



# **Unannounced Care Inspection Report 9 August 2018**



## **Parkside**

**Type of Service: Nursing Home (NH)**  
**Address: 4 North Circular Road, Lisburn, BT28 3AH**  
**Tel No: 02892674943**  
**Inspector: Michael Lavelle**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 29 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amstecos Ltd  <b>Responsible Individuals:</b> Emer Bevan Shauna Anne Stanford	<b>Registered Manager:</b> Paulene Rogers
<b>Person in charge at the time of inspection:</b> Paulene Rogers	<b>Date manager registered:</b> 23 November 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 29  The home is also approved to provide care on a day basis to 3 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 9 August 2018 from 09.30 to 15.45.

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.

The inspection assessed progress with any areas for improvement identified 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 staffing, staff recruitment, induction, training, the personalisation of patient bedrooms, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, governance arrangements and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management and infection prevention and control practices.

Areas requiring improvement under the care standards were identified in relation to wound care evaluation, monitoring of fluid intake, recording of patient and/or next of kin involvement in care plan development and next of kin communication.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
<b>Total number of areas for improvement</b>	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Paulene Rogers, 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 27 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2018.

There were no further actions required to be taken following the most recent inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection we met with ten patients, six staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota from weeks beginning 30 July 2018 and 6 August 2018
- 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 file
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 27 February 2018**

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

### **6.2 Review of areas for improvement from the last care inspection dated 27 February 2018**

There were no areas for improvement identified as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

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

The registered manager 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 rota from weeks beginning 30 July 2018 and 6 August 2018 evidenced that

the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt the home was well staffed. One staff member commented that an additional care assistant had been allocated for the morning shift in the home which was a great help to them. We also sought staff opinion on staffing via the online survey. No responses were received in time to be included in this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Parkside. We also sought the opinion of patients on staffing via questionnaires. No patient questionnaires were returned within the expected timeframe for inclusion in this report.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, deficits in infection prevention and control knowledge were observed. For example, staff were observed not washing their hands or decontaminating them with alcohol gels after handling patient equipment. Personal protective equipment (PPE) was also not used consistently by some staff. This will be discussed further in this section.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records and discussion with the nurse in charge evidenced deficits in relation to the post fall management of patients. Review of two care records evidenced that on occasions when the patients had unwitnessed falls, neurological and clinical observations were not carried out in accordance with best practice and the home's fall policy. In addition, no records were made in the daily progress notes on one occasion where one patient had an unwitnessed fall. This was discussed with the registered manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. With the exception of a cluttered storage cupboard on the ground floor, the home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- cluttered storage cupboard on ground floor opposite the lift with multiple items stored on the floor
- inconsistent use of personal protective equipment (PPE) and intermittent hand hygiene among all grades of staff
- single use syringes stored on medicine trolley
- limited hand hygiene posters available within the home – these can be sourced from Public Health Agency (PHA)
- torn material on an identified wheelchair rendering it impossible to effectively decontaminate – this should be replaced
- no pedal bins noted in multiple ensuites, bathrooms and toilets
- multiple stained commodes
- broken commode chair – this should be replaced
- commode chair stored in an identified ensuite – this should be removed
- stained raised toilet seat in an identified toilet.

Details were discussed with the registered manager and an area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

## Areas of good practice

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

## Areas for improvement

Two areas for improvement under regulation were highlighted in relation to post fall management and IPC practices.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of patients' weight, infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management of one identified patient. Although the wound dressing was in line with prescribed care and the wound progress chart was well completed, there was no evidence of meaningful evaluation of the wound. In addition, photos of the wound in the care records were not recent with the last photo taken in March 2018. This was discussed with registered manager who agreed to review the evaluation of wound care. An area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dietitians. 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 dietitian.

Review of supplementary care charts evidenced that contemporaneous records were not consistently maintained. Although food intake and reposition charts were generally well completed, records evidenced gaps in recording the total fluid intake in 24 hours. This was discussed with the registered manager and an area for improvement under the care standards was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. However, review of three care records evidenced gaps of up to and including 18 months in recording of patient and/or next of kin involvement in care plan development. This was discussed with the registered manager and an area for improvement under the care standards was made.

Review of the next of kin communication record evidenced gaps of up to and including 12 months. This was discussed with the registered manager who explained that relatives were in regular contact with patients in the home. Staff should ensure the accurately record contact with next of kin in the appropriate care records. An area for improvement under the care standards was made.

The registered manager advised that patient meetings were held on a monthly basis. Minutes were available and displayed on the patient's notice board.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

### **Areas of good practice**

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

### **Areas for improvement**

Four areas for improvement under the care standards were identified in relation to wound care evaluation, monitoring of fluid intake, recording of patient and/or next of kin involvement in care plan development and next of kin communication.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

## 6.6 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.**

We arrived in the home at 09.30 and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were available to view in the home. Some of the comments recorded included:

"Thank you for looking after my relative with such kindness and love. I know how much they appreciated the care he received from you all."

"Thank you all so much for looking after my relative for the last two years. It's so difficult to put into words how grateful we are for the excellent care she received."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with ten patients individually, and with others in smaller groups, confirmed that living in Parkside was viewed as a positive experience. Some comments received included the following:

"It's good. The food is good and I have a choice in how things are done."

"So far, so good. They are good to me."

"They take good care of me. It's a nice comfortable place to live in. I have a nice time here."

"They are very kind and very cheerful."

"It's a happy home. No problems."

"I like that I can look at the beautiful garden."

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.

Three relatives were consulted during the inspection. Some of the comments received were as follows:

"It's very nice. My relative is well fed and well looked after."

"The home is very well run and the staff are very attentive to the patients."

Ten relative questionnaires were provided; one was returned within the timescale. The respondent indicated that they were satisfied with the care provided across the safe, effective and well led domains while they were neither satisfied nor unsatisfied with care provided under the compassionate domain. The respondent included comments in the returned questionnaire relating to staff response times to patients and their attitude to patients. However, these were contradictory to those received from patients and relatives spoken with during the inspection. The comments included in the questionnaire were discussed with the registered manager on 23 August 2018. The registered manager gave assurances that the issues raised would be monitored and addressed if necessary. This will be reviewed at a future care inspection.

Staff were asked to complete an on line survey, we had no responses within the timescale specified. Six staff members were spoken to during the inspection. Some of the comments received were as follows:

"I love it here. It is so homely and we get on so well. I love the patient's. It's like a second home here."

"I'll really miss it when I go. The patients want for nothing."

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

### **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**

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 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 registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered 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 registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the registered manager 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paulene Rogers, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  New policy and flow chart introduced, staff have received supervision regarding the importance for taking and recording Neurological observations/actions post fall</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.4.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Robust audits now introduced to monitor the risk/spread of infection. All staff have recently received training regarding Infection Control and hand hygiene audits are carried out regularly. Supervision of staff during direct patient care now introduced</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations.</p> <p>This area for improvement is made in with specific reference to wound care evaluation.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff now record a detailed evaluation of wound care in conjunction with the wound progress continuation sheet</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that supplementary care records; specifically fluid balance charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Robust audits now in place to ensure that fluid balance charts are completed accurately, supervision completed with staff regarding same.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2018</p>	<p>The registered person shall ensure patients and/or their relatives are effectively involved in making decisions about their treatment and care. Contemporaneous records should be maintained to evidence this.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All relatives/patients are involved in making decisions about their treatment and care, new system of recording introduced to reflect this</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2018</p>	<p>The registered person shall ensure patient's contact with their family, friends and the community is clearly documented in their care records.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> As above a new system of recording has been developed accordingly so it clearly shows all involvement of the patient with their family, friends and community</p>

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



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