



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Parkview House (1197)
Date of Inspection: 16 December 2014
Inspector's Name: Heather Moore
Inspection ID: IN017238

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of Home:	Parkview House
Address:	Parkview Road, Castledearg, Co Tyrone, BT81 7XH
Telephone Number:	028 8167 9192
E mail Address:	da.mcallister@apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Ltd
Registered Manager:	Mrs Davina McAllister
Person in Charge of the home at the time of Inspection:	Mrs Davina McAllister
Categories of Care:	NH-I, NH-LD(E), NH-PH Maximum of two persons in category NH-LD(E) and one person in category NH-PH
Number of Registered Places:	15
Number of Patients Accommodated on Day of Inspection:	15
Scale of Charges (per week):	£581.00
Date and type of previous inspection:	16 July 2014 Primary Announced
Date and time of inspection:	16 December 2014: 8.50am – 12.35pm
Name of Inspector:	Heather Moore

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS / PROCESS

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - 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 within the inspection report.

6.0 Profile of Service

Parkview House is situated within an Apex Housing complex on Parkview Road, a short distance from the centre of Castlederg.

The nursing home is owned and operated by Apex Housing Association Ltd.

The current registered manager is Mrs Davina McAllister

The home is single storey accommodation and comprises of 15 single bedrooms (one with en-suite), two sitting-rooms, conservatory, two day rooms, a main kitchen, toilet/washing facilities, staff accommodation, offices and a designated smoking area for patients.

The home is registered to provide care for a maximum of 15 patients under the following categories of care:

- Nursing I - old age not falling within any other category
- LD, LD(E) - learning disability(two designated patients only)
- PH, PH(E) - physical disability under and over 65 years.

The grounds around the home are beautifully landscaped and well maintained. The grounds provide secluded areas to enable patients to walk and/or relax in tranquil, secure surroundings

Adequate car parking facilities are provided at the front and side of the home.

7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Parkview House. The inspection was undertaken by Heather Moore on 15 December 2014 from 8.50am to 12.35pm.

The inspector was welcomed into the home by Mrs Davina McAlister Registered Manager who was also available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, one visiting relative, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 16 July 2014 five recommendations and four recommendations were issued. These were reviewed during this inspection. The inspector evidenced that these requirements and recommendations had been complied with the exception of one requirement and one recommendation. This requirement and recommendation are restated. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and review of three patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction. Registered nursing staff had also received additional training on male catheterisation

Examination of three care records confirmed a good standard of documentation. Currently there is no continence link nurse nominated in the home, a recommendation is made that a nurse is allocated to manage continence care in the home.

A recommendation is also made that a regular review of the management of patients who were incontinent be undertaken and the findings acted upon to enhance already good standards of care.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

One requirement, one restated requirement, two recommendations and one restated recommendation are made. These requirements and recommendations are detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, registered nurse and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15 (2)(b)	The registered person shall ensure that the assessment of the patient's needs is revised at any time where it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	Inspection of three patients care records confirmed that the assessment of the patient's needs was reviewed and updated appropriately.	Compliant
2	16 (2)	It is required that the patients' care records are reviewed and updated in order to fully reflect the patients' assessed needs.	Inspection of three patients care records confirmed that the care records were reviewed and updated to reflect the patients' assessed needs.	Compliant
3	12 (4)(a)	The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals.	Inspection of a sample of patients' fluid charts confirmed that these charts were recorded appropriately.	Compliant
4	20 (1) (c) (i)	Staff as appropriate are required to be trained in the following areas; <ul style="list-style-type: none"> • Record keeping • Nutritional Guidelines and Menu Checklist for Residential and 	<ul style="list-style-type: none"> • Inspection of staff training records confirmed that staff had not received training in record keeping. Restated • Staff had received training on the Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes on 2, 3, 5 	Substantially Compliant

		<p>Nursing Homes</p> <ul style="list-style-type: none"> • Enteral feeding systems including the use of specific pump equipment • Preparation and presentation of pureed meals • Fortification of food • Nutritional awareness, dysphagia awareness. 	<p>and 10 September 2014</p> <ul style="list-style-type: none"> • Enteral Feeding systems including the use of specific pump equipment on the 21 November 2014 • Preparation and presentation of pureed meals on 9 November 2014 • Fortification of food on 9 November 2014 • Nutritional awareness and Dysphagia awareness on 26 November 2014. 	
5	20 (3)	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence. (This requirement is made in regard to the reviewing and updating of a registered nurses competency and capability assessment). All sections in these assessments should be individually signed by the registered nurse and the registered manager.</p>	<p>Inspection of the identified registered nurse's competency and capability assessment confirmed that this assessment had been reviewed and updated. All sections in this assessment were individually signed by the registered nurse and the registered manager.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.3	It is recommended that a repositioning chart be maintained for an identified patient.	Inspection of a sample of patients repositioning charts confirmed that these charts were recorded appropriately.	Compliant
2	12.3	It is recommended that the menu planner be reviewed and updated to highlight choices available for all meals and snacks for patients on therapeutic diets.	Inspection of the menu planner confirmed that the menu planner had been reviewed and updated to include choices for all meals and snacks for patients on therapeutic diets.	Compliant
3	30.1	It is recommended that an activity therapist be employed in the home.	Discussion with the registered manager confirmed that an activity therapist had not been employed in the home. Restated	Not Compliant
4	1.1	In order to enhance patients' privacy it is recommended that privacy blinds be provided on patients' bedroom windows.	Discussion with the registered manager revealed that consultation had taken place with the patients and currently privacy blinds were not required in the home.	Not Applicable

8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

9.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Review of three patients' records revealed that bladder and bowel continence assessments were undertaken for these patients. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate monthly.</p> <p>The promotion of continence, skin care, fluid requirements and the patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patients and their relatives' involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • Continence management / incontinence management • Stoma care • Catheter care. <p>Inspection revealed that the following guideline documents were not in place;</p>	<p align="center">Substantially Compliant</p>

<ul style="list-style-type: none"> • NICE Guidelines on Faecal incontinence • NICE Guidelines on urinary incontinence. <p>A recommendation is made that the guideline documents are available to staff.</p>	
<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Not applicable.</p>	Not Applicable
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. Registered nurses had also received training on male catheterisation.</p> <p>Discussion with the registered manager revealed that all the registered nurses in the home were deemed competent in female catheterisation. Currently there were no patients in the home that required stoma care. Discussion with the registered manager revealed that there is no continence nurse nominated in the home, a recommendation is made in this regard.</p> <p>A recommendation is also made that regular audits of the management of patients who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.</p>	Substantially Compliant

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p>Substantially Compliant</p>
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10.0 Additional Areas Examined

10.1 Care Practices

During the inspection the staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients, and staff.

Patients were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' requests promptly.

The demeanour of patients indicated that they were relaxed in their surroundings.

10.2 Patients' Comments

During the inspection the inspector spoke to 10 patients individually and to others in groups. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "I am very happy."
- "Everyone is very kind."
- "The food is very good."

The inspector spoke to one relative on the day of inspection who was satisfied with the standard of care being provided in the home.

10.3 Staffing

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

A recommendation made in the previous inspection in regard to the employment of an Activity Therapist has not been addressed and is therefore restated.

The inspector spoke to a number of staff during the inspection.

No issues or concerns were brought to the attention of the inspector.

Examples of staff comments were as follows:

- "Residents are well looked after."
- "I think the standard of care here is good."
- "I think we have enough staff on duty."
- "The standard of care here is good."

10.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, sitting areas, dining room, bathroom, shower and toilet facilities.

The home was found to be clean, warm and comfortable with a friendly and relaxed ambience. However a requirement is made that the identified patients' bedrooms are repainted.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Davina McAllister, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT9 0NS



Quality Improvement Plan

Unannounced Secondday Inspection

Parkview House

16 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Davina McAlister, Registered Manager** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	<p>The registered person shall ensure that staff as appropriate are trained in record keeping</p> <p>Ref: Follow up to Previous inspection</p>	Two	Actioned training provided on 20-1-15	Two Months
2	27 (2) (d)	<p>The registered person shall ensure that the identified patients' bedrooms are repainted.</p> <p>Ref: Section 10, point 10.6 (Additional Areas Examined)</p>	One	Job logged with property services & will be followed up to ensure compliance within timescale	Two Months

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	<p>It is recommended that an activity therapist be employed in the home.</p> <p>Ref: Section10, point 10.4 (Additional Areas Examined) Follow up to previous inspection</p>	Two	Currently because of financial constraints an activity therapist cannot be employed. External funding applications are being made by the community involvement officer to secure additional resources to provide additional activities. The rota will identify a member of staff responsible for the daily delivery of an activity. Currently a number of activities are being provided by external agencies, some of which is funded by the nursing home comfort fund	Two Months
2	19.2	<p>It is recommended that the following guideline documents be available in the home:</p> <ul style="list-style-type: none"> • NICE Guidelines on Urinary Incontinence • NICE Guidelines on Faecal Incontinence. <p>Ref :19.2</p>	One	Actioned; NICE guidelines on Urinary Incontinence & Faecal Incontinence are available as a resource for all nurses	One Week
3	19.3	It is recommended that a continence nurse be nominated in the home.	One	Actioned; A staff nurse has been identified as a link nurse for incontinence & her name	One Month

		Ref:19.3		has been forwarded to the WHSSCT to link in to twice yearly updates/training within the trust with the incontinence specialist staff	
4	19.3	It is recommended that reviews of patients who are incontinent be undertaken in the home to enhance continence care. Ref:19.3	One	An audit tool is now in place to access the specific use of the specific incontinence products. All patients care plans will be reviewed in respect of same. Training has been delivered by Aquilant on 13-1-15.	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Davina McAllister
Name of Responsible Person / Identified Responsible Person Approving Qip	Muriel Sands

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	8 February 2015
Further information requested from provider			