

Inspection Report

| | |
|----------------------------|------------------------------------|
| Name of Service: | Parkview Care Home |
| Provider: | Beaumont Care Homes Limited |
| Date of Inspection: | 5 and 6 February 2025 |

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|---|---------------------------------------|
| Organisation/Registered Provider: | Beaumont Care Homes Limited |
| Responsible Individual | Mrs Ruth Burrows |
| Registered Manager: | Mr Mauro Magbitang Jr- not registered |
| Service Profile – This home is a registered Nursing Home which provides nursing care for up to 70 persons. The home is divided in four units over two floors. The two units on the ground floor are Carrickfergus which provides nursing care for people with delirium and Strathearn which provides nursing care for patients living with dementia. The two units on the first floor are Windsor and Cambridge which both provide general nursing care. Patients have access to communal lounges, dining rooms and a garden area. | |

2.0 Inspection summary

An unannounced inspection took place on 5 February 2025 from 09:30 am to 5.30 pm and 6 February 2025 from 9.15 am to 5.30pm. The inspection was carried out by a care inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000228(E) and FTC000229(E)) issued on 5 November 2024 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) relating to the management and governance arrangements; and Regulation 16 (1) relating to the patients plan. The date of compliance for both notices to be achieved was 5 January 2025.

Following an inspection on 6 January 2025, there was insufficient evidence to demonstrate compliance and the notices were extended until 5 February 2025.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions. However, sufficient evidence was not available to validate full compliance with the actions in the FTC Notices.

Accordingly, a meeting was held with the intention of issuing a Notice of Proposal to place conditions on the registration of Parkview Care Home. This meeting was held on 19 February 2025 and assurances were provided by the management team as to how the deficits would be addressed, including actions that had already been taken in regards to the audits and patient care plans. Whilst it was positive that these changes were being made, more time was needed to embed these changes into practice and to sustain the improvements required. A Notice of

Proposal was issued on 25 February 2025 (NOP Ref: NOP000129) proposing the following conditions.

1. The registered person shall ensure that the necessary improvements are made to achieve compliance with the actions stated within the Failure to Comply Notices (FTC000228 (E) and FTC000229 (E)) first issued on 5 November 2024.
2. The registered person must ensure that a copy of the monthly reports, completed in accordance with Regulation 29, is shared with RQIA within five working days of the visit having been completed.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

Areas for improvement were not reviewed at this inspection and were carried forward to review at a future inspection.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Those patients who were able to express their opinion of life in the home spoke in positive terms; they said the food was good, there was enough to do and the staff were helpful and friendly. One patient told us “the staff are brilliant; they look after me well.”

Patients who were less able to communicate their views and opinions were seen to be content and settled in the environment and also in their interactions with staff.

Staff told us they enjoyed working in Parkview and one staff member told us “we are like a family”. Staff were complimentary in regard to the support they received from the current manager and spoke of how much they enjoyed working with the patients.

Five patient/relative questionnaires were returned within the specified timescale all indicating they were satisfied with the services provided in Parkview Care Home.

No feedback was received from the staff online survey within the timeframe for inclusion in this report.

3.3 Inspection findings

Staff and patients commented positively about the support from the current manager and regional managers describing them as supportive, approachable and always available for guidance. The interaction between staff and the management team was observed to be relaxed and supportive throughout the day.

FTC Ref: FTC000228 Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 10.- (1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

The Responsible Individual must ensure that:

- a robust and comprehensive system of governance audit is implemented to identify any deficits in the delivery of nursing care or other services in the home; this should include, but is not limited to, environmental hazards and Infection Prevention and Control(IPC).
- where deficits are identified through the audit process a time bound action plan must be developed to ensure the necessary improvements are addressed.
- the manager's oversight of the audit systems must be clearly evidenced
- the home is maintained clean and equipment and furniture is kept clean and in a good state of repair.
- staff undertake updated training in IPC and this training is embedded into practice.
- staff practice in relation to IPC is robustly monitored and when deficits are identified action is taken

- Regulation 29 reports include oversight of the governance systems, progress with the Quality Improvement Plans arising from inspection, and time bound action plans are developed to address any deficits.
- there is a robust system in place to minimise risks to patients which includes the safe management of food and fluids, hot surfaces, access to chemicals used for cleaning/hairstyling and access to equipment.
- the system to identify/recognise and manage various types of hazards to patients is clearly understood by staff commensurate with their role and responsibilities.

There was evidence that a system of audits had been introduced and were identifying deficits. However, completed audits of wound care, care records and bedrooms did not consistently include a time bound action plan to ensure necessary improvements were addressed.

There was ineffective management oversight of the audits to ensure robustness and to drive the necessary improvements. RQIA noted a large number of audits to be completed. At the intention meeting the Responsible Individual acknowledged this and had plans in place to streamline the systems to make them more manageable and to extend this across the group. Further IPC training took place 21 and 23 January 2025 staff and a further mop up session was planned.

The home was generally clean and tidy with some minor deficits addressed on the day.

Regulation 29 reports, conducted each month to assess the quality of the service provided, evidenced oversight of the governance systems, progress with the Quality Improvement Plans and time bound action plans were developed to address deficits.

No chemicals were accessible and staff were knowledgeable regarding potential hazards and how they were managed.

FTC Ref: FTC000228 Notice of failure to comply with Regulation 16- (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation. 16. — (1) The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.

The Responsible person must ensure that:

- risk assessments and care plans are up to date and accurately reflect the assessed needs of the patients, including but not limited to care plans in relation to nutrition, one to one care, moving and handling and repositioning
- there is a system in place to review risk assessments and care plans on a regular basis and as patients' needs change
- care plans are sufficiently detailed to direct staff on how to meet the patients' needs
- supplementary care records are reviewed by registered nurses on at least a daily basis and used to update the daily progress notes. The daily progress notes should include the actions taken where required.
- care records are legible and amendments to the care records are made in keeping with professional guidance
- the care plan audit is reviewed to ensure it identifies deficits in record keeping

- when an audit identifies deficits or concerns a time bound action plan is developed to address these
- the care record audit includes an overview of the daily and monthly evaluation of care to ensure registered nurses evaluations of the delivery of care and treatment are meaningful and evidence oversight of supplementary care records such as food and fluid intake charts.

While care plan audits were in place to identify deficits it was unclear from these audits if all actions had been addressed.

Whilst a review of care plans had taken place, inconsistencies were evidenced in the care records reviewed; for example two care plans for patients with dementia did not include sufficient detail to direct staff on how to meet individual patients' needs and a further patient's sleep care plan contained inconsistent, inaccurate information when compared to their other care plans.

There was insufficient evidence that supplementary care records were being consistently reviewed on a daily and monthly basis by the registered nurses and the quality of completed evaluations of care varied, as some did not meaningfully evaluate the care being provided.

Oversight of the supplementary care records by the registered nurses such as bowel records, repositioning records and food and fluid intake charts was also inconsistent. Daily progress notes lacked detail, including how the patient spent their day.

Areas for improvement in relation to governance arrangements and care records have been stated in Quality Improvement Plans since 8 November 2022 and more latterly in the Failure to Comply Notices issued on 5 November 2024.

As full compliance had not been achieved by the compliance date on the FTC notice a meeting with the intention of issuing a Notice of Proposal (NOP) to place conditions on the registration of the home, was held on with the Responsible Individual on 19 February 2025. Whilst RQIA acknowledged the significant progress made in the previous three months, RQIA determined that more time was required to comply with the actions in the failure to comply notices and to embed these changes into practice. RQIA decided to issue the notice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 2* |

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mauro Magbitang JR, 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 Care Standards for Nursing Homes (December 2022) | |
| Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 24 April 2024 | The registered person shall ensure meals served to patients is in keeping with their dietary recommendations as per the speech and language therapist. Ref: 2.0 |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: From the date of inspection 22 October 2024 | The Registered Person shall review the staffing arrangements to ensure one to one care is delivered to patients in accordance with their care plan. Ref: 2.0 |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. |

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews