

Inspection Report

21 July 2021



Parkside

Type of service: Nursing (NH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amstecos Ltd Registered Person: Mrs Emer Bevan & Mrs Shauna Anne Stanford	Registered Manager: Sister Marilyn Brown – not registered
Person in charge at the time of inspection: Sister Marilyn Brown - manager	Number of registered places: 29 The home is also approved to provide care on a day basis to 3 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: 18
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 29 patients. The home is located over three floors with patient's bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2021 from 9.05 am to 5.15 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas requiring improvement were identified in relation to competency and capability assessments, fire safety practices, management of risks and infection prevention and control practices. Further areas identified for improvement included Deprivation of Liberty Safeguards training, patient access to the nurse call system, recording keeping, planning of care, activities and private and family life.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Parkside was provided in a compassionate manner.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Parkside. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight patients, two relatives and eight staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Parkside was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 (4) (c) Stated: Second time	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. Ref: 6.1	Met
	Action taken as confirmed during the inspection: Review of Regulation 29 reports evidenced that they met with legislative requirements and there was evidence that the manager had systems in place to monitor staffing arrangements and the registration status of staff.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 18.7 Stated: First time	The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices. This informs the training strategy for the organisation and aids in monitoring progress made in reducing the use of such practice. Ref: 6.2.5	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Discussion with staff and review of records confirmed not all staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. An area for improvement was identified.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although some staff confirmed they had not completed training with regards to Deprivation of Liberty Safeguards (DoLS). To ensure all staff have knowledge of the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguarding Code of Practice an area for improvement in relation to this training was identified.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning records evidenced deficits in record keeping. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained. Review of the management of falls evidenced appropriate actions were taken following a fall in keeping with best practice guidance.

Deficits were identified in relation to patients having effective access to the nurse call system within their bedrooms. The nurse call buttons were seen to be out of reach for at least two patients. An area for improvement was made. A number of patients were on bed rest or sitting in their room and were unable use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Examination of the recording of food and fluid intake records lacked specific detail of the meal taken in record keeping. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that some care plans had been developed within a timely manner to accurately reflect most of the patient's assessed needs.

It was pleasing to note that many of the care plans reviewed were patient centred and evidenced involvement of the patient and/or their family, however some had not been personalised for the named patient and one care plan had not been updated to reflect the changing needs of the patient. It was also observed that not all of the risk assessments had been completed. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Significant building work was ongoing at the home to facilitate a new extension and refurbishment of the existing home. RQIA were notified appropriately. It was noted that the communal lounges and dining room was out of use and had either been repurposed or were subject to ongoing works. This had a direct impact on patient's access to a full range of facilities and their ability to socially distance.

A number of patient bedrooms had also been repurposed. While it is accepted that adaptations are required to facilitate improvements to the home, planning and due consideration must be given to the impact this may have on patients. This was discussed with the manager who agreed to review the current availability of communal lounge space to ensure patients can safely socially distance.

Evidence was shared with the estates team in RQIA during and following the inspection. As a result RQIA requested a plan from the Responsible Individuals outlining the phases of ongoing works including the current room designation to ensure oversight of facilities available to patients. An estates variation inspection was also completed on 9 August 2021.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Most staff were aware of their training in these areas and how to respond to any concerns or risks. One member of staff told us they had not taken part in a recent fire drill. This was discussed with the manager for action as required.

A fire risk assessment had been completed on 18 December 2020. There was evidence that all but one of the recommendations had been satisfactorily addressed within the requested time frame. It was observed that two further recommendations relating to storage which had been previously addressed were not consistently adhered to. An area for improvement was identified.

Deficits were identified regarding the availability of means of escape. While most corridors were observed to be clear of clutter and obstruction, patient equipment was stored in one corridor close to a fire exit. A number of fire doors were observed to be propped open with chairs and one of the fire exit routes was obstructed due to ongoing building works. These issues were discussed with the manager who provided assurances that all fire safety measures had been satisfactorily addressed. An area for improvement was identified.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Given the ongoing works it was commendable that staff maintained a high level of cleanliness throughout the home.

A number of risks to the health, welfare and safety of patients were identified. These included:

- food and fluid thickening agent and cleaning chemicals were stored in identified areas accessible to patients
- the treatment room was observed to be unlocked with access to medicines
- a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health.

These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE). Review of records and observation of practice evidenced inconsistencies in recording all visitors' names for contact tracing purposes. This was discussed with the manager who agreed to review current practices.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV. Other patients enjoyed a visit from friends or relatives.

Some of the patients consulted were of the opinion that activities were not provided in the home. One patient said, "we don't really do any activities". A programme of activities was not on display. Staff told us activities were not as organised as they could be. The manager confirmed an activity co-ordinator worked three afternoons per week. Activity and meaningful engagement was not consistently commented on patient's daily progress notes although the manager confirmed separate records were maintained. Some patients did not have an individual activity assessment with a supporting care plan. Staff should ensure that patients are aware when activities are being delivered and maintain accurate records.

Activities should be planned and provision made for activities to be delivered in the absence of an activity co-ordinator. This was identified as an area for improvement.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of patients.

Most visiting was facilitated in patient bedrooms in keeping with current Department of Health guidelines, although one patient was observed having a visit in a communal lounge where ongoing works were taking place. This was discussed with the manager who agreed to facilitate appropriate visiting. To ensure patient's right to a private and family life are maintained at all times, an area for improvement was identified.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Sister Marilyn Brown has been the acting manager in this home since 25 November 2019. The manager confirmed it was their intention to come forward as registered manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good; however, deficits in the robustness of the care record audit were identified.

The most recent care record audit did not identify the deficits highlighted in section 5.2.3. These was discussed with the manager who agreed to have this audit repeated and review the current system in use for auditing hand hygiene and PPE use. Review of records evidenced a restrictive practice audit was in place. Following discussion the manager agreed to include additional themes to enhance this audit.

Review of records confirmed that systems were in place for staff appraisal. The manager told us that supervisions were ongoing with staff although no records were reviewed. The manager agreed to develop a supervision planner to ensure at least six monthly supervisions take place.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The regional manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

New areas requiring improvement were identified in relation to competency and capability assessments, fire safety practices, management of risks and infection prevention and control practices. Further areas identified for improvement included Deprivation of Liberty Safeguards training, patient access to the nurse call system, recording keeping, planning of care, activities and private and family life.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner. Compliance with the areas for improvement identified will further enhance the service provided.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	5	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Sister Marilyn Brown, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: From the date of the inspection onwards	<p>The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All competency assessments for Nurses have been updated. These were previously undertaken but have been updated including all Bank Nurses.</p>
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: From the date of the inspection onwards	<p>The registered person shall ensure recommendations made in the fire risk assessment are consistently adhered to.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Every effort is made to adhere to all recommendations within the Fire Risk assessment. Any temporary deviations with regard to storage of items in unused bedrooms has been highlighted to all staff and it has been reiterated to them the necessity to follow the Fire risk assessment.</p>
Area for improvement 3 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: From the date of the inspection onwards	<p>The registered person shall ensure adequate means of escape are available at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Every effort is taken to ensure adequate means of escape are available at all times. This is particularly challenging whilst works to improve the premises are underway. However, a recent inspection by the Estates team within RQIA confirmed Fire escapes were adequate within the Home.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • domestic trolleys are not left unsupervised • the treatment room should be locked at all times • food and fluid thickening agent and cleaning chemicals should be securely stored. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Domestic staff have been reminded of the importance of not leaving trollies unsupervised even in areas where patients are not present. Nurses have been reminded of the need to lock the treatment room even when they are in the local vicinity. All staff have been reminded of the necessity to store chemicals and thickening fluids appropriately.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Refresher training to supplement all previous training is scheduled for Sept 2021. Supervision for donning and doffing is ongoing and has been since the beginning of the Covid pandemic. Posters are on display throughout the Home and have been for over one year highlighting the 5 moments for hand hygiene. Hand hygiene audits are continuous.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39.4 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff have completed training to provide a broad overview of safeguards in terms of Deprivation of Liberty in addition to all mandatory training. It is important to note that individuals in the Home will not be involved in Deprivation of Liberty assessments and will be following the care plan in terms of the individuals right to leave the Home.
Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required. Ref: 5.2.2
	Response by registered person detailing the actions taken: Recorded hourly room visits are ongoing for residents who are bedbound or choose to remain in their room and are unable to utilise the Nurse call system.
Area for improvement 3 Ref: Standard 4.9 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure repositioning, personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: Standard 4.9 references NMC guidelines which are not applicable to Care Assistant staff. However, repositioning, food and fluid charts have been redesigned to incorporate the time the care was delivered and signatures of staff attending which is mainly Care Assistants.

<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Despite the pressures and challenges brought by the Covid-19 pandemic and additional work load associated with this, every effort is made to ensure risk assessments and care plans are completed within the Minimum standard time frame. The Manager has introduced an audit to ensure all risk assessments and care plans are in place within the timeframe as required.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Activities are ongoing within the Home as per patient's wishes and subject to social distancing. External entertainers which were previously part of the activities programme have ceased due to the Covid pandemic. All activities are recorded and same is available for inspection on request.</p>

Area for improvement 6 Ref: Standard 6.7 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure patient's right to respect for a private and family life are upheld at all times. Ref: 5.2.4
	Response by registered person detailing the actions taken: Patients' right to private and family life are upheld at all times. Relatives and visitors are offered a choice of where their visit will take place. All relatives are fully aware of the ongoing building work to improve the Home. However, relatives who wish to visit a resident within a communal lounge despite the building work will have their wishes respected as was the case during the inspection. Parkside will not insist on visiting taking place in bedrooms and the wishes of residents and visitors will be first and foremost. As Visiting with Care - A Pathway did not move past the initial stage, Parkside continues to facilitate the wishes of the residents and their relatives whilst keeping within Risk Assessed circumstances.

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