



Unannounced Care Inspection Report 22 July 2019



Parkview House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

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 01 April 2005
Person in charge at the time of inspection: Lorenzo Cardenas, registered charge nurse 08.20 – 09.15 Marion Davina McAllister, registered manager 09.15 – 16.20	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: 26

4.0 Inspection summary

An unannounced inspection took place on 22 July 2019 from 08.20 hours to 16.20 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to fire safety, the recording of neurological observations following unwitnessed falls, infection prevention and control (IPC), review of registered nurses competency and capability, record keeping and quality governance audits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Marion 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 December 2018

The most recent inspection of the home was unannounced care inspection undertaken on 13 December 2018. 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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. 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 15 July 2019 to 28 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction files

- three patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from May 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the floor in the identified bathroom is repaired or replaced to ensure adequate cleaning.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the floor in the identified bathroom had been replaced.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall introduce a robust system to ensure wheelchairs are always clean and tidy.	Met
	Action taken as confirmed during the inspection: The inspector observed wheelchairs to be clean during the inspection and a record of weekly cleaning schedules were available.	

Area for improvement 3 Ref: Standard 43 Stated: First time	The registered person shall repair and make good the door frames at the identified lounges	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the door frames at the identified lounges had been repaired.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that the care planning process includes input from patients and/or their representatives if appropriate, and the evidence for this is available at inspection.	Met
	Action taken as confirmed during the inspection: On review of a sample of care records there was evidence that the care planning process included input from patients and/or their representatives where appropriate.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 08.20 and were greeted by the registered nurse in charge. Patients were mainly in their bedroom and staff were attending to their needs. Staff were friendly and welcoming and appeared confident in their role and delivery of care. Medication was being administered by the registered nurse and catering staff were preparing breakfast.

Staffing rotas for weeks commencing 15 July 2019 and 22 July 2019 were reviewed which evidenced that there were adequate numbers of staff employed to ensure patients were kept safe and their social and physical needs are met in a timely manner. The manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; "I love it here", "Great place" and "Feel very supported by management". We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Parkview House. One patient said "They are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there were no questionnaires returned in the allocated time frame.

On review of staff recruitment records it was evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Patients were supported by staff that received on-going training to ensure they understood and were able to respond to patients needs. The manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "There's lots of training here". A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). We reviewed competency and capability assessments for registered nurses to ensure that they are competent to take charge of the home in the absence of the manager; however, on discussion with the manager the only available assessments were for October 2016. The manager acknowledged that this had been over looked and agreed to commence competency and capability assessments with all registered nurses immediately. This was identified as an area for improvement.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following an unwitnessed fall staff did not record whether or not they had obtained neurological observations. This was discussed with the manager and identified as an area for improvement.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed on a monthly basis by the manager and/or registered charge nurse to ensure the safe and effective delivery of care. 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. Following the review an action plan was implemented to reduce the incidences of falls where possible and the patient's risk of falls assessment and care plan was updated. Other audits were carried out on patients' with wounds which were well maintained and provided a clear action plan when deficits were identified. The manager confirmed that an environmental walk around of the building is carried out daily and any areas requiring attention would be actioned, however, there was no evidence of any documented environmental audits. This is discussed further in 6.6.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and comfortable throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However, we observed a number of doors propped open during the inspection rendering them ineffective in the event of a fire. This was discussed with the manager and identified as an area for improvement.

We observed a number of patient equipment that had not been cleaned effectively following use and damage to identified bed frames and over bed tables. We further identified inappropriate storage of urinal bottles within communal toilets. This was discussed in detail with the manager and an area for improvement was identified.

We observed window blinds in identified communal areas which were a potential ligature risk due to the length and nature of the cord suspended to the side of the blind. We discussed this with the manager who did not have any current concerns regarding ligature risk but agreed to carry out a risk assessment and review blinds where necessary. This is discussed further in 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to fire safety, the recording of neurological observations following unwitnessed falls, infection prevention and control (IPC), review of registered nurses competency and capability

	Regulations	Standards
Total numb of areas for improvement	4	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three patient care records which contained the management of nutrition, patients' weight, management of infections and wound care and evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary. On review of one patient's medical conditions it was identified that some care plans had not been created. We further identified that risk assessments were being reviewed and updated under the care plan review section instead of creating a new assessment and terminology within some care plans was not person centred. This was discussed with the manager who agreed to review these records and amend as necessary. This is discussed further in 6.6.

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of daily fluid intake recording charts it was identified that set fluid intake targets were not consistently met and where targets were set they generally averaged as a lower intake than the total recommended daily intake with no comment within the daily notes of any action taken. This was discussed with the manager who acknowledged the shortfalls in the documentation and

agreed to communicate with all registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement. It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient’s care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient’s care plans.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. One staff member said “Great team work”. Great handovers”. Other comments included; “Great place” and “Well staffed”.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect. Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you to all the Parkview staff”
- “We really appreciate the care you gave to over the years”

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Parkview House was a positive experience.

Patient comments:

- “Staff are very good here”
- “Very happy here”
- “Food is very good”
- “They are looking after me well”
- “Feel very safe living here”
- “Staff always help me with whatever I need”

Representative’s comments:

- “Care is very good”
- “Staff are very friendly”
- “Foods good”

During the inspection we met with three patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives’ opinion on staffing via questionnaires. There was no response in the time frame allocated.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required. .

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment.

The outdoor garden space and grounds were well maintained with seated areas, plants, art work, and flowers planted by the patients and staff all of which added character to the garden.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

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. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or registered charge nurse as previously discussed in 6.3. Accident/incident and wound care audits were well maintained which provided a clear action plan when deficits were identified. Environmental audits were not being completed which could have identified some of the areas that were established during inspection. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; "Manager very approachable", "Feel very supported by the team" and "The manager is excellent".

Areas of good practice

There were examples of good practice found throughout the inspection in maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to quality governance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marion Davina McAllister, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: 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 that fire doors are not propped open.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been reminded that no fire door can be propped open at any time, this will be continually monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been reminded of infection control issues in relation to standard of cleaning and the inappropriate storage of urinals within communal toilets. The damaged overbed table has been removed. We are trying to source rubber protection for damaged bed frames but if this is not achievable, these beds will be replaced as soon as possible</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Competency and capability assessments have now been completed for all nursing staff</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A Falls policy and Post Falls review process has now been</p>

	developed. Neurological observations will be recorded and will be available for inspection
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<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Specific Care Planning issues identified by the Inspector have been addressed with all nurses. Going forward nurses will comment when fluid targets are not met and identify action required.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2019</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 Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: A environmental audit tool is currently being developed and will be fully implemented Care records are audited monthly although the audits were not available on the day of the Inspection Following an unwitnessed fall neurological observations will be recorded and available for Inspection. This will be audited as part of the monthly accident/incident audit</p>

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



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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