

# Inspection Report

9 November 2021



## Parkview House

Type of service: Nursing Home  
Address: Parkview Road,  
Castleberg, BT81 7XH  
Telephone number: 028 81679192

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual</b> Miss Sheena McCallion	<b>Registered Manager:</b> Mrs Marion Davina McAllister  <b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Marie Goan, Registered Nurse	<b>Number of registered places:</b> 27  Maximum of 2 persons in category NH-LD (E) and 1 person in category NH-PH.
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 22
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 27 patients. The home is a single storey building and all bedrooms are single occupancy. Patients have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 November 2021, from 10.20 am to 4 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. Two areas for improvement relating to care records and staff training have been stated for a second time. One area for improvement in relation to staff induction has been carried forward for review at the next inspection.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Parkview House and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The inspector spoke with ten staff, nine patients individually and others in groups during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff also said that short notice absenteeism and difficulties in recruiting staff was having an impact on staff morale. Comments were shared with the management team during and following the inspection to action where necessary. There was no feedback from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time	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"> <li>• the patients normal bowel type and frequency</li> <li>• the type of pressure relieving mattress and setting</li> <li>• relevant medical history.</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement has not been fully met and has been stated for a second time.  This is discussed further in section 5.2.2.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure the staff duty rota clearly identifies the job role and hours worked by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of staff duty rotas evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time	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	<b>Carried forward to the next inspection</b>

	<p>a record of induction is retained within the employees file.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of training records evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.1.</p>	<b>Partially met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</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"> <li>• patients normal bowel type and frequency</li> <li>• type of pressure relieving mattress and setting</li> <li>• relevant medical history.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of audits evidenced that this area for improvement has been met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job with both online and face to face training. Examples of training provided included a range of topics such as moving and handling, fire safety and adult safeguarding. However, review of training statistics evidenced that multiple topics were below the required percentage of staff having received relevant training and an area for improvement has been stated for a second time.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There was evidence that competency and capability assessments were completed for the nurse in charge in the absence of the Manager.

Staff said that whilst teamwork was good, short notice absenteeism was having an effect on staff morale making it difficult to carry out their role effectively on occasions as the number of staff on duty was not always satisfactory to meet the needs of the patients. Review of three weeks duty rotas evidenced a number of short notice absenteeism and an increased use of agency staff. The above comments were shared with the management team who said that recruitment was ongoing for suitably skilled staff and that shifts were 'covered' where possible with regular agency staff to ensure continuity of care.

Staff stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Following the inspection the Manager provided written confirmation that the Commissioning Trust had been notified regarding the staffing issues and that an improvement in staffing had been made since the inspection with ongoing recruitment of staff and assistance from the Commissioning Trust.

Patients said that they felt well looked after and that staff were attentive. One patient commented "they (staff) are all very good to us here" and a further patient referred to the staff as "very friendly".

### 5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained.

In relation to the home's categories of care, we identified a patient whose presenting needs were not in keeping with the homes categories of care. During discussions with the management team and review of this patient's care records it was evident that the Manager had already communicated the enhanced needs of the patient with the Commissioning Trust. Following the inspection the Manager provided written confirmation that further correspondence had been made with the Trust and that a care management review had been arranged.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise; patients told us they very much enjoyed the food provided in the home. Whilst the atmosphere was calm and relaxed the dining room was very congested due to the number of patients occupying the space and staff assisting with meals. This was discussed with the management team who agreed to review the dining arrangements.

There was a variety of drinks available and food was attractively presented by the catering staff and smelled appetising. Care staff were delegated to transport meals on trays from the dining room to patients who preferred to have their meal within their bedroom and/or lounge. The food was covered on transport.

Review of four patient care records evidenced that most risk assessments and care plans were reviewed on a monthly basis. However, a moving and handling risk assessment for two recently admitted patients had not been completed within the required timeframe and a body map for one of these patient's had not been completed on admission. Care records for a further patient had not been updated following a change to their assessed needs and enhanced supervision requirements. This was discussed in detail with the management team and an area for improvement was identified.

It was further identified that the Malnutrition Universal Screening Tool (MUST) had not been completed since the 31 July 2021 for one patient. This was discussed with the management team and an area for improvement was identified to ensure that a MUST assessment is completed for all patients on a monthly basis or more frequently depending on the assessed needs of the patient.

Review of four patient care records regarding patients' normal bowel type and frequency evidenced that care plans did not contain the relevant information and an area for improvement has been stated for a second time.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Surface damage was evident to a number of vanity units, walls, doors, skirting boards and identified furniture. On review of the homes environmental audit most of these issues had been identified and were under review by management. The management team agreed to include all other deficits to their schedule of repair/replacement. Progress with the homes refurbishment will be reviewed at a future inspection.

Whilst corridors were clear of clutter and obstruction and most fire exits were also maintained clear, an identified kitchenette door was propped open and a chair was situated in front of a lounge door preventing the door from closing in the event of a fire alarm being activated. This was brought to the immediate attention of the nurse in charge and an area for improvement was identified.

The nurse in charge told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

There was a good availability of PPE and hand sanitising gel at the entrance to the home, however, a number of PPE stations throughout the home did not have any aprons. This was discussed with the nurse in charge who had them restocked during the inspection.

There were a number of practices which were not in keeping with IPC best practice. For example; a member of staff was observed wearing nail polish; a further staff member was observed wearing an apron and gloves within corridor areas following direct contact with a patient and not adhering to the correct procedure for the disposal of bodily fluids. In addition, a variety of items and patient equipment were stored inappropriately within bathrooms and a smoking room; emergency pull cords were not covered to facilitate effective cleaning and a small amount of patient equipment had not been effectively cleaned following use. The potential IPC risks were discussed with the management team and an area for improvement was identified.

#### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The nurse in charge was unable to locate these records within the home and following the inspection the report of the most recent visit was forwarded to the inspector. On review of the report it was identified that the visit was recorded as announced. The importance of these reports being available within the home and visits being unannounced was discussed with the Service Manager and an area for improvement was identified.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	4*



\* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Marie Goan, Registered Nurse, as part of the inspection process and Muriel Sands, Apex Housing & Care Services Manager following the inspection. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 December 2021</p>	<p>The registered person shall ensure that a review of all patient care records is completed to include specific details within care plans regarding:</p> <ul style="list-style-type: none"> <li>• the patients normal bowel type and frequency</li> </ul> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This is normally recorded but due to staff shortages it was missed in a newly admitted patient record .Same now updated</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• that fire doors are not obstructed or propped open.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the necessity to ensure there are no obstructions to Fire Doors</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the IPC guidelines and best practice requirements.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• appropriate storage of items and patient equipment</li> <li>• patient equipment is effectively cleaned following use</li> </ul>

	<ul style="list-style-type: none"> <li>• emergency pull cords are covered to facilitate effective cleaning</li> <li>• staff are bare below the elbow</li> <li>• gloves and apron are removed after direct contact with a patient and in accordance with IPC guidelines</li> <li>• the correct procedure for the disposal of bodily fluids is adhered to.</li> </ul> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>          Storage of equipment identified on day of Inspection has been reviewed and is now stored in a different location          We strive to ensure that all equipment is effectively cleaned following use. Staff have been reminded of necessity to ensure that all equipment is cleaned to appropriate standard          Emergency pull cords have been covered.          Staff have been reminded of uniform code.          Staff have been reminded of correct Donning &amp; Doffing techniques          Staff have been reminded of need to ensure that bodily fluids are transported safely</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b>   <b>Ref:</b> Standard 39.1   <b>Stated:</b> First time   <b>To be completed by:</b>          With immediate effect</p>	<p>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.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 January 2022</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All training records have been reviewed and staff tasked with completing identified training as soon as possible The timescale of 9<sup>th</sup> January cannot be met due to sickness absence and Covid outbreak status</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that any changes in the assessed needs of a patient are reflected within their care records and that relevant risk assessments including a body map are completed on admission and within the required timeframe.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been reminded to ensure that a body map is completed for all new residents and that all risk assessments are completed before developing care plans</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a MUST assessment is completed on a monthly basis or more frequently depending on the assessed needs of the patient.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This was overlooked for 1 resident. The keyworker was made aware of this and this has now been updated</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care