



Unannounced Care Inspection Report 19 July 2019



Parkside

Type of Service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Tel No: 02892674943
Inspector: Michael Lavelle
Estates Support Officer: Gemma Mulholland

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.

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

<p>Organisation/Registered Provider: Amstecos Ltd</p> <p>Responsible Individual(s): Emer Bevan Shauna Anne Stanford</p>	<p>Registered Manager and date registered: Paulene Rogers – 23 November 2017</p>
<p>Person in charge at the time of inspection: Marilyn Brown, registered nurse</p>	<p>Number of registered places: 29</p> <p>The home is also approved to provide care on a day basis to 3 persons.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 25</p>

4.0 Inspection summary

An unannounced inspection took place on 19 July 2019 from 10.00 hours to 16.35 hours.

This inspection was undertaken by a care inspector and an estates support officer.

The inspection assessed progress with areas for improvement identified in the home since the last care and estates inspections 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, induction, supervision, appraisal and the home's environment, communication between residents, staff and other key stakeholders, the culture and ethos of the home, governance arrangements and incidents and maintaining good working relationships.

Areas requiring improvement were identified to staff recruitment and training.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during 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	0

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 9 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 August 2018. 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 and visiting healthcare professionals 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 and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 15 July 2019 and 22 July 2019
- 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
- nurse in charge competencies
- one staff recruitment and induction file
- three patient care records
- a selection patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record and compliments received
- minutes of staff meetings and patient meetings
- staff supervision and appraisal planner
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 13 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that falls were managed in keeping with best practice guidance.	

Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.4.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced improvements since the last care inspection with the deficits identified addressed satisfactorily.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	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. This area for improvement is made in with specific reference to wound care evaluation.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with staff evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Records reviewed confirmed that fluid balance charts were well completed and daily evaluations included the 24 fluid intake.	

Area for improvement 3 Ref: Standard 3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of records evidenced patients and where necessary their relatives are involved in development of care plans.	
Area for improvement 4 Ref: Standard 8 Stated: First time	The registered person shall ensure patient's contact with their family, friends and the community is clearly documented in their care records.	Met
	Action taken as confirmed during the inspection: Review of records evidenced clear documentation of contact with family and friends.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived at the home at 10.30 hours and were greeted by the registered manager who was friendly and welcoming. They 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 commencing 15 July 2019 and 22 July 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff 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 patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Parkside.

Review of one staff recruitment file identified deficits in relation to staff recruitment. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work in the patients in the home. However, there was an absence of a robust employment history and no evidence that gaps in employment were fully explored and recorded. In addition, the file did not have a reference from the employee's most recent employer prior to the offer of employment. This was discussed with the manager and identified as an area for improvement under the regulations.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to one recently recruited employee. Review of records evidenced the manager had a robust system in place to monitor staffs registration with their relevant professional bodies.

Review of records and discussion with staff confirmed that staff supervision and appraisal was well maintained and actively managed. Discussion with the manager confirmed that systems were in place for staff training. We discussed the low uptake of elements of mandatory training. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement under regulation.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records since August 2018 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. However, we noted that two accidents had not been notified. This was discussed with the manager and submitted to RQIA retrospectively on the day of the inspection.

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. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits. We asked the manager to review the current falls policy to ensure it was in keeping with the national institute of clinical excellence (NICE) guidance.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were generally well adhered to. Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use PPE at appropriate times. We reviewed the dilution of cleaning chemicals and were not assured that the appropriate bottles were being used or that they were diluted as per manufacturer's guidance. This was discussed with the manager who agreed to review this immediately. This will be reviewed at a future care inspection.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with relevant persons. Care plans were in place for the management of restrictive practices including bedrails. During review of the environment we observed bedside tables to be placed in front of patients in the lounge area to allow them to place drinks on for convenience. We reminded the manager to consider patients ability to leave their chairs when placing tables beside patients.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm and well decorated. We identified two issues regarding some patient equipment. These were discussed with the manager for action as required.

Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Records evidenced that systems were in place to manage and record fire drills and fire alarm tests within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal and the home's environment.

Areas for improvement

Two areas for improvement under the regulations were identified in relation to staff recruitment and training.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.4 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 a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of infection, weight loss, falls 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.

It was pleasing to see patient care records and systems used by kitchen staff reflect the new international dysphasia diet standardisation initiative (IDDSI) terminology which came into effect in April 2019.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), lymphodema nurse, dietician, optician and speech and language therapists (SALT). There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

We observed the serving of the mid-morning snacks and midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. 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. Review of the menu evidenced that planned meals had been adhered to.

Discussion with staff evidenced they 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 would raise these with the manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff know how and when to provide comfort to patients because they know their needs well.

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

Discussion with registered manager and review of records confirmed that staff meetings were held regularly and records maintained. Records also evidenced monthly patient meetings are held and minutes were available.

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

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

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 lounge area evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. The dining room was attractively set with tablecloths and flowers and we saw clocks within the home along with prompts for the date and weather.

We reviewed the compliments file within the home. Some of the comments recorded included:

"We want to say a huge thank you for the love and kindness you showed to (our relative) during the last number of years and for the compassion you showed us during the last weeks."

"Thank you for the care you gave (our relative). We appreciated it so much."

Consultation with eight patients individually, and with others in smaller groups, confirmed they were happy and content living in Parkside. Some of the patient's comments included:

"They are taking good care of me."

"The home is excellent. They are very friendly and get your favourite programme on TV for you. Visitors can come anytime."

"The care is good."

"I love it here."

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.

Five relative questionnaires were provided; we had one response within the timescale specified. The respondent was very satisfied with care across all four domains. Two relatives were spoken with during the inspection. Some of the comments received included the following:

"It is so homely. It is a home from home."

"It is 100 percent. No complaints."

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Six members of staff were spoken with during the inspection. Some of the comments received included the following:

"I love the staff, management and the patients. There is nothing I don't like. It is like coming from home to home."

"These wee residents are my life."

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 new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and visiting professionals evidenced that the 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 manager.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included wounds, care plans, infection prevention and control and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required.

Discussion with the 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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. We recommended that the registered provider ensure that any actions identified as part of their visit are reviewed at the subsequent visit.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

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, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: We have amended our interviews to include a section which details recruitment history (addressing any gaps) and also we will ensure that employees do not start until we have two written references on a file (including a reference from a current or most recent employer)</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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: 6.3</p> <p>Response by registered person detailing the actions taken: We have introduced a new induction programme which will include all relevant mandatory training to be completed and we will continue to monitor ongoing training within the home</p>



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