

Unannounced Care Inspection Report 18 May 2017



Parkside

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Parkside took place on 18 May 2017 from 07.35 to 14.10.

The inspection sought to assess progress with any issues raised during and 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.

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 confirmed that there was good communication in the home and that team work and support systems had improved since the new manager took up post.

The environment of the home was warm, well decorated, fresh smelling and clean throughout. Patients and relatives were complimentary of the care provided. The morning routine was calm and unrushed with time taken to ensure patients' needs were met. The times of rising and going to bed were reflected in patients care records.

Weaknesses have been identified in the delivery of safe care in relation to the health and safety of patients. This matter had been raised previously and there has been limited evidence of improvement since the last inspection. Improvements are also required in the in respect of infection prevention and control and for the safe transfer of patients. Three requirements have been made in this domain.

Is care effective?

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

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.

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning. Improvements are also required in the management of staff and patient meetings. Two recommendations have been made in this domain.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were very praiseworthy of staff and a number of their comments are included in the report.

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. Improvement is required in respect of the time breakfast is served to patients who remain in their bedrooms. One recommendation have been made in this domain

Is the service well led?

Discussion the nurse manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The nurse manager had previously worked in the home as registered manager for some years and returned to the post of manager in January 2017. Registration of the nurse manager by RQIA is pending.

Discussion with the nurse manager 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 in this domain.

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	4*	4

*One of the requirements was made as a result of the previous inspection and is now stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pauline Rodgers, Nurse 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 December 2016.

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

2.0 Service details

Registered organisation/registered person: Amstecos Ltd Shauna Anne Stanford	Registered manager: see box below
Person in charge of the home at the time of inspection: Paulene Rodgers	Date manager registered: Paulene Rogers - application received - "registration pending".
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 the inspector met with eight patients, three care staff, two registered nurses and the nurse manager.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- three bedside charts
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- 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 08 December 2016

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 06 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (j) Stated: First time	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.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the toilet provision on the ground floor has been reviewed. The visitor's toilet on the ground floor is now a designated toilet for male patients. One of the two staff toilets on the ground is now the visitor's toilet. The registered provider confirmed that plans have been drawn up to increase and enhance facilities on the ground floor; planning permission has still to be sought.</p> <p>If these plans become more formalised the responsible person should submit an application to vary registration to RQIA with their proposal before proceeding if this includes new building work or if there is any significant alteration to the premises in accordance with Regulation 32(h) of The Nursing Homes Regulations (Northern Ireland) 2005.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</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>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that not all leads for the nurse call system in patients bedrooms were positioned so that they were accessible to the patients and do not cause a trip hazard. This requirement is now stated for a second time.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that whilst care records did reflect patients' choice and consent to be assisted out of bed in the early morning, one care record needs to have the assessment of daily living updated to reflect the care plan. The nurse manager confirmed that the care plan would be updated.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that staffing levels and deployment of staff had been reviewed to ensure that, at all times, the staff on duty met the assessed needs of patients.</p>		

4.3 Is care safe?

The nurse 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 for week commencing 1,8,15 May 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. The nurse manager and staff confirmed that staff supervision and appraisals were undertaken.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the nurse manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). Discussion with the manager indicated that there is currently some delay in the registration with the Northern Ireland Social Care Council (NISCC). A letter had been sent from the council to inform the home of the delay.

The nurse manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. RQIA were notified appropriately of any potential safeguarding issues.

Discussion with the nurse manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of three 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 Homes Regulations (Northern Ireland) 2005.

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 generally warm, well decorated, fresh smelling and clean throughout. A strong odour was noted in one identified bedroom the nurse manager agreed to investigate and address this issue.

In the staff toilet, staff's outdoor clothing was observed hanging beside the toilet. This creates the potential for microbial cross contamination of this clothing from the aerosol created by flushing the toilet. A requirement has been made.

The positioning of the wall connection for nurse call leads creates difficulty in ensuring that leads are accessible whilst ensuring that they do not become a potential trip hazard. It was observed that leads were on the floor in four patients' bedrooms and in one bedroom the lead was lying across the floor, causing a potential trip hazard. In two patients' bedrooms the nurse call lead was not accessible as the connection was at the opposite of the bedroom. This requirement has been stated for the second time.

In one patient bedroom an extension lead was observed to have a significant number of plugs attached. The registered person should complete an assessment of the use of electrical appliances and multi-socket outlet adaptors/ extension cables within the facility; a risk assessment should be completed to ensure that electrical circuit overloading does not occur.

Staff were observed taking a patient down to breakfast in a wheelchair without engaging the footrests to ensure patient safety. A requirement has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

Nurse call leads must be accessible whilst ensuring that they are not a potential trip hazard.

Staff's outdoor clothing must not be stored in the staff toilet.

The use of electrical appliances and multi-socket outlet adaptors/ extension cables should be assessed; and a risk assessment completed to ensure that electrical circuit overloading does not occur.

Patients must be transferred safely in wheelchairs.

Number of requirements	4	Number of recommendations	0
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4.4 Is care effective?

Review of three 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.

Care records did not always accurately reflected the assessed needs of patients. Some assessments of the activities for daily living had not been updated since 2014. The care record for a patient returning to the home from hospital had not been fully updated to reflect their current needs. In one care record a care plan was not discontinued when the nursing intervention was no longer required.

Some care plans in one care record did not have regular evaluations of the care prescribed. Care records should be reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient. A recommendation has been made.

Where appropriate, recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were adhered to.

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.

On arrival to the home at 07.35 four patients were up and dressed in one of the lounges. Discussion, with these patients evidenced that it was their choice to rise early. On a tour of the home a further two resident were up and dressed sitting in their bedrooms again discussion evidenced that this had been their choice. Further discussion with residents in their bedrooms and staff highlighted that they had been provided with coffee or tea; however they did not receive breakfast until 09.15 to 09.30. A recommendation has been made in section 4.5 of the report to address this issue.

The care records of these patients generally reflected their choice in respect of the times of getting up, washed in the mornings. In one care record the assessment of daily living differed from the care plan and needs to be updated. This area for improvement is included in the recommendation with regard to care records.

There was some evidence that the care planning process included input from patients and/or their representatives; however in one care record there had been no evidence of relative involvement since 2015. This area for improvement is included in the recommendation with regard to care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Review of the records and discussion with the nurse manager confirmed that staff meetings were not held on a regular basis; the last full staff meeting was held in October 2016. The nurse manager stated that a trained staff meeting had been held on 17 May 2017 records were not yet available for this meeting. A recommendation has been made to improve the frequency of staff meetings

Discussion with the nurse manager and review of records evidenced that patient meetings were not held on a regular basis. A recommendation has been made to review systems in place to improve engagement with patients.

Staff stated that since the new nurse manager took up post effective teamwork and communication had improved. Staff spoken with were aware of their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager.

Patients spoken with expressed their confidence in raising concerns with the home's staff or management. Patients knew the nurse manager.

After the inspection one patient representative telephoned RQIA to express how happy she was with the care in the home. She reported that her relative has complex medical needs and everyone from the manager to the housekeeping staff do a great job. She used the expression when she visits it's "like having a family of professionals".

Areas for improvement

Care records should be reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient.

Staff meetings should take place on a regular basis and at a minimum quarterly.

The systems in place should be reviewed to improve engagement with patients.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

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

Observation of the breakfast and 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. Patients were offered a good choice of breakfast including porridge, cereal four different fruits, boiled eggs and toast. The daily menu was displayed in the dining room 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 breakfast and lunch. Discussion with staff and patients up and dressed in their bedrooms highlighted that they had been provided with coffee or tea at the time of rising; however they did not receive breakfast until 09.15 to 09.30. A recommendation has been made.

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.

Discussion with the nurse manager and review of the records of patient meetings confirmed that these have been held infrequently, in July 2016 and March 2017. The nurse manager confirmed that systems in place to improve engagement with patients would be reviewed. A recommendation has been made in section 4.4 of the report to address this issue.

There is a yearly survey undertaken by the home to obtain the views of patients and their representatives on the quality of the service provided. Patients 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 (10), patients (six) and their representatives (nine). Five patients and eight patient's representative completed questionnaires, there were no completed questionnaires received from staff. The questionnaires highlighted that all were very satisfied that the home was well led and provided safe, effective and compassionate care. No comments were received. Some comments were made by patients during the inspection are detailed below:

- “Staff are great look after me well.”
- “Good team of staff.”
- “The home is lovely and the food is good.”
- “Staff are friendly and caring.”

Areas for improvement

A recommendation has been made in respect of the time breakfast is served to patients who rise early and remain in their bedrooms.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the nurse manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The nurse manager had previously worked in the home as registered manager for some years and returned to the post of manager in January 2017. Registration of the nurse manager by RQIA is pending.

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

A certificate of public liability insurance was current and displayed.

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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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 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 falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. 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 nurse manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with the regulations and 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 during the inspection.

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 Ms Pauline Rodgers, nurse manager, 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

<p>Requirement 1</p> <p>Ref: Regulation 14(2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 18 June 2017</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>Response by registered provider detailing the actions taken: Audit completed on all leads for the Nurse Call system and are now positioned as not to cause a trip hazard.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2017</p>	<p>The registered provider must reduce the risk of cross contamination by removing staff's outdoor clothing from the staff toilet.</p> <p>Response by registered provider detailing the actions taken: All staff's have been advised to put outdoor clothing in allocated staff room. Hanger for coats in staff toilet removed.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14(2)(a),(b) &(c)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2017</p>	<p>The registered provider should complete an assessment of the use of electrical appliances and multi-socket outlet adaptors/ extension cables within the facility; a risk assessment should be completed to ensure that electrical circuit overloading does not occur.</p> <p>Response by registered provider detailing the actions taken: A full assessment has been completed and a risk assessment carried out any overloading has been removed.</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2017</p>	<p>The registered provider must ensure that patients are transferred safely in wheelchairs.</p> <p>Response by registered provider detailing the actions taken: All patients are transferred safely, we have two resident's that refuse to put their feet on footplates and this has been risk assessed and documented in their Care Plans</p>

Recommendations	
Recommendation 1 Ref: Standard 4 Stated: First time To be completed by: 25 June 2017	<p>The registered provider should ensure that care records are reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient.</p> <p>There should be evidence that the care planning process includes input from patients and/or their representatives.</p>
	<p>Response by registered provider detailing the actions taken: All care records are now updated as soon as any patient returns from hospital and evidence is provided that there is input from patients and their representatives</p>
Recommendation 2 Ref: Standard 41 Stated: First time To be completed by: 25 June 2017	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p>
	<p>Response by registered provider detailing the actions taken: Staff meeting has been arranged for the 5th July and will continue to be arranged on a more regular basis</p>
Recommendation 3 Ref: Standard 7 Stated: First time To be completed by: 25 June 2017	<p>The registered provider should review the systems in place to improve engagement with patients.</p>
	<p>Response by registered provider detailing the actions taken: We have regular resident's meetings and have recently employed a new Activities co-ordinator</p>
Recommendation 4 Ref: Standard 12 Stated: First time To be completed by: 25 June 2017	<p>The registered provider should improve the time breakfast is served to patients who remain in their bedrooms.</p>
	<p>Response by registered provider detailing the actions taken: Breakfast is served at the time patients have requested it , one gentleman does not like his breakfast until at least one hour after he has got out of bed and this is documented in his Care Plan</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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