



Unannounced Secondary Care Inspection Report 6 February 2020



Parkview House

Type of Service: Nursing Home
Address: Parkview Road, Castleberg, 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: Marie Goan, registered nurse, 09.00 – 10.00 hours Marion Davina McAllister, registered manager, 10.00 – 14.45 hours	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: 25

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 09.00 hours to 14.45 hours.

The inspection assessed progress with all areas for improvement identified in the 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.

Evidence of good practice was found in relation to falls management, care delivery, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

It was positive to note that all areas for improvement identified from the previous care inspection have been met. There were no areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marion Davina McAllister, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 22 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 January 2020 to 9 February 2020
- staff competency and capability assessments
- incident and accident records
- three patient care records
- three patient food and fluid intake charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from December 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire doors are not propped open.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment and review of a sample of governance records/audits confirmed that this area for improvement had been met. This is discussed further in 6.2.	
Area for improvement 3 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that competency and capability assessments are completed and regularly updated for any registered nurse who is given the responsibility of being in charge of the home for any period of time in the manager's absence. Records should be retained and available for inspection.	Met

	<p>Action taken as confirmed during the inspection: Review of competency and capability assessments confirmed that this area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained. Records should be retained and available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of a sample of accident/incidents and care records confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> Action taken should be documented within daily records when set fluid targets have not been maintained. <p>Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records confirmed that this area for improvement had been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The registered manager must ensure:</p> <ol style="list-style-type: none"> Environmental audits are carried out on a monthly basis. Care records are reviewed regularly to ensure that they accurately reflect the needs of the patient. 	Met

	<p>3. Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken.</p>	
	<p>Action taken as confirmed during the inspection: Review of a sample of governance records/audits confirmed that this area for improvement had been met.</p>	

6.2 Inspection findings

Staffing provision

On arrival to the home at 09.00 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed and staff were attending to their needs. The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff.

We reviewed staffing rotas from 27 January 2020 to 9 February 2020 which evidenced that the planned staffing levels were adhered to. Staff spoken with confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by the manager. Comments included:

- “Really love working here.”
- “Plenty of support.”
- “Very happy here.”
- “Great induction.”
- “Lots of training.”
- “Great team.”

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

Patient Health and Welfare

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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Parkview House.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Parkview House was a positive experience. Patients said:

- "Happy here."
- "Staff are very good."
- "Great food."
- "Couldn't be better."
- "We are all doing the best here."

Management of patient care records

Review of three patient care records evidenced that care plans were mostly in place to direct the care required and generally reflected the assessed needs of the patients. There was evidence of regular communication with families and other healthcare professionals within the care records and each patient had a key worker with a system in place to audit care records. On review of patients medical history we observed that a number of medical conditions were not included within identified patients care plans. We further identified that the bowel type and normal frequency was not included within one identified patient's care plans. This was discussed with the manager who agreed to review and update all patient care plans regarding current medical history and bowel management and to communicate with relevant staff the importance of including this in patient care plans. This will be reviewed at a future inspection.

It was positive to note improvements in supplementary record keeping since the previous inspection. Review of care plans and fluid intake charts evidenced that a daily target, the consistency of food/fluids and the 24 hour total were accurately recorded with comments made within the daily progress notes of actions taken when fluid targets had not been achieved.

General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. During the inspection the manager identified a fault in the homes heating system and as a temporary measure alternative portable heaters were provided to ensure that the home was kept warm and comfortable throughout. Following the inspection the manager provided the estates inspector at RQIA with an update regarding the heating system and actions taken to ensure that the portable heaters are risk assessed prior to use.

The manager confirmed that a review of the environment is carried out on a monthly basis by management during the monthly monitoring visits/audits and any areas identified as requiring redecorating are actioned with timeframes established. Furniture/equipment identified during the inspection as damaged was discussed in detail with the manager, including infection prevention and control practices (IPC) and storage of equipment. Following the inspection

written confirmation was received that the areas above had been addressed and the manager agreed to enhance the audit tool. This will be reviewed at a future inspection.

Management and governance arrangements

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

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly and an action plan with timeframes was implemented where deficits were identified. As previously discussed, the manager is in the process of reviewing the environmental audit tool to incorporate all areas of the home. This will be reviewed at a future inspection.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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