

# Unannounced Follow Up Care Inspection Report 27 February 2018



## Parkside

**Type of Service: Nursing Home**  
**Address: 4 North Circular Road, Lisburn, BT28 3AH**  
**Tel No: 028 92674943**  
**Inspector: Michael Lavelle**

[www.rgia.org.uk](http://www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**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

<b>Organisation/Registered Provider:</b> Amstecos Ltd  <b>Responsible Individual(s):</b> Emer Bevan Shauna Anne Stanford	<b>Registered Manager:</b> Paulene Rogers
<b>Person in charge at the time of inspection:</b> Marilyn Brown, nurse in charge	<b>Date manager registered:</b> 23 November 2017
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 29

### 4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 08.35 to 12.35 hours.

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.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on 6 December 2017 and to re-assess the home's level of compliance with legislative requirements and the Care Standards for Nursing Homes. The inspection also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. As a result of the inspection of 6 December 2017, RQIA were concerned that the quality of services within Parkside was below the minimum standard expected regarding recruitment practices. A serious concerns meeting was held in RQIA on 14 December 2017 and assurances were given by representatives of Amstecos Ltd that the issues identified would be addressed.

The following areas were examined during the inspection:

- recruitment, care records and post fall management
- provision of activities
- meals and mealtimes
- environment and infection prevention and control practices.

The findings of this report will provide Parkside with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marilyn Brown, nurse in charge and Emer Bevan, responsible individual, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 December 2017. Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken.

## 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.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector met with four patients and four staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- duty rota for all staff from weeks commencing 19 and 26 of February 2018
- incident and accident records
- three patient care records
- a selection of supplementary care records
- RQIA registration certificate
- certificate of public liability.

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 the most recent inspection dated 6 December 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 6 December 2017**

<b>Areas for improvement from the last care inspection</b>		<b>Validation of compliance</b>
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a), (b) &amp; (c)</p> <p><b>Stated:</b> First time</p>	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and is carried forward to the next care inspection.</b></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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced a satisfactory electrical PAT test in September 2017 and fixed wire testing in April 2017. A nurse call lead safety audit has been implemented and has been generally very well completed. Some minor gaps were noted on the audit from 23 February 2018. This was discussed with the responsible individual who agreed to ensure the audits reflect all actions taken and they are dated and signed by the person who completes them.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment files.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the human resources manager and review of records evidenced that all persons recruited since the last inspection were done so in accordance with best practice and legislation.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall give notice to RQIA without delay the occurrence of any notifiable incident. The registered manager should refer to the provider guidance on the RQIA website.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of accident/incident records since the last inspection evidenced these were appropriately notified to RQIA.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a selection of pressure mattresses and discussion with staff evidenced that these were checked on a monthly basis. Mattress control panels had the patients name, weight and date checked clearly displayed.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> <li>• inappropriate storage in the home</li> <li>• assembly and closure of sharps boxes</li> <li>• laundering of patient clothing protectors</li> <li>• catering staff wearing appropriate personal protective equipment (PPE) during mealtimes</li> <li>• developing a robust system to ensure that cleaning of the home and equipment is being completed</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment, records and care practices identified that this area for improvement had been met in all areas outlined.</p> <p>Refer to section 6.3.3 for further detail.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of one recent fall evidenced this was managed appropriately including neurological observations and post fall assessment completed within 24 hours. A copy of the home's post fall management flowchart was displayed in the home.</p>		

<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time	The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of records evidenced staff meeting were taking place at least quarterly. The most recent staff meeting was on 9 January 2018 with another planned for 1 March 2018.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next care inspection.</b>  The registered provider should improve the time breakfast is served to patients who remain in their bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of breakfast and discussion with patient's evidenced they were afforded choice in relation to the time they had their breakfast. One patient stated they liked their breakfast at 0730 hours while another reported they preferred there's at 0930 hours.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that supplementary care records; for example repositioning records and fluid balance charts, reflect the delivery of prescribed care accurately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of a selection of supplementary care records evidenced these were generally very well completed.	



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop a programme of activities that reflects the preferences and choices of the residents. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the patient activities co-ordinator and review of records evidenced the introduction of a varied activities programme. Records are retained on the activity, which patient's took part in the activity and on feedback received from the patients. This is signed by the staff member that led on the activity. The weekly activities were displayed on a notice board in the home.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed, updated and records retained reflecting patient's views. The menu should also be displayed in a suitable format.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records and discussion with staff evidenced that the home have developed a new rotational menu. Records are maintained on changes to the menu and on patient's views. The menu is displayed on a notice board in the dining room and at the entrance to the dining room.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure the hours worked by the registered manager are reviewed to ensure the governance arrangements for the nursing home and legislative requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staffing rota and discussion with staff evidenced the hours the manager worked and in what capacity. The nurse in charge was clearly identified and the staffing rota was signed and dated. Review of a selection of audits evidenced the registered manager was overseeing governance arrangements.	

### 6.3 Inspection findings

#### 6.3.1 Staff recruitment, care records and post fall management

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. Two staff personnel files were reviewed. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with the human resources manager confirmed the introduction of new systems to ensure compliance with the regulations.

Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. Consultation with four patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. 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.

A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed and updated as required. Risk assessments informed the care planning process and both were reviewed as required. A selection of supplementary care records were reviewed, including food/fluid intake and repositioning records. Overall the standard of record keeping and documentation had improved since the last inspection. This was fed back to the responsible individual who confirmed the introduction of new supplementary care documentation. Discussion with the nurse in charge confirmed that registered nurses oversee the completion of these records during their shift.

Notifications received to RQIA since the last care inspection were cross referenced with accident/incident records in the home. Analysis of these records evidenced they were notified in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of three care plans evidenced that safe and effective care was being delivered in this area of practice. Patients who had unwitnessed falls were managed as a potential head injury

in line with best practice. Neurological observations were monitored accordingly and post fall risk assessments were completed within 24 hours. A copy of the home's post fall management flowchart was displayed in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to post fall management.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.2 Provision of activities, meals and mealtimes

Discussion with the nurse in charge confirmed there was a patient activities co-ordinator in the home responsible for the provision of activities. Notice boards within the home evidenced some planned activities including bingo, exercise, carpet bowls and music. Discussion with the activities co-ordinator evidenced a varied programme planned to meet the individual needs of the patient's; this included one to one sessions with patients who preferred not to engage in group activities. In addition to the previously mentioned activities foot massage, nail painting and arts and crafts were also planned. Puzzle mats and board games have been ordered and dates have been arranged for dancers and singers to provide entertainment in the home. The activities co-ordinator stated:

"I am really enjoying it, especially getting patients to engage who didn't do so before."

A review of records evidenced information was collated in relation to activities within the home. The activity, which patient's took part in the activity and feedback received from the patients was accurately recorded; these records are signed by the staff member that led on the activity.

The serving of breakfast was observed. Tables were attractively set with cutlery and napkins. A range of drinks, cereal, fruit, were readily available. The menu for the day was hand written on a whiteboard; it reflected the planned meal as identified in the weekly menu planner. Discussion with staff confirmed alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and patients spoken with confirmed they had a choice as to when they have their breakfast. Care assistants were observed assisting patients who were unable to eat independently with their breakfast. PPE was worn by staff involved with the serving or assisting patients with the meal.

Discussion with staff and review of records confirmed that any changes to the planned menu were recorded. A new rotational menu has been developed and patient views are recorded to inform any future menu changes.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Environment and infection prevention and control practices

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy, well decorated and warm throughout. One item of inappropriate storage was discussed with the nurse in charge; this was addressed immediately.

Examination of a sharps box in the clinical room found it to be assembled correctly, signed, dated and the aperture closed when not in use. Patient clothes protectors were observed to be removed for laundering following meal times. All staff were observed wearing appropriate PPE when required. Review of records evidenced increased audit activity for cleaning of mop heads, radiators, wardrobes and shower heads. Review of the general cleaning records evidenced a significant improvement in their completion. Equipment such as wheelchairs, hoists and walking aids were inspected and found to be clean. Examination of records evidenced these were cleaned on a regular basis.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
📍 @RQIANews

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