

# Inspection Report

**Name of Service:** Parkview Care Home

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 6 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Mr Mauro J Magbitang Jr -not registered
<b>Service Profile</b> 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 and 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 6 January 2025 from 09:30 am to 6.00 pm. 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 and FTC000229 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 6 January 2025.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions stated within both of the notices. However, sufficient evidence was not available to validate full compliance with the FTC Notices. RQIA considered the inspection findings and it was decided to extend the compliance date of the FTC notices. FTC Ref: FTC000228 (E) and FTC000229 (E), were issued with compliance to be achieved by 5 February 2025.

The areas for improvement identified at the previous inspection were carried forward for 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

Patients told us they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us they enabled patients to choose how they spent their day.

Staff said they were happy working in the home and they felt well supported by the manager.

No patient/relative or staff questionnaires were received within the timescale specified.

#### 3.3 Inspection findings

**FTC Ref: FTC000228 Notice of failure to comply with Regulation 10 (1) 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/hairdressing 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.

The audit system had been enhanced with a number of audits being introduced to replace previous audits such as choking audit, restraint audit and care plan audit. A review of records evidenced the infection prevention and control audit had been completed on 26 November 2024. An environmental audit was in place however, there was no audit specifically for the review of environmental hazards. For some audits such as the choking audit the action plans developed were not fully time bound and unclear as to when the action was identified or addressed.

There was evidence of managerial oversight of the audits.

Whilst improvements had been observed a number of deficits in the cleaning of patient equipment such as side tables, wheelchairs, walking aids, soap and paper towel dispensers was evident. Staff were observed bare below the elbow.

A number of areas in the home had been painted and repairs to the laundry work spaces and cupboards had commenced.

Evidence of updated IPC training was not available. Due to the deficits with the cleanliness of equipment identified the training previously undertaken was not fully embedded into staff practice.

Regulation 29 reports evidenced oversight of the governance systems, progress with the Quality Improvement Plans and time bound action plans.

Chemicals were accessible in a cleaning store on two occasions and also a cleaning chemical was accessible in a side board.

The system to ensure staff recognise and manage various types of hazards was not fully robust or clearly understood by staff.

### **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.

Whilst there was a system in place to ensure risk assessments and care plans were regularly reviewed. Care plans such as mobility and repositioning care plans had not been consistently updated to reflect the patients assessed needs.

Care plans such as dementia care plans and oral care plans lacked sufficient detail to direct the staff how to meet the patients' needs.

Oversight of the supplementary care records with in the progress notes was inconsistent and lacked specific detail of any action taken.

Additions/alterations to care documents that were not in keeping with Professional standards was observed.

Care plan audits were in place and identifying deficits however it was unclear if all actions had been addressed.

Overview of the daily and monthly evaluations was included in the care record audit however, some evaluations contained meaningless statements and not were patient centred.

#### 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
<b>Total number of Areas for Improvement</b>	0	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Maura J Magbitang Jr, Acting 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)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 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  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 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: 3.3.2  <b>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.</b>

*\*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

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