



Unannounced Care Inspection Report 10 February 2020



Parkside

Type of Service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Tel No: 028 9267 4943
Inspector: Joanne Faulkner

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 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 29 patients.

3.0 Service details

Organisation/Registered Provider: Amstecos Ltd Responsible Individuals: Emer Bevan Shauna Anne Stanford	Registered Manager and date registered: Marilyn Brown (acting)
Person in charge at the time of inspection: Marilyn Brown	Number of registered places: 29 The home is approved to provide care on a day basis to three persons.
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 9.50 to 15.20 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Parkside which provides nursing care.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care took into account needs and level of dependence of the individual patients.

Four areas for improvement were identified in relation to safe storage of records, the home's environment, the quality monitoring reports and infection prevention and control (IPC).

Patients described living in the home as being a good experience/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	*2	3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Marilyn Brown, acting 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 19 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 July 2019. 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 including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. One patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were reviewed during the inspection:

- duty rota information for all staff from 3 February to 16 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- adult safeguarding records
- the monthly monitoring reports for November and December 2019 and January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff recruitment information
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met or met. One area for improvement was assessed as partially met is stated for a second time.

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 Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: First time	The registered person shall ensure employees have a full employment history. Any gaps in an employment record must be explored and explanations recorded. Before making an offer of employment applicants should have two written references, one of which should be from their present or most recent employer.	Met
	Action taken as confirmed during the inspection: Staff recruitment records viewed indicated that a full employment history was obtained for new staff. There was evidence that gaps in employment had been explored and that appropriate references had been obtained prior to making an offer of employment.	
Area for improvement 2 Ref: Regulation 20 (1)(c)(i) Stated: First time	The registered person shall ensure that the persons employed to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.	Partially Met
	Action taken as confirmed during the inspection: It was identified from records viewed that a number of staff had completed required mandatory training updates. However, it was noted that a number of staff had not completed mandatory training in a range of areas. This area for improvement was assessed as partially met and will be started for a second time.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home. The home is currently managed by an acting manager since October 2019. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the regulations. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative, housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff, patients and a relative, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of patients identified that they had no concerns about the level of care and support received. A relative stated that they had raised a matter of concern which was being addressed by the management.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as described by the manager. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs. It was identified that the manager had recently completed a number of additional shifts due to staff shortages caused by sickness/absence.

Staff rota information viewed indicated that the care was provided by a core staff team which included agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with patients and a relative demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices. Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate and evidenced that patients were offered choice.

Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of the dining room, lounge, and a sample of bedrooms, bathrooms, and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and visitors. The maintenance person was observed making checks of the environment in relation to areas that required attention.

Fire exits and corridors were observed to be clear of clutter and obstruction; during the inspection the fire alarm system was being serviced. An extension to the building is currently being completed.

The entrance area to the home was welcoming; there was information available relating to infection control, making a complaint and activities planned within the home. In addition, a number of shared areas were noted to be well decorated and clean. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests and preferences of patients.

The lounge areas were observed to be clean, warm and welcoming; the manager described how redecoration of the lounge areas will be completed when the building work is completed.

The majority of bathrooms were observed to be clean, fresh and uncluttered. We noted that damaged equipment was being stored in one bathroom and that the toilet in that room was faulty; this was discussed with the manager and an area for improvement identified. We identified that in a small number of pull cords had not been covered in keeping with best practice with regards to IPC. An area for improvement was identified.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

The laundry room was clean and fresh and cleaning chemicals were observed to be appropriately stored.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's preferences. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included pre-admission and risk assessments, and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Care plans viewed were noted to contain details of the care required by individual patients; staff record daily the care provided to patients.

Discussions with staff and patients and a relative, and observations made provided assurances that care is provided in an individualised manner.

Care reviews involving HSCT representatives had been completed; staff described the benefits of regular reviews for ensuring that the needs of patients were being appropriately met and that risks are identified.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients have their weight monitored monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. There is evidence of speech and language therapy (SALT) and dietetic input into the assessment and care planning of patients if required.

We identified that a store room used to store archived care records was open; this was discussed with the manager with regards to safe storage of records, data protection and confidentiality. An area for improvement was identified.

6.2.4 Dining experience

We observed the serving of refreshments mid-morning; patients were offered a range of hot and cold beverages and a selection of breads, biscuits. Staff serving the mid-morning refreshments did so in an unhurried manner taking time to chat to the patients.

In addition, we observed the serving of the mid-day meal; the atmosphere in the dining room was calm and relaxed. The dining room was clean and uncluttered and table settings were noted to be well presented with appropriate table coverings, napkins and cutlery. Food served was well presented. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms.

It was noted that a number of patients required staff support with eating their meal; staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff were wearing appropriate protective clothing with regards to food hygiene good practice when serving the meal. Where required, patients were provided with appropriate clothing protection during the meal time. Staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice.

A number of patients stated that the food was good and confirmed that they had a choice of menu; one patient described how they are provided with an alternative if they do not want what is on the menu.

6.2.5 Complaints

A review of complaints received since the previous inspection, evidenced that they had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly, as part of the quality monitoring process. We identified from records viewed that information relating to the details of the complaint, the investigation of the complaint, the actions taken and outcomes of the complaint are retained.

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager indicated that there have been no referrals made in relation to adult safeguarding since the last care inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

It was identified that the home has a policy relating to the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards (DOLS), Code of Practice, 2019. Staff are currently in the process of completing training with regard to DOLS.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke to three patients, small groups of patients in the dining room or lounge areas, one relative and five staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "Okay, I am happy."
- "Staff are good."
- "Food is good, the quality is good."
- "No problems."
- "I am very happy; I have no problems."
- "Staff are nice."

Staff comments

- "I have no issues, I love it here; it is a nice place."
- "Any problems I speak to the manager."
- "I am happy with my job; I have worked here 12 years."
- "The patients are well cared for."
- "We have a nice team; very supportive."
- "I love it here we have a great team. The senior is brilliant."
- "The manager is great."
- "We have enough staff. I feel the patients are safe."
- "The manager is supportive."

Relative's comments

- "I had a complaint that is being dealt with; I have no other problems."
- "The manager is good and the staff are good."
- "Food is okay."

Patients stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed, welcoming atmosphere in all areas within the home.

Discussion with patients, a relative, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

There was evidence that systems were in place to monitor and report on the quality of care provided; they included monthly audits completed by the manager and staff in areas such as wound care, falls and nutrition. It was identified that one of the registered persons completes a monthly quality monitoring audit in accordance with Regulation 29.

We reviewed a sample of the completed reports developed following the audits; they indicated engagement with staff, patients, and where appropriate their representatives.

Reports viewed were noted to include details of the review of accidents/incidents, complaints and admissions. However it was identified that the reports contained limited information; the reports are required to be enhanced to include details of the review of staffing arrangements including registration of staff with their regulatory body, staff training compliance, the review of safeguarding matters and environmental issues. It was noted that the reports did not include an action plan of areas of improvement that had been identified during the audit. This information was discussed with the registered person and an area for improvement has been identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Four areas for improvement were identified in relation to safe storage of records, the home's environment, the quality monitoring reports and IPC.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marilyn Brown, 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 20 (1)(c)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 10 April 2020</p>	<p>The registered person shall ensure that the persons employed to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All training reviewed at end of February. Improvement noted in the training compliance. Face to face manual handling training took place with 54% of current workforce attending. Staff who have not completed mandatory training have been issued with a letter from the manager highlighting that training should be completed by mid March. Manager to review same mid March. Percentage of training completed will be forwarded to registered provider to be reflected on Regulation 29 Governance visit and report.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29. (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body, staff training compliance, the review of safeguarding matters and environmental issues.</p> <p>In addition, the report should include an action plan of areas of improvement identified during the monitoring visit.</p> <p>Ref: 6.2.9</p> <p>Response by registered person detailing the actions taken: In accordance Regulation 29, the Registered Person visits the Home unannounced once a month. During this visit the Registered Person interviews staff, patients and patients' representatives in order to form an opinion of the standard of nursing provided in the home. The Registered Person inspects the premises of the nursing home, its record of events and records of any complaints; and prepares a written report on the conduct of the nursing home in accordance with Regulation 29. Although not specified in Regulation 29, the report includes a review of staffing levels, safeguarding matters, maintenance and environmental issues and planned improvements. Future reports will include a reflection of progress on mandatory training as detailed above.</p> <p>As specific details regarding registration with regulatory bodies comes under GDPR guidelines, this information is not held in this report as it is a public facing document but this detail is held in a confidential file. Reg 29 (3)(c) not found.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44.8 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the following actions are taken to promote patient safety: <ul style="list-style-type: none"> • Broken equipment is removed from the identified bathroom • Repair of the identified damaged toilet
	Ref: 6.2.2 Response by registered person detailing the actions taken: Equipment removed from bathroom. Broken toilet is scheduled to be replaced under the current refurbishment works. Bathroom not currently in use. Door is locked and signage in place to indicate that bathroom is not in use Toilet is available adjacent to this bathroom and all bedrooms surrounding same have ensuite facilities
Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.
	Ref: 6.2.2 Response by registered person detailing the actions taken: Wipeable pull cords ordered and will be installed by end of March.
Area for improvement 3 Ref: Standard 37.5 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.
	This relates specifically to the storage of care records. Ref: 6.2.3 Response by registered person detailing the actions taken: Storage area for all filed records now locked. The nurse in charge has the key if these records need to be accessed.

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



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