



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Parkview House**

**8 September 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 8 September 2015 from 10.50 to 14.45 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 December 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Davina Mc Allister (registered manager) and Marie Goan (person in charge) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. 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> Marie Goan	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> NH-LD(E), NH-I, NH-PH	<b>Number of Registered Places:</b> 15
<b>Number of Patients Accommodated on Day of Inspection:</b> 15	<b>Weekly Tariff at Time of Inspection:</b> £593.00 - £613.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted 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 inspections undertaken in the previous inspection year
- previous care inspection report.

During the inspection, seven patients were spoken with individually and the majority of others in small groups, one registered nurse, two care staff, and one patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records

- policies and guidance documents for communication, death and dying, palliative and end of life care
- regulation 29 reports
- activities records
- complaints and compliments records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Parkview House was an announced finance inspection dated 23 July 2015. The completed QIP was returned and approved by the finance inspector.

#### Review of Requirements and Recommendations from the last care Inspection 16 December 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (1)(c)(i) <b>Stated:</b> Second time	The registered person shall ensure that staff as appropriate are trained in record keeping.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Training records evidenced that seven staff had completed training in record keeping in January 2015.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (2)(d) <b>Stated:</b> First time	The registered person shall ensure that the identified patient's bedrooms are repainted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Identified bedrooms were examined and were found be in satisfactory condition and had been repainted.	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30.1 <b>Stated:</b> Second time	It is recommended that an activity therapist be employed in the home.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> An activity therapist has not been employed however; a member of care staff is allocated to complete activities from 2:00 – 4:00 hours. A record of activities was available for all activities held. Discussion with the registered manager advised how the record could be further developed to include the activity in detail. Patients and staff spoken with were satisfied with this arrangement. This recommendation has been partially met and will not be stated again.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	It is recommended that the following guideline documents be available in the home : <ul style="list-style-type: none"> <li>• NICE Guidelines on Urinary Incontinence</li> <li>• NICE Guidelines on Faecal Incontinence.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The guidance documents outlined were available in the home.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time	It is recommended that a continence nurse be nominated in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A registered nurse has been appointed as the continence link nurse and evidence was available that they had completed additional training and attended Trust link meetings.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time	It is recommended that reviews of patients who are incontinent be undertaken in the home to enhance continence care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Assessments and audits in relation to continence management had been undertaken and findings were reflected in patients care plans.	

## 5.3 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was currently under review by the organisation at time of the inspection. This policy was available in draft format. A review of the draft policy confirmed that it reflected current best practice, including regional guidelines on Breaking Bad News.

Discussion with some staff indicated that they were not knowledgeable regarding this draft policy and procedure. The manager should ensure that staff have reviewed the policy and procedure newly issued by the organisation, in respect of communicating effectively. A recommendation was made.

A sampling of training records evidenced that some staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities. The manager advised additional training is scheduled for the next quarter and staff whom still have to complete training in this area of practice will attend.

### Is Care Effective? (Quality of Management)

Three nursing care records evidenced that patients individual needs and wishes in regards to daily living and end of life decisions were appropriately recorded.

Recording within care records included reference to the patients specific communication needs.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Discussion with staff, including one registered nurse who had the responsibility of being in charge of the home confirmed how staff communicate with patients and their representatives. All staff spoken with demonstrated a good awareness, relevant to their role of the need for sensitivity when communicating with patients and /or their representatives. A number of observations made during the inspection confirmed that this knowledge was embedded into practice. These observations included staff assisting patients with care delivery, meals and verbal interactions with patients.

Staff spoken with emphasised the importance of developing good relationships with patients and/or their representatives. The registered nurse advised how they would deliver bad news in a sensitive manner.

### Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with seven patients individually and the majority of others in small groups. All patients stated that they were happy with the care they were receiving in Parkview House. They confirmed that staff were polite, kind and courteous and they felt safe in the home.

### Areas for Improvement

The registered person should ensure that staff have read and are knowledgeable of the new policy in regards to communicating effectively.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents did not reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The management of the deceased person's belongings and personal effects was included in the policy.

Training records evidenced that some staff were trained in the management of palliative and end of life care, death, dying and bereavement. Six registered nurses had completed the regional palliative and end of life care training course and nine staff had completed the Final Journey training in 2015, facilitated by the Foyle Hospice. In addition two staff had completed breaking bad news and care of the dying in June 2015. Two level three care workers had completed the module on end of life care as part of their level 3 qualification in 2015. Some registered nurses had completed training on the use of syringe drivers. The registered manager advised that additional training was scheduled for the next quarter and would capture any staff that still had still to complete training in this area of practice. The registered nurse spoken with and some care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with the registered manager and registered nurse and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with the registered nurse confirmed their knowledge of the protocol.

The registered manager and a registered nurse are both palliative care link nurses. Records were available to evidence their attendance at the link meetings and the registered nurse on duty confirmed the information is shared with colleagues.

### Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of

hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered, this information was recorded to a high standard. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements at various stages throughout the patient's placement to include the pre-admission assessment which included discussion with relevant persons regarding fears for the future and arrangements in the event of a death, this was updated at regular intervals in line with the changes in the patients well-being. The home and staff are to be commended for their efforts in this regard.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to. The registered manager advised that the local GP practitioner specialises in palliative care and the surgery and associated staff are very supportive.

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives / representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year were deemed to be appropriate.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. Staff were able to discuss previous examples of where they provided light refreshments and offered comfort measures, such as comfortable seating for family/friends to spend time with their loved ones. There was evidence within the compliments letters and cards that relatives had commended the management and staff for their care towards the patient and family members. Comments included:

- "The staff well her work through her frustration of losing independence with great patience, concern and love that was exemplary."
- "With heartfelt thanks to all you for the care and love given ... you made Parkview a home for her."

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Staff advised that the home have also facilitated the "wake" of previous patients in accordance with their personal wishes.



From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

### Areas for Improvement

The policy on palliative and end of life care should be reviewed to include current best practice guidance and the registered manger should ensure that staff are knowledgeable regarding the policy and guidance documents.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> <b>* 1 recommendation has been made under standard 19</b>	<b>* 1</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Consultation with patients, their relatives/representatives and staff

In addition to speaking with patients, staff and visitors, questionnaires were distributed to staff not on duty during the inspection and for patients and patient representatives to complete.

#### Patients

Seven patients were spoken with individually and the majority of others in small groups. Two questionnaires were completed and returned. Patients were complimentary regarding the care delivered, staff, food and activities provided. There were no concerns raised. Comments included:

- “Everyone is very kind.”
- “The food is good and we get plenty.”

#### Staff

The general view from staff cited in completed questionnaires (5 returned) and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. Staff confirmed that they had received training in palliative and end of life care and that this enhanced their knowledge in this area of practice. No concerns were raised.

A few staff comments are detailed below:

- “The quality of care in Parkview is excellent.”
- “It’s important to take time to listen to patients and families and always be there for them...families remember those who listen and offer them spiritual help.”
- “Very good training with ... in the ... on final journeys May 2015.”

#### Patient representatives

Two patient’s representatives were spoken with at the time of inspection and four questionnaires were completed and returned. Overall the comments indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one’s care.

Comments included:

- “Very pleased with staff and excellent care given.”
- “Having been associated with Parkview NH for over 10 years, I have never visited and found my relative neglected in any way i.e. personal care, comfort etc. The building is always clean, bright and welcoming.”
- “Excellent nursing home, it is very homely, it feels like home from home.”

One patient’s representatives spoken with raised concerns regarding the quality/variety of food, this information was discussed with the registered manager who gave an assurance this concern would be addressed.

### 5.5.2. Environment & Infection Prevention and Control

A general inspection of the home was undertaken which included an inspection of a random sample of bedrooms and bathrooms and other facilities within the home. The home was found to be warm and clean. Equipment was inappropriately stored in shower/bathrooms. An identified shower was observed to have no shower curtain fitted which could impact on patient’s privacy and dignity. These matters were discussed with the registered manager who agreed to address immediately.

A number of issues were identified that were not managed in accordance with infection prevention and control guidance:

- incontinence aids removed from packaging were being stored in bathrooms
- not all signage within the home was laminated and adhesive was being used to affix posters
- in some bathroom/ toilet areas walls were damaged and could not be cleaned effectively
- shelving in the linen room did not have a cleanable surface.

All of the above was discussed with the registered manager on the day of the inspection who gave assurances that these areas would be addressed. A recommendation was made for management systems to be in place to ensure the homes compliance with best practice in infection prevention and control.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Davina McAllister (registered manager) and Marie Goan (person in charge) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

## 6.1 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 (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36 Criteria (1)(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>8 November 2015</b></p>	<p>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.</p> <p><b>Ref: Section 5.3 &amp; 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The policy on palliative and end of life Care has been ammended to include reference to GAIN guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes Nov 2013. This has been discussed at a care staff meeting and a nursing staff meeting on two dates in September 2015, and staff reminded of the palliative care resource file's for ongoing reference for relevant information which are updated on an ongoing basis by the nurse manager and palliative care link nurse.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46 Criteria(1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>8 November 2015</b></p>	<p>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.</p> <p>Particular attention should focus on the areas identified at inspection.</p> <p><b>Ref: Section 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Infection control link nurse and identified care staff will support the manager to have ongoing systems and audit controls in relation to infection control within the home in relation to areas addressed in this report;staff reminded not to store opened packages of incontinence aids in bathrooms. Notices will be laminated, and staff reminded not to use adhesive to affix them. The shelving in the linen room has been varnished and storage reviewed to assist with cleaning and keeping linen dust free.Painting of walls in bathrooms &amp; bedrooms is ongoing throughout the year</p>		
<b>Registered Manager Completing QIP</b>	Davina McAllister	<b>Date Completed</b>	29-10-15
<b>Registered Person Approving QIP</b>	Muriel Sands	<b>Date Approved</b>	29-10-15
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	30-10-15

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**