

# Unannounced Care Inspection Report 19 December 2016 and 19 January 2017



## **Parkview House**

**Type of Service: Nursing Home**

**Address: Parkview Road, Castleterg, BT81 7XH**

**Tel no: 028 8167 9192**

**Inspector: Sharon Loane**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Parkview House took place on 19 December 2016 and 19 January 2017 from 11.30 to 16.30 hours on day one and from 11.00 to 12.30 hours on day two. The day two inspection was a short notice inspection facilitated at Apex Housing Head Office in Londonderry. The inspection carried out on 19 January 2017 was undertaken to review and validate information pertaining to the recruitment of staff as this information was not available for inspection at Parkview House.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

The systems to ensure that care was safely delivered were reviewed. Staffing arrangements, recruitment processes and staff training and development were reviewed. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities. A general inspection of the home confirmed that the home was clean and well maintained.

Areas for improvement were identified in regards to the management of information pertaining to the recruitment of staff and the systems in place to ensure compliance with mandatory training requirements.

### **Is care effective?**

The systems and processes in place, to ensure that care delivery was effective, were reviewed. A review of care records evidenced that a range of risk assessments and care plans were completed on admission and reviewed as required thereafter. There were effective systems in place to promote and ensure effective communications between staff, patients and relatives.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The comments received from patients and their representatives were positive and praiseworthy of staff.

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

Discussion with the registered manager and staff advised that there was a clear organisational structure within the home.

Discussion with the registered manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided.

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Davina McAllister, registered manager, 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 15 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association Mr Gerald Kelly	<b>Registered manager:</b> Mrs Davina McAllister
<b>Person in charge of the home at the time of inspection:</b> Davina McAllister, Registered Manager	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> NH-I, NH-LD(E), NH-PH  Max of 2 persons in category NH-LD(E) and 1 person in category NH-PH	<b>Number of registered places:</b> 27

### 3.0 Methods/processes

Prior to inspection we analysed 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 quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with nine patients individually and the majority of others were observed and/or spoken with in small groups. Two registered nurses, two care staff and the laundress were also consulted. The personnel manager was also consulted during the inspection process at Apex Head Office.

A poster indicating that an inspection was taking place was displayed on the front door of the home and invited visitors /relatives to speak with the inspector. One patient's relatives were spoken with during the inspection.

The following methods and processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with the personnel manager
- discussion with patients
- validation evidence linked to the previous QIP
- staff duty rotas for weeks commencing 12 and 19 December 2016
- a sample of training records
- recruitment information
- complaints and compliments records
- incident and accident records
- sample of quality audits
- records of meetings; staff, patient and relatives
- three patient care records
- reports of monthly monitoring visits undertaken in accordance with Regulation 29

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2016

The most recent inspection of the home was an announced pre-registration care inspection. No QIP was issued as a result of this inspection. The QIP from the previous care inspection was attached to this report and was validated at this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 8 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36 Criteria (1) (2)  <b>Stated:</b> First time	The registered manager should ensure that the policy on palliative and end of life care is reviewed and updated to reflect GAIN guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes (November 2013) and that staff are knowledgeable of the reviewed policy on communication and the policy on palliative and end of life care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policies have been reviewed and updated as outlined in the recommendation made. A review of minutes for staff meetings held evidenced that reference had been made to the policies and staff were also referred to the palliative care resource file for further information.  This recommendation has been met.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 46 Criteria (1) (2)  <b>Stated:</b> First time	The registered manager should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.  Particular attention should focus on the areas identified at inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Systems and cleaning schedules have been developed and implemented since the last inspection. Infection prevention and control audits have been undertaken with evidence that the most recent audit had been completed in November 2016. Appropriate actions had been taken in relation to the majority of areas identified at the last inspection. Some opened packages of incontinence aids were still observed in some bathroom areas. Immediate actions were taken by the registered manager during the inspection and discussion with staff demonstrated their knowledge in regards to the appropriate storage of same. The registered manager provided assurances that this practice would be closely monitored to ensure compliance.  This recommendation has been met.	

### 4.3 Is care safe?

The registered manager 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 from 12 to 25 December 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels. A returned questionnaire completed by a patient included an additional comment regarding staffing levels. These comments were shared with the registered manager for further review and consideration. Staff spoken with advised that when planned staffing levels were adhered to there were sufficient staff to meet the needs of the patients. Staff advised that efforts were made by management to cover staff shortages as a result of sickness however it may not always be possible due to short notice. Staff acknowledged that the registered manager was very supportive and was always willing and available to cover shifts.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised.

The registered manager advised that staff completed mandatory training requirements via e-learning (electronic learning) and face to face training. The registered manager advised that staff compliance with mandatory training requirements was monitored by Apex Head Office. Although some records for training were available in Parkview House, it was difficult to establish the compliance level of staff. The registered manager demonstrated some oversight however, it was recommended that a training matrix should be developed which would assist the registered manager to monitor compliance levels in this regard. A recommendation has been made.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with the registered manager confirmed that all pre-employment checks were completed prior to commencement of employment; however personnel files were not maintained in the home. The registered manager explained that Human Resources were managed centrally at Apex Head Office in Londonderry. A recruitment matrix was available in the home however gaps were identified and the current system did not capture all of the information required in accordance with legislative requirements. For example; there was no record of interview dates, there was evidence that some files did not include proof of identity and pre-employment health assessments. As personnel files were unavailable this information could not be validated accordingly.

This matter was discussed with senior management at RQIA and a decision was made that a further inspection would be undertaken to review recruitment processes and ensure compliance with legislative requirements and DHSSPS guidance. Following a discussion, with representatives from Apex Housing Association, a decision was made that this inspection would be facilitated at Apex Head Office. As previously discussed this was undertaken on the 19 January 2017.

A review of four personnel files for staff employed in Parkview House was undertaken. The personnel files reviewed confirmed that all relevant checks had been completed prior to commencement of employment and documentation had been obtained as per Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005. The review identified that the recruitment matrix held in Parkview House was insufficiently robust and inaccurate. A requirement has been made to ensure that the recruitment template held in the home is robust enough to capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005 and that the registered manager has oversight of this information.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). All registered nurses identified on the duty rota were registered on the live NMC register and there was evidence that the last check had been completed on the 16 December 2016. All care staff employed were either on the NISCC register and/or awaiting confirmation of their registration.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the homes environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A number of items to include toiletries and continence aids were observed being stored in identified bathrooms. This was brought to the attention of the registered manager who took immediate actions to address same. A recommendation made at a previous inspection in regards to infection prevention and control within the home was met in the majority of areas examined with the exception of the storage of continence aids within bathroom areas. As previously discussed, immediate actions were taken during the inspection and the registered manager gave their assurances that this practice would be closely monitored. These assurances were acknowledged by the inspector and this recommendation has been met. Some storage areas were untidy and the registered manager acknowledged that this would be addressed. Post inspection, an email correspondence was received by RQIA to confirm that these areas had been organised.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

A requirement has been made in regards to the management of information pertaining to the recruitment process.

A recommendation has been made that systems for monitoring compliance for mandatory training requirements are further developed to assist oversight by the registered manager.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>1</b>
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#### 4.4 Is care effective?

A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

It was evidenced that care records accurately reflected the assessed needs of the patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Evidence was available that assessments and care plans had been updated following any period of hospitalisation.

A care record reviewed in relation to wound management identified that registered nurses were completing the appropriate documentation to evidence the delivery of care in this regard. For example; a review of documentation indicated that a dressing regime had been adhered to in accordance with recommendations made by the Tissue Viability Nurse (TVN).

A review of a second care record confirmed that risk assessments and care plans had been commenced on the day of admission and completed within five days of admission to the home. Some documentation reviewed within this care record were not dated and signed. This matter was brought to the attention of the registered manager who agreed to monitor more closely through the care auditing process.

The third care record reviewed was in regards to the management of nutrition and weight loss. The review evidenced that appropriate actions had been taken to include referrals to the Dietician and Speech and Language Therapist (SALT). Care plans had been implemented to reflect any recommendations or actions to be taken.



Supplementary care charts for food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. This information was recorded by registered nurses in the patient’s daily progress notes and there was evidence that appropriate actions had been taken when deficits had been identified.

Discussion with staff and a review of the duty rota 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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. Staff advised that they could access the minutes of the meetings if they were unable to attend. The review of the minutes of staff meetings evidenced that the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff. Staff also stated that the registered manager was very receptive and encouraged their ideas.

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 their line manager and/or the registered manager.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Some patients and representatives spoken with were aware of who their named nurse was and knew the registered manager. This information was displayed in the majority of patients’ bedrooms.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients’ needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients’ needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding the patients’ likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be suitably dressed and were relaxed and comfortable in their surroundings. Patients appeared well dressed and there was evidence of staff’s attention to detail regarding patients personal care, for example, ladies clothing were accessorized with co-ordinating neck scarfs and jewellery. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Observations of the mid-day meal arrangements were reviewed. Dining tables were presented well, a range of condiments were available and patients, including those who required a therapeutic diet, were offered a choice of meals at mealtimes. Meals were delivered on trays to patients who choose not to come to the dining room and were managed appropriately. All of the patients spoken with enjoyed their lunch.

Relatives spoken with confirmed that they were made to feel welcome into the home by all staff. They all spoke very positively about the care and services afforded to their loved ones.

They were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately and that the actions taken by management were effective, as they never had to raise the concern again. One patient's representative spoken with commented positively about the transfer of their relative from another care home within the Apex group that had recently closed. They advised that the transfer was managed very well by the registered manager and staff and that they were very satisfied with the current placement.

In addition questionnaires were provided by RQIA to the registered manager for distribution. These included 10 questionnaires for staff and relatives/patient representatives and five for patients. At time of issuing this report, four patients, five staff and five relatives returned their questionnaires within the identified timeframe. All responses received indicated that they were either "satisfied" and/or "very satisfied" across all four domains. As previously discussed in section 4.4 comments included in a returned questionnaire completed by a patient were shared with the registered manager for further review and consideration.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and a review of patient information evidenced that the home was operating within its registered categories of care.

Staff spoken with were knowledgeable regarding line management and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Representatives spoken with and who responded by questionnaire confirmed that they were aware of the homes complaints procedure. As previously discussed staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The registered manager advised that they were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These were not reviewed at this inspection.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, and staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised as discussed in the previous sections of the report.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Davina McAllister, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2017</p>	<p>The registered provider must ensure that the recruitment template held in the home is robust enough to capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005 and that the registered manager has oversight of this information.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The recruitment register will be reviewed to ensure all required information is captured and will subsequently be maintained as recruitment exercises are concluded.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2017</p>	<p>The registered provider should ensure that a system is developed for example; a training matrix which would assist the registered manager to monitor compliance levels with mandatory training requirements.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> An exception report is currently being developed to capture the information held on the HR database (Trent) that will identify to registered managers (and the personnel &amp; training department) any staff who have either not attended training, are out of date or will become out of date within the next quarter.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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