

# Unannounced Care Inspection Report 29 June 2016



## Parkside

Nursing Home  
4 North Circular Road, Lisburn, BT28 3AH  
028 9267 4943  
Bridget Dougan

## 1.0 Summary

An unannounced inspection of Parkside Care Home took place on 9 June 2016 from 10.00 to 16.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. On this occasion we were accompanied, on inspection, by a lay assessor. Please refer to section 4.5 for further detail.

### **Is care safe?**

There was evidence of competent and safe delivery of care. A review of staffing levels was planned to ensure the assessed needs of the patients were met. Newly appointed staff completed a structured orientation and induction programme and a robust system was in place to ensure staff attended mandatory training.

The majority of staff and patients representatives felt there was enough staff to meet the needs of the patients. Two members of staff and one patients' representative expressed some concerns regarding staffing levels.

The environment was well decorated, clean and comfortable. A recommendation has been made for a review of domestic staffing levels to ensure the current high standards of cleanliness are maintained.

One recommendation has been made.

### **Is care effective?**

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

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff meetings were held quarterly and there was evidence of good teamwork. Patient / relatives meetings were held quarterly and they expressed their confidence in raising concerns with management/staff.

There were no requirements or recommendations made.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

No requirements or recommendations were made.

### Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care. The manager has been in post since April 2016 and an application has been made for registration with RQIA.

Systems were in place to monitor and report on the quality of nursing and other services provided. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Malgorzata Janusz, manager and Mrs Shauna Stanford, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20 July 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Amstecos Ltd / Shauna Stanford and Emer Bevan	<b>Registered manager:</b> Mrs Malgorzata Janusz
<b>Person in charge of the home at the time of inspection:</b> Mrs Malgorzata Janusz	<b>Date manager registered:</b> Registration Pending
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 29

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 20 patients, two relatives, two registered nurses, three care staff, one catering and one domestic staff.

Six patients, six staff and one relative completed questionnaires.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- NMC and NISCC registration records
- staff induction records
- nurse competency and capability assessment planner
- staff supervision and appraisal planner
- minutes of staff meetings.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 July 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. There were no issues required to be followed up during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 20 July 2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing, 13, 20 and 27 June 2016 evidenced that the planned staffing levels were adhered to.

The majority of staff and patients representatives felt there was enough staff to meet the needs of the patients. Two members of staff and one patients' representative expressed some concerns regarding care staffing levels. This was discussed with the manager and responsible person and we were informed that staffing levels were being reviewed and increased to meet the assessed needs of patients.

We also met with domestic staff and were informed that only one member of domestic staff was on duty during the week. A recommendation has been made for a review of domestic staffing levels in order to maintain the existing high levels of cleanliness in the home.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A supervision and appraisal planner was in place with dates scheduled for all staff for 2016. Registered nurse competency and capability assessments had also been planned.

Review of training records evidenced that the majority of staff had completed mandatory training, with further training planned for 2016/17. A robust system was in place to ensure staff attended mandatory training.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust representatives, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Comments received in the returned questionnaires from patients, relatives and staff indicated that patients were safe and protected from harm. Two members of staff and one patient representative indicated some dissatisfaction with staffing levels and this was being addressed by management. Some comments received are detailed below:

- "all the staff are very good and kind"
- "the staff do the best they can with the limited time they have but can be rushed, especially at night when there is fewer staff"
- "this is a very good home, I have no concerns"
- "there could be more staff on at night. Management know about this"

### Areas for improvement

Domestic staffing levels should be reviewed and increased accordingly.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected that the assessed needs of patients.

There was evidence that care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The manager and staff also confirmed that regular quarterly staff meetings were held and records were maintained.

Staff stated that there was good teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the manager.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on a quarterly basis. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were aware of who their named nurse was and knew who the manager was. Some comments received as follows:

"We are well looked after"

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 4.5 Is care compassionate?

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

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. We were informed that regular staff meetings were held and patient/representative meetings were held every four months. The minutes of a patient/relatives meeting held in May 2016 were available in the home.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Lay Assessor's comments:

The lay assessor spoke to six patients and six patients completed questionnaires. Feedback was very positive and no concerns were raised.

Some comments received from patients:

"staff are all excellent"

"I'm well settled here. There is nothing I can think of that needs improved"

Relatives' comments:

"we are always made to feel welcome when we visit"

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The manager has been in post since April 2016 and an application has been made for registration with RQIA.

The home's registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was also current and displayed.

Discussion with the manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.



Review of the home's complaints record and discussion with the manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents and infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Malgorzata Janusz, manager and Mrs Shauna Stanford, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

**Statutory requirements – No requirements**

### Recommendations

**Recommendation 1**

**Ref:** Standard 41.1

**Stated:** First time

**To be completed by:**  
31 August 2016

The registered provider should review domestic staffing levels and increase accordingly, to ensure the high standards of cleanliness in the home are maintained

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**  
New Full Time Domestic Assistant has been appointed and commence employment on Wednesday 17<sup>th</sup> August 2016.



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews