



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** 18067

**Establishment ID No:** 1250

**Name of Establishment:** Parkside Nursing Home, Lisburn

**Date of Inspection:** 02 July 2014

**Inspector's Name:** K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Parkside Nursing Home
<b>Address:</b>	4 North Circular Road Lisburn BT28 3AH
<b>Telephone Number:</b>	028 92 674 943
<b>Registered Organisation/Provider:</b>	Mr. Arthur Dodds
<b>Registered Manager:</b>	Ms. Paulene Rodgers
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms. Paulene Rodgers, Registered Manager
<b>Other person(s) present during inspection:</b>	Mr. Paul McGready, PA McGready Joinery and Building Services
<b>Type of establishment:</b>	Nursing Home
<b>Categories of Care:</b>	NH-TI, NH-PH(E), NH-PH, NH-I
<b>Conditions of Registration:</b>	The home is also approved to provide care on a day basis to 3 persons.
<b>Number of Registered Places:</b>	29
<b>Date of previous Estates inspection:</b>	24 August 2011
<b>Date and time of inspection:</b>	02 July 2014 (10:30am. – 1:25pm.)
<b>Name of Inspector:</b>	K. Monaghan

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Nursing Homes Regulations (Northern Ireland) 2005 and
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

#### **4.0 METHODS/PROCESS**

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

1. Discussions with Ms. Paulene Rodgers, Registered Manager and Mr. Paul McGready, PA McGready Joinery and Building Services
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

#### **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Ms. Paulene Rodgers, Registered Manager and Mr. Paul McGready, PA McGready Joinery and Building Services.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing progress with the issues raised during and since the previous inspection.

##### **Standards inspected:**

- Standard 32 - Premises and grounds,
- Standard 35 - Safe and healthy working practices and
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Parkside Nursing Home, originally a private residence, has been adapted and extended to provide nursing home accommodation over three floors. There is a range of bedrooms providing single and double accommodation some with en-suite facilities. Bath / shower rooms and WCs are assessable to all communal and bedroom areas.

The home is registered to accommodate twenty-nine patients who require nursing care within the categories of NH - I old age, not falling within any other category, NH - PH physical disability, NH – PH (E) physical disability over sixty five and NH - TI terminal illness.

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in three requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms. Paulene Rodgers, Registered Manager and Mr. Paul McGready, PA McGready Joinery and Building Services throughout the inspection process.

## **9.0 INSPECTION FINDINGS**

### **9.1 Recommendations and requirements from previous Estates inspection on 24 August 2011**

- 9.1.1 It is good to report that the issues included in the Quality Improvement Plan for the previous Estates inspection to these premises that was carried out on 24 August 2011 had been addressed. This is to be commended.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 Standard 32 – Premises and grounds

***The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 9.2.1 It is good to report that a considerable amount of improvement work had been carried out to the premises recently. This work included improvements to the car park including resurfacing, improvements to the garden facilities, the complete external redecoration and other works such as the refurbishment of the sluice facilities. The premises were in good order and offered comfortable accommodation for the patients. This is to be commended. A small number of issues were identified for attention in relation to this standard as follows:
- 9.2.2 Although the standard of décor in the premises was generally good there were some aspects such as the doors to some of the bedrooms that required attention. The bathroom on the second floor opposite bedroom 23 also required some attention. These issues should be reviewed and improved as required. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The laundry was discussed during this Estates inspection in the context of current standards, floor and wall finishes, layout etc... It was recommended that the laundry facilities should be reviewed and upgrading proposals should be developed. Subsequent to this Estates inspection RQIA received confirmation from Ms. Paulene Rodgers, Registered Manager that this review was underway and that quotations to upgrade and modernise the laundry were being obtained. The outcome of this review and the upgrading proposals should be confirmed to RQIA. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.2.4 The seals to the glazing units in some of the windows in bedroom 18 on the first floor were no longer effective permitting moisture ingress which reduces the level of transparency. The affected glazing units should be replaced. Reference should be made to item 1 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.2 Standard 32 – Premises and grounds continued**

- 9.2.5 Some of the light fittings in the second floor corridor area were nearing the end of their lifecycle. Subsequent to this Estates inspection RQIA received confirmation from Ms. Paulene Rodgers, Registered Manager that these lights and the light in the store opposite room 15 had been replaced on 09 July 2014. This is to be commended.
- 9.2.6 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 32 – Premises and grounds'.

### **9.3 Standard 35 - Safe and healthy working practices**

#### ***The home is maintained in a safe manner***

- 9.3.1 The wardrobe in bedroom 15 on the first floor was not fixed in position. This wardrobe should be fixed in position. The toilet in the bathroom opposite bedroom 23 on the second floor required to be refixed in position. Subsequent to this Estates inspection RQIA received confirmation from Ms. Paulene Rodgers, Registered Manager that this toilet had been refixed. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.3.2 The report for the most recent thorough examination of the passenger lift was not presented for review during this Estates inspection. This report should be followed up and retained on the premises available for review during future inspections. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.3.3 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.4 Standard 36 – Fire Safety

***Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

- 9.4.1 A fire risk assessment was completed for the premises on 04 June 2014 with a satisfactory outcome. Fire training was provided on 17 June 2014 and fire drill was completed on 24 March 2014. This is to be commended. A small number of issues were identified for attention in relation to this standard as follows:
- 9.4.2 The latch for the door to the vegetable preparation room required attention. Subsequent to this Estates inspection RQIA received confirmation from Ms. Paulene Rodgers, Registered Manager that all door overhead closures had been checked and adjusted to latch firmly on 09 July 2014. One leaf of the double doors to the dining room was fitted with a 'perco' type self-closing device. The need to replace this with an overhead self-closing device that is designed to hold the door closed in a fire situation should be reviewed with the Fire Risk Assessor for the home. The outcome of this review should be confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.4.3 The emergency lighting was inspected and tested on 10 February 2014. In-house checks were also being carried out however the frequency of these checks should be increased to monthly. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.4.4 The above issues where appropriate are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.



## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms. Paulene Rodgers, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST BT1 3BT**

## QUALITY IMPROVEMENT PLAN

- for -

### ANNOUNCED ESTATES INSPECTION

- to -

**PARKSIDE NURSING HOME, LISBURN RQIA ID 1250**

- on -

**02 JULY 2014**

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√	—	√	K. Monaghan	20 August 2014

## **NOTES:**

The details of the quality improvement plan were discussed with Ms. Paulene Rodgers, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan. The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Paulene Rogers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Arthur Dodds

Announced Estates Inspection to Parkside Nursing Home, Lisburn 02 July 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirements should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1.	Regulations 27(2)(b) 27(2)(d)	The doors to the bedrooms should be reviewed and redecoration should be completed as required. The bathroom on the second floor opposite bedroom 23 should also be improved as required. The windows in bedroom 18 on the first floor should be reviewed and the glazing units should be replaced as required. Reference should be made to paragraphs 9.2.2 and 9.2.4 in the Report.	3 Months	<b>We are looking at replacement of the doors and are currently receiving quotes for this The bathroom opposite room 23 is currently in process of being improved Double glaze units for room 18 have been ordered and will be replaced</b>
<b>Item</b>	<b>Regulation Reference</b>	<b>Recommendations</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2.	Standard 32.8	The outcome of the review in relation to the laundry facilities and the upgrading proposals should be confirmed to RQIA. Reference should be made to paragraph 9.2.3 in the Report.	3 Months	<b>Currently receiving quotes and work will commence as soon as these have been finalised</b>

Announced Estates Inspection to Parkside Nursing Home, Lisburn 02 July 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
3.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The wardrobe in bedroom 15 on the first floor should be fixed in position. The report for the most recent thorough examination of the passenger lift should be followed up and retained on the premises available for review during future inspections. Reference should be made to paragraphs 9.3.1 and 9.3.2 in the Report.	1 Month & Ongoing	<b>Wardrobe room 15 is now in fixed position</b>  <b>Lift scheduled followed up, Kone informed of issue and awaiting correspondence</b> <b>Will be retained on the premises for review</b>

Announced Estates Inspection to Parkside Nursing Home, Lisburn 02 July 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
4.	Regulations 27(4)(b) 27(4)(c) 27(4)(iv)	The need to replace the 'perco' type self-closing device fitted to one leaf of the double doors to the dining room with an overhead self-closing device that is designed to hold the door closed in a fire situation should be reviewed with the Fire Risk Assessor for the home. The outcome of this review should be confirmed to RQIA. The frequency for the in-house checks to the emergency lights should also be increased to monthly. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the Report.	1 Month	<b>Contractor has removed the 'perco' and replaced with overhead closure Fire risk assesor informed</b>  <b>In-house emergency lights are now checked monthly</b>

Announced Estates Inspection to Parkside Nursing Home, Lisburn 02 July 2014 (K. Monaghan)

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