wounds at the time of the inspection. We discussed the management of wound care with two registered nurses who were knowledgeable of the systems and records required to evidence care delivery. Risks assessments were in place to assess patients' risk of developing pressure ulcers risk; assessments were reviewed regularly. Care plans were not in place for patients assessed as at risk of developing pressure ulcers. This was identified as an area for improvement. Repositioning charts for two patients assessed as high risk of developing pressure ulcers were reviewed; the charts contained gaps in recording and did not consistently evidence that patients were assisted to change their position for pressure relief when in bed. Repositioning charts must be accurately maintained to evidence delivery of care. This was identified as an area for improvement under the standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the assessment of patient need, the management of nutrition and the communication of patient needs between staff.

### **Areas for improvement**

Areas for improvement under the standards were identified with care records.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 3                |

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10:20. Patients were relaxing in the lounges and reception area of the home; some patients remained in their bedrooms, again in keeping with their personal preference. There was a calm atmosphere throughout the home. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Patients and staff spoken with confirmed that there were activities provided throughout the day to meet their social, religious and spiritual needs within the home. Patients were also provided with opportunities to go out for bus trips.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the dining room. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home.

Ten relative questionnaires were provided; none were returned prior to the issue of this report.

Staff were asked to complete an on line survey, we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and patient dignity and privacy.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | <b>0</b>    | <b>0</b>  |

## **6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The importance of ensuring all complaints are referenced in the complaints record was discussed with the registered manager following the inspection.

Discussion with the registered nurses on duty and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices and care records.

A review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Issues to be addressed were identified within the report. The progress on compliance with the issues to be addressed was not always commented on in the next report. This was identified as an area for improvement.

Discussion with staff and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

## Areas for improvement

An area for improvement under the standards was identified in relation ensuring that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | <b>0</b>    | <b>1</b>  |

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the registered manager Bernadette O'Neil and the nurse in charge Marrison O'Neill, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005

|  |   |
|--|---|
| <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the day of inspection</p> | <p>The registered persons must ensure that there is proper provision for the health and welfare of patients.</p> <p>In the event of a suspected head injury neurological observations must be recorded. If patients refuse to have the observations taken this should be recorded on each occasion they refuse.</p> <p>Ref: Section 6.4</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>CNS observation chart is in operation and completed as required.</p>   |

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

|  |  |
|--|--|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate action is taken.</p> <p>Ref: Section 6.4</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>Falls were recorded monthly as per guidelines. Falls register in place and analysed accordingly.</p>                      |

|   |   |
|---|---|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person shall ensure that all accidents are recorded in the accident book.</p> <p>Ref: Section 6.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>All staff made aware of their responsibility in relation to documentation of falls..</p> |

|   |  |
|---|--|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 43.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person shall ensure that a review is completed of the closing force of the automatic door self-closing devices on doors in an attempt to reduce the noise level in the home.</p> <p>The review should give consideration to when the windows are both open and closed to ensure that any doors which are fire doors and fitted with automatic self-closing devices continue to operate correctly and close fully at all times.</p> <p>Ref: Section 6.4</p> |
|---|--|

|   |   |
|---|---|
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Door softners attached to all door frames to eliminate the noise impact on closing.</p>  |
| <p><b>Area for improvement4</b><br/><b>Ref:</b> Standard 22.9<br/><b>Stated:</b> First time<br/><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.<br/><br/>Ref: section 6.5</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Each Registered Nurse has been made aware of the recommendation and discussion of the relevant paperwork for post fall review.</p>                           |
| <p><b>Area for improvement5</b><br/><b>Ref:</b> Standard 23.2<br/><b>Stated:</b> First time<br/><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person must ensure that where a patient is assessed as at risk of developing pressure ulcers a prevention and treatment care plan is completed.<br/><br/>Ref: section 6.5</p>                                       |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The relevant care plan has been updated accordingly by the relevant Named Nurse.</p>   |
| <p><b>Area for improvement6</b><br/><b>Ref:</b> Standard 4.9<br/><b>Stated:</b> First time<br/><b>To be completed by:</b><br/>26 July 2018</p>  | <p>The registered person shall ensure that repositioning charts are accurately maintained to evidence delivery of care.<br/><br/>Ref: section 6.5</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>All staff made aware of this recommendation and the importance of completing records accurately.</p>   |
| <p><b>Area for improvement7</b><br/><b>Ref:</b> Standard 35.7<br/><b>Stated:</b> First time<br/><b>To be completed by:</b><br/>26 July 2018</p> | <p>The registered person shall ensure that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.<br/><br/>Ref: section 6.7</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Any recommendation is re-audited and action plan identified to the relevant staff and follow - up on next report.</p>  |

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



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