



Inspection Report

Regulation of Care Act 2013

Adult Care Homes

Castle View Nursing Home

Unannounced Inspection

23 November 2016

0810-1530



Contents

Completing and returning your report

To complete your report form, enter text by clicking on the box see the instructions below.

Use the tab key to move to the next box.

1. Provider's action plan
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)



2. Provider's comments/response
 - a. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - b. State any factual inaccuracies found, add comments (if applicable)
 - c. Sign (type name when returning electronically) and date
3. Return your report to randi@gov.im within 4 weeks
4. Do not use any other method e.g. links to Cloud or other file sharing services

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Summary of Inspection Outcomes

Areas of good practice
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Part 4: Inspection Outcomes and Evidence and Requirements

For this inspection the Unit has decided to inspect the following key groups of standards, taking account of the outcomes of inquiries into Winterbourne View and Mid-Staffordshire NHS Trust and given our knowledge and experience of services currently inspected on the Isle of Man:

Standard 2 - Daily Living
 Standard 7 - Management, Quality and Improvement

In addition the following areas will be considered in each inspection:

Statement of Purpose
Complaints
Safeguarding
Health and Safety (specifically fire safety, electrical installations, central heating and boiler maintenance)
Accidents and Incidents
Public Liability Insurance
Staff Rotas
Dependency Assessments

Part 5: Previous Requirements and Recommendations

Compliance with requirements and good practice recommendations from previous inspections

Requirements and good practice recommendations identified from this Inspection.

Part 6: Provider's comment / response

Service Information**Name of Service**

Castle View Nursing Home

Tel No: (01624) 841400**Registration number ROCA/P/0136A****Address**

Ballatessan Meadow, Glenfaba Road, Peel IM5 1DX

Conditions of Registration

The numbers of persons for whom care and accommodation is provided at any one time shall not exceed 66.

Brief Description of Service and Services Provided

Castle View nursing home is a purpose built nursing home, situated on the edge of a residential area in Peel. The town centre and local shops are accessible via a short taxi ride. There are bus services from Peel to most of the major towns on the Island.

Peel Castle, Peel Promenade, Peel Harbour, the Leece Museum and the House of Manannan Exhibition are some of the local attractions which can be found within one mile of the home. Tynwald Mills indoor shopping complex is a short distance away. The home is approximately 10 miles from Douglas.

The home has well-tended landscaped gardens with outdoor seating provided. Marked parking bays for visitors are provided at the front of the building.

The home is divided into two units, the first providing general nursing care for the elderly; the second unit providing specialist care for elderly residents with a variety of mental health problems.

The accommodation is provided over two floors with lift access to the first floor. All bedrooms have en-suite toilet/shower facilities. The home has a number of assisted bathrooms and assisted shower rooms. Communal areas are provided on each floor and include a reception area and quiet lounges and dining areas. Residents are registered with a local General Practitioner and a doctor from that practice routinely visits the home. Residents are welcome to keep their own optician and dentist or local arrangements can be made.

Establishment/Agency Information**Email Address:**Castleview@caringhomes.org**Name of Registered Manager**

John Adair

Registration number ROCA/M/0016**Type of Establishment**

Adult Care Home

Date of latest registration certificate**24/1/2014**

Assessed risk level of service:

Pre-inspection LOW

Post-inspection LOW

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring risk level increases.

NONE

Date of previous inspection

15/03/16

Number of individuals using the service at the time of the inspection

Sixty five (65)

Person in charge at the time of the inspection

John Adair

Name of Inspector(s)

Sharon Kaighin

Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Summary of Inspection

This is an overview of what the inspector found at the time of the inspection.

The purpose of this inspection was to:

- Check the service's levels of compliance with standards and regulations as set out in Part 2.

Areas of good practice:

- Record keeping was comprehensive and trends relating to falls, weight maintenance and other aspects of care were able to be easily monitored.
- Records were securely stored in lockable cabinets in line with good practice.
- Notifications of events were all appropriately sent to Registration and Inspections Unit with clear actions and follow up learning identified. Trigger pattern analysis gave meaning to fall records etc and helped to evidence the service responded to events.
- Residents were seen to be clean, appropriately dressed and tidy. They were all happy with their care and were relaxed in the presence of staff.

Quality improvements subsequent to the previous inspection:

There were no areas of improvement from the last inspection.

Areas for Improvement:

- Fire drills to be carried out at least twice yearly.

Demeanour of, and feedback from, residents

The inspectors saw all residents during the inspection, and had the opportunity to speak with many of them, both individually and in a group setting. They were happy to speak with the inspectors and had no complaints about the care they received in the home.

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 - Daily Living
<p>OUTCOME: Daily Living - People are supported to set and carry out their activities and routines in suitable surroundings. The environment is conducive to people's well-being and safety. People live in a home that is safe, warm clean and comfortable. People have access to the aids, equipment and facilities they need.</p>
<p>Our decision:</p> <p>Compliant</p>
<p>Reasons for our decision</p> <p>The home on inspection was clean, hygienic and welcoming. Furnishings were comfortable and there was ample seating for individuals if they wished to sit around the home. Facilities and equipment were all in place to ensure residents' needs were met.</p> <p>The dementia unit on the ground floor is adapted for the needs of its residents:</p> <ul style="list-style-type: none"> • Signage is in place on doors to identify residents' rooms. • Red toilet seats and corridor rails in place. • Photographs in place in corridors. <p>All residents have their own private accommodation with en suite facilities. Residents' rooms seen on inspection were all personalised with their own belongings and furniture as they wanted. They were able to control the heating and lighting in their rooms, with restrictors on the windows to allow fresh air into the rooms. Rooms are able to be locked as required, with families being consulted as appropriate if they agreed to rooms being locked when a resident has left the room. Rooms all meet minimum standards, and contain sufficient space to freely move around.</p> <p>The dining rooms were all seen on inspection, and these were bright and spacious. Sufficient toilets and bathrooms are in the home to meet the needs of all residents and are able to be locked. Aids and equipment are in place to meet the needs of the residents; call systems and alarms, grab rails and toilet seats are in place. Passenger lifts, together with appropriate mobility aids are available as required. Sensor mats and infra-red sensors are in place as required.</p> <p>The residents at Castle View are able to have access to a telephone at all times; there is also broadband access available should they require it.</p> <p>The home is set within extensive accessible grounds which are well maintained, and provide a pleasant outlook. There is also a minibus available for trips out.</p> <p>Each resident in Castle View has their own individual living routines. The inspectors discussed with the manager and also the residents confirmed that everyone was able to set their own living patterns, and to get up and go to bed when they so wished. Care plans seen all evidence that people are treated as individuals, and meal times are flexible to allow personal preferences to be accommodated.</p> <p>The home recognises that people may prefer to have personal care given by either a male or female; this was discussed on inspection and risk assessments evidenced that these preferences were taken into account.</p> <p>The inspectors discussed with residents the quality of food in the home. They all said that the</p>

food was good and that they had no complaints. Menus were provided to the inspector which showed that a good variety of food was on offer throughout the day and at night if required. Calorific breakdown of menus, needs for supplements and weight recording of residents all were carried out to evidence nutritional value. Pictorial menus will be introduced in the near future for residents to use.

The importance of activities was discussed with the manager. An activities coordinator is employed, and the activities log evidenced a variety of sessions attended by residents. The home also used "Daily Sparkles," a reminiscence resource which was individually created for the home.

Residents are encouraged to do domestic tasks if they are able and so wish. The inspectors discussed the development of enabling people to keep occupied and how this could be developed. Rights of residents to vote are encouraged; they were taken by minibus to the local polling station to exercise their citizen's right to vote.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 7 - Management and Quality Improvement

OUTCOME:

People have confidence that the systems in place support at the home the smooth running of the home. The registered manager is qualified and competent to manage the home. People are consulted about how the home is run and their opinions are taken into account. The home has an annual development plan that makes provision for the home to develop and improve.

Our decision:

Compliant

Reasons for our decision

The registered manager holds a QCF 5, and is also a dual registered nurse and mental health nurse. They also have extensive experience of caring for the elderly. The staff are all made aware of the policies and procedures which are online and can also be printed off. The system in place flags up when they are due to be reviewed, and also the specific adaptations needed for the Isle of Man.

Staffing levels were discussed on inspection, and the issue of recruiting and retaining staff. Staff and residents spoken with felt that enough staff were employed to adequately meet care needs.

Residents are able to meet together in residents' meetings and the inspectors were given the minutes of these meetings on inspection. These recorded that the chef and manager both attend for part of the meetings. Each day a resident is chosen to be a "resident of the day" and all relevant staff will meet with that resident to check that they are happy. Visitors to the home also are given opportunities to give their opinion on the home; a suggestion box is in place, and also a survey form to complete. There is also an "open door" policy and the manager aims to be available

to deal with any complaints.

Accident and incident reports were all submitted to the Registration and Inspections unit appropriately, and trends were monitored to take account of any "spikes" in events and appropriate action taken.

It was good to see compliments that had been received about the care that had been received about the care at Castle View. These included the following:

- "...much to my amazement..has got their sparkle back".
- "...excellent work..morale boosting..high standards".
- "...is very settled..every confidence in staff".
- "making..birthday party a success..we appreciate everything that was done."

Concerns had been raised in a feedback questionnaire from a relative. The inspector thoroughly discussed these with the manager and was satisfied with the responses received.

An annual report is in place, and the business plan is in the process of being finalised. This was seen on inspection and covered in detail all relevant areas, executive overview and future development plans.

The inspectors discussed with the manager the systems in place to monitor staff activity. These included regular supervisions and appraisals. These, together with a culture which aims to be supportive and improving morale, evidences that staff are valued and informed.

Paperwork was examined on inspection, and this was clear, legible and up to date. Both electronic and paper copies of documents were organised, clear and able to be easily understood. Confidentiality requirements in line with data protection are met with access to records appropriately restricted.

A written policy is in place which informs people of their rights to access their files and records at any time; this was also included in the home's Statement of Purpose.

Quality assurance is carried out with reports to the regional manager submitted, and regular management visits occur several times yearly.

Residents' personal belongings are able to be stored safely in the home's safe. A record is kept and witnessed, and this is handled by the home's deputy manager. Finances are administered by the resident's appointees as necessary.

The inspectors discussed record keeping with the manager. Discussions prior to the inspection regarding notifications, and possible raised alerts, all evidenced that clear understanding of the process was in place. Clinical Governance reports were seen on inspection which displayed trends.

Requirements and recommendations

None

Provider's action plan

Not applicable

ANY OTHER AREAS EXAMINED

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1.1 Statement of Purpose
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Our decision**Compliant****Reasons for our decision:**

The Statement of Purpose required certain amendments, but these were all completed during the inspection and the Statement is now satisfactory. It contains all relevant areas and adequately meets the requirements of this standard.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.8 4.9 - Complaints
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Our decision**Compliant****Reasons for our decision**

- Complaints procedure is clear, displayed at the home and is accessible to all.
- The procedure is available in an easy to read version if requested.
- Complaints file seen on inspection evidenced that complaints would be taken seriously.
- Information on an independent advocate is included;
- Feedback is given as appropriate via letter, verbally and by email;
- Complaints were dealt with appropriately in line with this standard.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.1 - 4.4 Safeguarding
Our decision
Compliant
Reason for our decision
<ul style="list-style-type: none"> • Policies and procedures are in place which guide practice. • National policies are in place which have been adapted in line with the Isle of Man; in particular, deprivation of liberty safeguards, adult protection training safeguarding and capacity. • Staff receive training on safeguarding, with some staff trained as investigators. • Whistleblowing policy in place for all staff. • Detailed records in place with regard to incidents, wound management, health and safety and audits as to events. • Mandatory safeguarding training is undertaken by new employees evidenced by the training matrix as per the standard.
Requirements and recommendations
None
Provider's action plan
Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.10 , 4.16, 4.17, 4.18, 4.19 Health and Safety
Our decision
Substantially compliant
Reasons for our decision
<ul style="list-style-type: none"> • Fire training has been undertaken by the majority of staff. • Twenty five staff are now trained fire marshals. • Weekly alarm testing is carried out. • Monthly firefighting equipment checks are carried out and recorded. • Emergency lighting checks are carried out and recorded. • Fire drills are to be carried out at least twice per annum; this is a requirement from this inspection. The inspector was informed post inspection that this had subsequently been met. • Current electrical installations certificate is in place dated 16/6/16. • Legionella requirements are met.

- Boiler maintenance has been carried out dated 23/11/16.
- Valid public liability insurance is in place, expiry date 15/4/17.

Requirements and recommendations

STANDARD 4.10

Fire drills are required to be carried out twice yearly.

TIMESCALE: IMMEDIATE**Provider's action plan**

A fire drill was held on December 6th 2016 with no concerns identified, and the manager will ensure that subsequent fire drills in Castle view will be undertaken on a monthly basis

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6.18 6.19 Staffing**
Our decision**Compliant****Reasons for our decision**

Staffing was discussed on inspection, and all staff spoken with on inspection, together with residents, confirmed that there were sufficient staff to meet needs. A discussion with the manager highlighted the issues around recruitment and retention of staff; this had been acknowledged, and efforts were made to retain staff and value them within a supportive culture.

Requirements and recommendations

None

Provider's action plan

Not applicable

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7.16 - Records**
Our decision**Compliant****Reasons for our decision**

- Records relating to care planning were all clear, signed and dated.
- Risk assessments were in place on residents' files including dependency assessments, observation charts and personal assessment documents.
- Reviews of records were carried out appropriately and gave an updated picture of residents' needs.
- Trends are documented and evidence clear patterns of events within the home.

Requirements and recommendations
None
Provider's action plan
Not applicable

Other areas identified during this inspection / Or previous requirements which have not been met
None
Provider's action plan
Not applicable

Requirements from previous inspection
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Identified below are requirements made at previous inspections under Regulation of Care Act 2013 and progress to date:

No	Regulation/Standards	Requirement/date for compliance	Met/not met
	NONE		

Good practice recommendations from previous inspection

Identified below are recommendations made at previous inspections under Regulation of Care Act 2013 and progress to date:

No	Standard	Recommendations	Met/not met
	NONE		

Please complete the provider action plan sections beneath each requirements and recommendations providing details of action taken (or to be taken) with timescale for each.

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Sharon Kaighin & Steve Buttery **Date:** 15 December 2016

Provider's comments/response

To: The Registration and Inspection Unit, 3rd Floor, Murray House, Mount Havelock, Douglas IM1 2SF

From:

I / we have read the inspection report for the unannounced inspection carried out on 23 November 2016 at the establishment known as Castle View Nursing Home, and confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s).

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from the receiving the report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Transition from a previous provider to Caring Homes Group has provided Castle View Nursing Home the opportunity to develop. The support from a large organisation includes clinical and educational aspects, as well as operational stability. Moving forward, Castle View will benefit from investment both in the structure of the building, and in the knowledge / skills development of its workforce which will impact positively in the care provision for the individuals residing there.

**Signed
Manager**

John Adair

Print name

John Adair

Date

19/12/2016

Signed

Click here to enter text.

Print name

Click here to enter text.

Date

Click here to enter text.

Action plan/provider's response noted and approved by Inspector:

Date: 5/1/2017

Signature/initials Sharon Kaighin