



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 January 2021



Parkview House

Type of Service: Nursing Home
Address: Parkview Road, Castlederg BT81 7XH
Tel No: 028 8167 9192
Inspector: Jane Laird

www.rqia.org.uk

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 27 patients.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion | Registered Manager and date registered: Marion Davina McAllister 1 April 2005 |
| Person in charge at the time of inspection: Marion Davina McAllister | Number of registered places: 27 Maximum of 2 persons in category NH-LD(E) and 1 person in category NH-PH. |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. | Number of patients accommodated in the nursing home on the day of this inspection: 18 |

4.0 Inspection summary

An unannounced inspection took place on 7 January 2021 from 11.15 hours to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- the home's environment
- leadership and management arrangements.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 4 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marion Davina McAllister, manager and Lorenzo Cardenas, senior nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection, registration information, and any other written or verbal information received.

This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was also left for staff inviting them to provide feedback to RQIA online.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 28 December 2020 and 4 January 2021
- incident and accident records
- one staff recruitment file
- three patient care records
- three patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- record of staff mandatory training
- adult safeguarding folder
- a sample of monthly monitoring reports from November 2020
- a sample of governance audits/records.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2020. There were no actions required following this inspection.

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 11.15 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. On review of staff duty rotas the designated role of staff was not recorded and shifts for night duty were documented as 'ND' which did not specify the hours worked. This was discussed with the manager and an area for improvement was stated.

Observation throughout the inspection evidenced that the number and skill mix of the staff on duty met the needs of the patients. Discussion with staff confirmed that they were satisfied with the current staffing arrangements. Comments from staff included:

- "Manager very supportive."
- "Great team."
- "Love working here."
- "Very happy here."
- "Everyone is working really hard."
- "Manager is very approachable."

A poster was also left for staff inviting them to provide feedback to RQIA online. There was no response in the time frame allocated.

We reviewed one staff recruitment file which evidenced that relevant pre-employment checks had been completed prior to commencing employment within the home. However, on request of the staff members induction records, the manager advised that this had not been completed and further acknowledged that this had been an oversight and agreed to have this completed. This was identified as an area for improvement.

Discussion with the manager and review of the mandatory training matrix identified that training such as Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) had not been completed by all staff and compliance levels were low for a number of other mandatory training subjects. The manager advised that this was due to the current COVID-19 pandemic. In order to drive and sustain improvements an area for improvement was stated.

6.2.2 Care delivery

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 demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required.

Patients told us that they were well looked after by the staff and felt safe and happy living in Parkview House nursing home. Comments from patients included:

- "Happy living here."
- "They are always there when you need them."
- "Well cared for."
- "The food is great."
- "We are very happy with the care being provided."
- "Staff are just great."

One questionnaire was returned from a relative who was very satisfied with the service provision within the home. Comments included; "The care in Parkview is excellent in all aspects."

Seating and dining arrangements had been reviewed by the management of the home to encourage social distancing of patients in line with COVID-19 guidance. The dining room was not being used by patients following a risk assessment by the manager and portable tables were provided within the lounge areas during meal times. The manager advised that this was a temporary measure during the COVID-19 pandemic and that the dining room would return to its normal function when assessed as appropriate.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. A menu was displayed offering a choice of two main meals outside the lounge.

6.2.3 Care Records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. However, a number of deficits were identified as follows:

- the normal bowel type and frequency was not recorded in three patient care plans
- the type of pressure relieving mattress and setting was not recorded within one patient's care plan
- relevant medical history for two patients was not recorded within care plans.

Specific examples were discussed in detail with management who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording information within patients' care records and an area for improvement was stated.

We further identified that risk assessments were not consistently reviewed on a monthly basis and the assessment template for risk of falls stated 'review falls assessment weekly'. The

manager advised that this was incorrect and agreed to update the assessment template to be reviewed monthly. Review of care records is discussed further in section 6.2.6 below.

6.2.4 Infection prevention and control (IPC) measures

There was an adequate supply of PPE and hand sanitising gel at the entrance to and throughout the home. We observed a selection of gloves being used by staff and the manager advised that vinyl gloves were used for non-personal care interventions. Staff demonstrated an awareness of the various types of PPE and were observed applying and removing PPE correctly within designated areas.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

6.2.5 The home's environment

The home was fresh smelling and clutter free. Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. The manager advised that painting of walls and replacement of vanity units was on the home's refurbishment plans and would be completed once COVID-19 restrictions are relaxed.

We observed a number of unoccupied rooms being used as staff changing/dining areas. The importance of rooms being used for the purpose that they are registered for was discussed with the manager. Following the inspection, the manager provided written confirmation that this was a temporary measure during the COVID-19 period and that these rooms would revert back to the original status once assessed as appropriate.

6.2.6 Leadership and management arrangements

Since the last inspection there has been no change in management arrangements. The duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits including IPC, environmental and hygiene audits were completed on a regular basis by the management team to ensure the safe and effective delivery of care. Care record audits were being completed on a monthly basis and whilst the audits were identifying deficits and provided an action plan with timeframes, they did not identify the issues discussed in section 6.2.4 above. The manager acknowledged this and agreed to review the audit process and update the template. This was stated as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Five new areas were identified for improvement. These were in relation to the maintenance of the duty rota, staff induction, mandatory training, care records and quality governance audits.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 4 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marion Davina McAllister, manager and Lorenzo Cardenas, senior nurse, 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 | |
| Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 7 February 2021 | The registered person shall ensure that a review of all patient care records is completed to include specific details within care plans regarding: <ul style="list-style-type: none"> • the patients normal bowel type and frequency • the type of pressure relieving mattress and setting • relevant medical history. Ref: 6.2.3 |
| | Response by registered person detailing the actions taken: The Manager has delivered Group Supervision with all nursing staff and identified Care Plans have been updated |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 7 February 2021 | The registered person shall ensure the staff duty rota clearly identifies the job role and hours worked by staff. Ref: 6.2.1 |
| | Response by registered person detailing the actions taken: Amendments to Duty Rota have been actioned |
| Area for improvement 2 Ref: Standard 39.1 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that staff who are newly appointed, complete a structured orientation and induction within two days of employment commencing, with a full induction carried out within three months and a record of induction is retained within the employees file. Ref: 6.2.1 |
| | Response by registered person detailing the actions taken: The identified staff member has now signed off Induction record and this in Employee file |
| Area for improvement 3 Ref: Standard 39.4 Stated: First time To be completed by: | The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Ref: 6.2.1 |
| | Response by registered person detailing the actions taken: |

| | |
|--|--|
| 7 February 2021 | Dols training/Manual Handlnt training ongoing currently for identified staff via Department of Health Website and online Evolve training |
| <p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2021</p> | <p>The registered person shall ensure that audits regarding care records are enhanced to include the review of monthly risk assessments and care plans specific to:</p> <ul style="list-style-type: none"> • patients normal bowel type and frequency • type of pressure relieving mattress and setting • relevant medical history. <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Audits of monthly care records will be enhanced to include the review of monthly risk assessments and care plans specific to Patient Bowel Types Type of pressure relieving mattress and sling. Relevant medical history</p> |

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



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