

Unannounced Care Inspection Report 06 October 2016



Parkside

Type of Service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Tel no: 028 9267 4943
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Parkside took place on 06 October 2016 from 10.30 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home including staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

The environment of the home was warm, well decorated, fresh smelling and clean throughout. The toilet provision on the ground floor was inadequate to meet the needs of the patients and a requirement has been made. Nurse call leads were observed to be lying across the floor in two patients' bedrooms, causing a potential trip hazard.

While patients and relatives were generally complimentary of the care provided, five patients expressed dissatisfaction with regard to staffing levels and the times of rising and going to bed.

Two requirements have been made in respect of the provision of toilets and the health and safety of patients. One recommendation has been made for a review of staffing levels/deployment.

Is care effective?

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

We observed a list of five patients' names that were to be assisted up out of bed by night staff on a regular basis. Two patients confirmed that it was their choice to rise early in the mornings, while one patient said they would like to lie in bed until later some mornings. Two patients were unable to express their wishes verbally. Three patients care records did not reflect the patients' choice in respect of the times of getting up/ washed in the mornings. A recommendation has been made accordingly.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager or the management team in the home. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

One recommendation has been made in respect of care records and the documentation of patients choice of rising times.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

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.

Patients spoken with were generally complimentary regarding the care they received and life in the home. Five patients expressed some dissatisfaction with staffing levels. This has been addressed under 'Is care safe?'

There were no requirements or recommendations made.

Is the service well led?

Discussion with the responsible person and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. We were informed of the absence of the registered manager in September 2016. Recruitment was underway for a replacement manager.

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

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were no requirements or recommendations made.

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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gloria Magaway, nurse in charge and Shauna Stanford, responsible person following the inspection, 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 unannounced care inspection undertaken on 29 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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.

2.0 Service details

| | |
|---|---|
| Registered organisation/registered person: Amstecos Ltd/Mrs Emer Bevan & Mrs Shauna Anne Stanford | Registered manager: None |
| Person in charge of the home at the time of inspection: Gloria Magaway, Registered Nurse | Date manager registered: |
| Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI | Number of registered places: 29 |

3.0 Methods/processes

Prior to inspection we analysed the following records:

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

During the inspection we met with 25 patients, two relatives, two registered nurses, five care staff, one cook and one domestic staff.

Questionnaires for patients (six) relatives (six) and staff (10) to complete and return were left for the nurse in charge to distribute. Six patients and one relative completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records

- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- nurse competency and capability assessments
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of recommendations from the last care inspection dated 29 June 2016

| Last care inspection recommendations | | Validation of compliance |
|---|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p> | <p>The registered provider should review domestic staffing levels and increase accordingly, to ensure the high standards of cleanliness in the home are maintained</p> <p>Ref: Section 4.3</p> <p>Action taken as confirmed during the inspection: Discussion with staff confirmed that an additional full time domestic assistant had been appointed and commenced employment in August 2016. The home was found to clean and fresh smelling throughout. No concerns were expressed by staff, patients or relatives regarding the cleanliness of the home.</p> | <p>Met</p> |

4.3 Is care safe?

The nurse in charge 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 rotas for the weeks commencing 26 September, 03 and 10 October 2016 evidenced that the planned staffing levels were adhered to.

The majority of patients, relatives and staff felt there was enough staff to meet the needs of the patients. Five patients expressed some dissatisfaction with staffing levels. (Refer to section 4.5 for details). This was discussed with the nurse in charge and the responsible person following the inspection. A recommendation has been made for a review of staffing levels / deployment.

Recruitment records were unable to be fully reviewed due to the absence of the registered manager. However two staff members who were recently recruited confirmed to the inspector that they had completed the Access NI vetting process prior to the commencement of employment.

Whilst we were unable to review induction records, two recently recruited staff members informed us that they had completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed mandatory and other training to date. Training was provided by means of a combination of face to face and audio-visual resources. Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

There was evidence of competency and capability assessments completed for the registered nurses in July 2016.

The nurse in charge 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 also notified appropriately.

Discussion with the responsible person and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were sufficiently robust.

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 Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

The provision of toilets on the ground floor was observed to be inadequate. Approximately 17 – 20 patients were accommodated in the lounges on the ground floor during the day. One toilet block with two toilets was available for patients on the ground floor. This was referred to the responsible person for action following the inspection and a requirement has been made accordingly. Nurse call leads were observed to be lying across the floor in two patients' bedrooms, causing a potential trip hazard. A requirement has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Two requirements have been made in respect of the provision of toilets and the health and safety of patients. One recommendation has been made for a review of staffing levels/deployment.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 2 | Number of recommendations | 1 |
|-------------------------------|---|----------------------------------|---|

4.4 Is care effective?

Care records generally reflected the assessed needs of 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.

We observed a list of five patients' names that were to be assisted up out of bed by night staff. The list was displayed on the wall in the nursing office. This was discussed with the nurse in charge, who confirmed that night staff assisted these patients out of bed and with washing/showering on a regular basis. We discussed with patients if it was their choice to be assisted out of bed at this time. Two patients confirmed that it was their choice to rise early in the mornings, while one patient said they would like to lie in bed until later some mornings. Two patients were unable to express their wishes verbally. The care records of three patients did not reflect their choice in respect of the times of getting up/ washed in the mornings. This was discussed with the responsible person following the inspection. It was agreed that care records should reflect patients' choice and consent to be assisted out of bed in the early morning. Where patients lack the capacity to give their informed consent, care records should reflect "best interest" decisions, in consultation with the patients' representatives and the multidisciplinary team. A recommendation has been made accordingly. In the interests of patients' dignity, it was agreed that the list of patients' names should be removed from the office wall and stored in a more discrete location.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

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.

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 home management team.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

One recommendation has been made in respect of care records and the documentation of patients choice of rising times.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch. Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were generally complimentary regarding the care they received and life in the home. Those 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.

Two patients felt there was not enough staff to meet their needs. One patient told us that they would like to remain longer in bed in the mornings and one patient stated they would like to retire to bed earlier in the evenings. One patient informed us that they felt rushed by staff at times. These concerns were discussed with the responsible person for follow up. Five patients in total expressed some concerns regarding staffing levels/ care practices. Two recommendations have been made regarding staffing and patient choice/consent in sections 4.3 and 4.4.

Discussion with the nurse in charge and the responsible person confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. We were informed that regular patient/representative meetings were held. The minutes of a patient/relatives meeting held in 20 July 2016 were available in the home and there was evidence of actions taken to address any issues identified.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six patients and one patient's representative completed questionnaires. Some comments are detailed below.

Patients

- "Staff are all very good and kind."
- "The food has improved."
- "I feel rushed at times and more patience could be taken."
- "I do feel the staff are doing their best, but there are a lot of people who need assistance."
- "We have to queue for the toilet."
- "The twilight shift has helped, but they are not on every night."
- "I would like to go to bed earlier."

Patients' representatives

"I am satisfied that the care is safe, effective and compassionate. I feel the service is managed well."

Staff

- "We all work well as a team."
- "There have been a lot of changes in staff recently and it will take a while to get used to them."
- "I have had an induction and am being mentored by a more senior member of staff."

Areas for improvement

No areas for improvement were identified

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

Discussion with the responsible person and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the responsible person was responsive to any concerns raised.

We were notified of the absence of the registered manager in September 2016. The responsible person advised that recruitment was currently underway for a replacement.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the nurse in charge, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the responsible person 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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the responsible person and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including accidents/incidents, complaints and infection prevention and control. 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.

Discussion with the responsible person and review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There 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.

Areas for improvement

No areas for improvement were identified

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 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 Gloria Magaway, nurse in charge and Shauna Stanford, responsible person, 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 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.

Quality Improvement Plan

Statutory requirements

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| <p>Requirement 1</p> <p>Ref: Regulation 27 (2) (j)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p> | <p>The registered provider must review the toilet provision on the ground floor and draw up proposals to improve same. In the meantime the existing toilet facility on the ground floor must be single use.</p> <p>Ref: Section 4.3</p> |
| | <p>Response by registered provider detailing the actions taken: Proposals are in place to review toileting provisions on the ground floor. In the meantime the existing facilities are now for single use only</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p> | <p>The registered provider must ensure the leads for the nurse call system in patients bedrooms are positioned so that they are accessible to the patients and do not cause a trip hazard.</p> <p>Ref: Section 4.3</p> |
| | <p>Response by registered provider detailing the actions taken: The leads for the nurse call systems have been reviewed and re-positioned</p> |

Recommendations

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|--|---|
| <p>Recommendation 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p> | <p>The registered provider should ensure that care records reflect patients' choice and consent to be assisted out of bed in the early morning. Where patients lack the capacity to give their informed consent, care records should reflect "best interest" decisions, in consultation with the patients' representatives and the multidisciplinary team.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered provider detailing the actions taken: All care records have been reviewed and now reflect the patients' choice and consent as to when they choose to be assisted out of bed. Where patients' are unable to give an informed choice representatives and multidisciplinary teams have been involved</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p> | <p>The registered provider should review staffing levels/ deployment to ensure that, at all times, the staff on duty meets the assessed needs of patients.</p> <p>Ref: Section 4.3</p> |
| | <p>Response by registered provider detailing the actions taken: Staffing levels have been reviewed to meet the assessed needs of the patients. New staff have recently been recruited and in the process of induction/training</p> |

****Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address****



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