

Unannounced Care Inspection Report

22 October 2020



Parkside

Type of Service: Nursing Home (NH)
Address: 4 North Circular Road, Lisburn BT28 3AH
Tel no: 028 9267 4943
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Amstecos Ltd Responsible Individuals: Emer Bevan Shauna Anne Stanford	Registered Manager and date registered: Marilyn Brown - Acting
Person in charge at the time of inspection: Ana Cirneci – Registered Nurse	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: 19

4.0 Inspection summary

An unannounced inspection took place on 22 October 2020 from 09.25 to 16.00 hours. Verbal feedback was given to the manager, by telephone, on 27 October 2020.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing;
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment;
- care delivery;
- care records;
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Infection prevention and control procedures were signposted throughout the home.

Aspects of the governance and management arrangements and fire safety were unclear and required further discussion with the registered persons of the home.

Due to this, an enhanced feedback meeting was held via video teleconference on 9 November 2020 regarding the governance and management arrangements operational in the home and fire safety.

The meeting was attended via video teleconference by Emer Bevan and Shauna Stanford, registered persons.

During the meeting the registered persons provided clarification of the current governance systems and shared details of the actions which had been developed to address the areas identified on inspection. The meeting was helpful and productive and assurances were provided that a robust governance system was in place. As an outcome of the meeting with RQIA a further meeting was arranged with the RQIA Senior Estates Officer to outline roles and responsibilities in relation to fire safety in order to drive further improvement.

An area for improvement was identified regarding the need for a comprehensive overview/register being maintained regarding the use of any potential restrictive practice. This should be reviewed on a regular/monthly basis.

An area for improvement previously identified at the inspection of 10 February 2020 in relation to the Regulation 29, monthly quality monitoring report was assessed as partially met and has been stated for a second time.

Patients said that they felt they were well cared for by staff and commented, "It's a good place, and I'm quite comfortable."

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	1*	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marilyn Brown, Manager, by telephone on 27 October 2020, 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. A meeting was held via video teleconference on 9 November 2020 to feed back directly to the registered persons, regarding the governance and management arrangements operational in the home and fire safety.

During the meeting, the responsible individuals discussed the areas identified on inspection, provided points of clarification and agreed to implement a quality monitoring audit in respect of potential restrictive practices. RQIA were provided with appropriate assurances and no further action was warranted at this time.

As an outcome of the meeting with RQIA a further meeting was arranged with the RQIA Senior Estates Officer to outline roles and responsibilities in relation to fire safety and to drive further improvement.

5.0 How we inspect

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

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

We met with 10 patients individually and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the person in charge with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 October to 22 October 2020;
- three patients' care records;
- complaint records;
- compliment records;
- staff training information including induction training;
- staffs' annual appraisal and supervision planner;
- a sample of governance audits/records;
- infection prevention and control procedures;
- accident/incident records;
- a sample of the monthly monitoring reports;
- fire risk assessment and the record of fire drills held;
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 February 2020.

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 20 (1)(c)(i) Stated: Second time	The registered person shall ensure that the persons employed to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.	Met
	Action taken as confirmed during the inspection: The review of the staff training records evidenced staffs' compliance with mandatory training requirements. Refer to 6.2.1 for further information.	
Area for improvement 2 Ref: Regulation 29. (4)(c) Stated: First 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, staff training compliance, the review of safeguarding matters and environmental issues.	Partially met
	In addition, the report should include an action plan of areas of improvement identified during the monitoring visit.	
	Action taken as confirmed during the inspection: The review of the monthly quality monitoring reports did not clearly evidence that the registration of staff with their regulatory body or the status of an application to register was robustly monitored. This area for improvement has been partially met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.8 Stated: First time from the date of inspection	The registered person shall ensure that the following actions are taken to promote patient safety: <ul style="list-style-type: none"> • Broken equipment is removed from the identified bathroom • Repair of the identified damaged toilet 	Met
	Action taken as confirmed during the inspection: There was no evidence of broken equipment in bathrooms at the time of the inspection and the stated repairs had been completed.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: Evidence was present that pull cords located throughout the home had been appropriately covered for cleaning purposes.	
Area for improvement 3 Ref: Standard 37.5 Stated: First time	The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements. This relates specifically to the storage of care records.	Met
	Action taken as confirmed during the inspection: We observed that a lockable storage room had been identified for the safe storage of records and personal information.	

6.2 Inspection findings

6.2.1 Staffing

The manager was not available at the time of the inspection and we were assisted by the person in charge, Ana Cirneci, a registered nurse.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and that the manager's hours, both in a nursing capacity and allocated management hours were recorded on the rota. The manager is allocated six to eight hours per week to undertake her management responsibilities. We discussed increasing the number of hours per week afforded to the management task with one of the registered persons, Mrs Emer Bevan. This would give the manager more time to complete the quality monitoring of the nursing care and other services provided by the home. Mrs Bevan stated that she would endeavour to increase the dedicated management hours however, the registered nurses who had previously worked in the home, in a 'bank' capacity, were no longer available to work as they had substantive posts within other healthcare facilities. The staff and management recognised the need to try and minimise any further potential healthcare risk (Covid-19) to patients.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's a great place to work, I had been working in an agency but it was great to get back here."
- "We're having longer handover reports sometimes instead of full staff meeting."
- "We've a good staff team here; we work things out between us."
- "Good communication, handover report gives good information."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and staff confirmed the processes were on-going.

We reviewed the process for monitoring staffs' compliance for registration with their regulatory body, the Nursing and Midwifery Council (NMC) for registered nurses and The Northern Ireland Social Care Council (NISCC) for care staff. The administrator currently gathers the information required in respect of staff from the appropriate professional body. It was advised that the manager and/or the responsible individual should have oversight of the registration status of staff on a regular basis. This was discussed with the manager and Mrs Emer Bevan, registered person. It was stressed that the administrator could continue to gather this information and that the manager or responsible individual review the findings, on a regular basis, to assure themselves of the registration status of nursing and care staff. This had been identified as an area for improvement at the previous inspection of 10 February 2020, whereby the registration status of staff was to be reviewed at the monthly quality monitoring visit, and this area for improvement has been stated for a second time.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. A new system for in house training was introduced on 1 August 2020. The system is a series of training DVD's and staff complete an assessment of their knowledge following the training. We discussed the practical component of training, for example, moving and handling with the manager, by telephone, following the inspection.

The manager agreed that a competent staff member, as identified by her, would observe and assess staff undertaking moving and handling techniques, to confirm they were able to undertake these duties safely and with no undue risk to patients. We reviewed the records for staffs' attendance at fire drills, the records evidenced that a fire drill was scheduled. It was later confirmed by the responsible individual that a fire drill was held on 29 October 2020. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and handover reports alongside the scheduled training date.

Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that information was recorded. A staff member commented, "We get our temperature taken twice a day, when we start duty and when we finish." Records were available at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented, "I've had all the Covid training, it makes you feel stronger about the situation."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an identified area in the home had been designated for visiting. The location of the area meant that visitors were not walking through the main home and this minimised any potential health risk for other patients and staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. Building works were underway as a proposed extension, providing additional nursing beds, was underway. The building works were being managed so as to reduce the disruption to patients' and daily life of the home as much as possible.

The review of the most recent fire risk assessment report did not provide sufficient clarity around whether any recommendations were made within the assessment and if so, had they been actioned; and around who undertakes the annual review of the fire risk within the home. It was agreed as an outcome of the meeting of 9 November 2020 with the registered persons and RQIA that a further meeting would be arranged between the provider and the RQIA Senior Estates Officer to outline roles and responsibilities in relation to fire safety risk assessment.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by patients included:

- “It’s a good place, I’m quite comfortable.”
- “They’re (staff) very nice, can’t complain.”
- “Can’t complain, they (staff) try their best.”
- “It’s very pleasant here.”
- “It’s okay, staff are nice.”

There were two questionnaires completed and returned to RQIA. One questionnaire indicated that it was from a patient’s representative and the other questionnaire did not specify who it had been completed by. Both questionnaires expressed a level of dissatisfaction with the quality of nursing and other services provided by the home. The manager was informed of this information prior to the issue of the report for their attention and action as required.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

We observed the serving of the lunchtime meal and found this to be a pleasant and unhurried experience for patients. The meal prepared appeared nutritious and patients were offered a choice at mealtimes through the completion of a menu choice record. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients’ dietary preferences.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. The records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their

assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes and evaluations of care confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting patients' needs, as required.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the person in charge was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. Comments from staff included:

- "The manager is very approachable."
- "The manager is good and you can go to her anytime."
- "The manager's door is always open."
- "The manager does our annual appraisal and we get supervised."

There were numerous 'thank you' cards displayed and comments included:

- "Just wanted to say a heartfelt 'thank you' to you all for looking after our (relative) and all of your patients' in your care at this awful time, thank you from the bottom of my heart."
Relative- July 2020
- "Parkside is a fabulous nursing home; this doesn't happen by accident but only by the hard work and dedication of the whole staff who work there. Again many, many thanks for treating our (relative) like your own."

Relative- July 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff.

Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. A register/record of any potential restrictive practice, following assessment by the registered nurses, as an identified need, was not being maintained. The manager stated, by telephone, that this was monitored on a monthly basis by the registered nurses when evaluating the assessed needs of patients as per their care plans. This is part of the nursing process however, a comprehensive overview/register should be maintained which the manager has oversight of on a regular/monthly basis. This has been identified as an area for improvement.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought and care records were maintained in accordance with falls management guidance.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

The person in charge stated that there were no adult safeguarding investigations on-going at the time of the inspection. This was later confirmed by the manager, by telephone, on 27 October 2020.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for July, August and September 2020 were reviewed. It was recognised that due to the healthcare risk to patients posed by Covid-19 that the monthly quality monitoring visits may not be undertaken in the same manner as prior to March 2020 and that safe and pragmatic remedies to issues that could never have been planned for were being implemented. However, the review of the monthly quality monitoring reports did not clearly evidence that the registration of staff with their regulatory body or the status of an applicant to register was monitored at the time of the monthly quality monitoring visit or referenced in the subsequent report of the visit. This had been identified as an area for improvement at the previous inspection of 10 February 2020 and has been stated for a second time.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Infection prevention and control procedures were being adhered to and visiting arrangements for patients and their representative were pre-arranged with staff and an identified area in the home had been designated for visiting.

Areas for improvement

Areas for improvement were identified in relation to undertaking regular reviews or audits of incidences of restraint and/or potential restrictive practices.

	Regulations	Standards
Total number of areas for improvement	1*	1

6.3 Conclusion

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Infection prevention and control procedures were signposted throughout the home.

Aspects of the governance and management arrangements and fire safety in the home were unclear and required further discussion with the responsible individuals of the home.

As a consequence, a meeting was held via video teleconference on 9 November 2020 regarding the governance and management arrangements operational in the home.

The meeting was attended via video teleconference by Emer Bevan and Shauna Stanford registered persons.

During the meeting the responsible individuals provided clarification of the current systems in the home and shared details of an action plan which had been developed to address the areas identified on inspection. The meeting was helpful and productive and assurances were provided that a robust governance system was in place. As an outcome of the meeting with RQIA a further meeting was arranged with the RQIA Senior Estates Officer to outline roles and responsibilities in relation to fire safety in order to drive further improvement.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marilyn Brown, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) (c) Stated: Second time To be completed by: 31 December 2020	<p>The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: In compliance with Regulation 29 (4)(c), the Registered Person visits the Home and prepares a written report on the conduct of the Nursing Home. Furthermore this report is made available to RQIA as per Regulation 29 (5) (a). Although the Regulation does not make any reference the registration of staff with their regulatory body, this detail is recorded in the Home for Care assistant and Registered Nurses. Furthermore this detail is available to RQIA at all times for inspection. Staffing levels, absence and consultation with staff is included in the monthly monitoring report.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 18.7 Stated: First time To be completed by: 1 December 2020	<p>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.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Any practices involving restraint of any kind are risk assessed and are contained in the agreed plans of care for each resident. These care plans are reviewed regularly by Registered Nursing staff to ascertain whether any restrictive practices remain necessary and are in the best interests and needs of the individual resident. Care plans are also discussed with MDT's at Care reviews or more regularly as required.</p>

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



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