

Inspection Report

8 and 9 August 2023



Parkview Care Home

Type of Service: Nursing Home
Address: Glencairn Road, Forthriver Road,
Belfast, BT13 3PU
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited	Registered Manager: Codrina Aionei
Responsible Individual: Mrs Ruth Burrows	Date registered: 04 November 2022
Person in charge at the time of inspection: Mrs Codrina Aionei	Number of registered places: 70
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. 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: 55
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 70 persons. The home is divided in four units the Strathearn and Carrickfergus units are located on the ground floor and the Windsor and Cambridge units are located on the first floor. Patients have access to communal lounges, dining rooms and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 8 August 2023, from 10.00 am to 5.00 pm and 9 August 2023 10.00 am to 6.00pm by a care inspector.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Parkview Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "The staff are very good, I am well looked after," while another patient said, "The staff are very good to me."

Staff spoken with told us the teamwork was good in the home and spoke of how much they enjoyed caring for the patients.

Two patient and one relative questionnaires were returned with all respondents indicating they were mostly satisfied or very satisfied with the services provided these, feedback was provided to the deputy manager.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 & 26 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: Third and Final time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council (NISCC) at all times.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as stated.	
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that staff deployment at mealtimes is reviewed to ensure appropriate supervision of patients.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: First time	The registered person shall ensure wounds are managed in keeping with the assessed needs of the patient. Wound care plans should be in place with assessments completed in keeping with best practice guidance.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that records are maintained to evidence the choice of meal offered to patients, that choices are varied, recorded accurately and retained in the home.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.	
Area for improvement 3 Ref: Standard 6.14 Stated: First time	The registered person shall ensure that any patient that requires oral hygiene has their needs met as planned and accurate records of oral care delivery are maintained.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was not met and is stated for a second time.	

Area for improvement 4 Ref: Standard 35.3 Stated: First time	The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in staff practice.	Not met
	Action taken as confirmed during the inspection: Observation and review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.5	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Staff completed and induction prior to commencing in post. A review of records for agency staff in use in the home evidenced that not all agency staff had an induction in place and there was no clear process for the verification of agency staff identity, registration and training prior to the beginning of each shift. This was discussed with the manager and an area for improvement was identified.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork, however, some staff told us they were not satisfied with the staffing levels in the home; in particular, on the first floor of the home. These concerns were shared with the manager for their review and actions as required. Staffing shall be further reviewed at the next inspection.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

A sample of patient care records were reviewed and evidenced a number of deficits. For example, care plans relating to distressed reactions/anxiety, mobility and repositioning were not patient centred and lacked sufficient detail to direct the care. There were no detailed care plans in place for those patients receiving one to one care. This was discussed with the manager and identified as two areas for improvement.

Management of wound care was examined. Review of one identified patient's care records confirmed that the patients care plan was in place however, the dressing regime was unclear. Wound care evaluations lacked detail on the progress or condition of the wound. An area for improvement was partially met and is stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Menus were discussed with the manager as patients and staff in one unit that they were unclear of what the meal on offer on the menu was. The menus and inclusion of patient choice in the menu planning was discussed with the manager. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that some care plans had been commenced prior to the risk assessments, such as nutritional care plans and skin integrity care plans. No care plan or risk assessment had been developed following an unwitnessed fall. This was discussed with the manager who agreed to review this patients' records, address the shortfalls and address this with the staff. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

Shortfalls were identified in oral hygiene records for a small number of patients. Staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This was discussed with the manager who agreed to address this. An area for improvement was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced patients' bedrooms were personalised with items important to the patient. A number of areas of redecoration was observed to be required on the first floor of the home. The deficits were discussed with the manager who advised that this had also been identified by the management team however no plans were currently in place to address this. An area for improvement was identified and a time bound action plan has been requested to be returned to RQIA with the quality improvement plan.

Observation of some areas of the home and some of the equipment evidenced that this had not been effectively cleaned such as; manual handling equipment and wheelchairs. A lounge was observed to be used to store excess equipment. This was discussed with the manager and an area for improvement was identified.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. Staff members were familiar with the correct procedure for the donning and doffing of PPE. However, observation of practice showed that not all staff were compliant with best practice in IPC measures. For example, the wearing of jewellery, false nails and nail varnish was noted. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to Elvis Presley music in a lounge, reading and watching TV. Patients were observed enjoying reminiscence therapy during the first day of

inspection and a summer party in the afternoon of the second day of inspection. Patients and relatives were observed to enjoy the party and patients enjoyed taking part singing along.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included skittles, ice cream cart, reminiscence, craft club, karaoke and religious services. Staff members said they did a variety of one to one and group activities to ensure all patients had some activity engagement.

Staff recognised the importance of maintaining good communication with families.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, given the deficits identified on inspection as discussed in section 5.2.2 and 5.2.3, an area for improvement previously stated in regards to the monitoring and governance arrangements in regards to inspection prevention and control was not met and is stated for a second time.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	5	6*

* the total number of areas for improvement includes three under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Codrina Aionei, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure a robust system is in place to ensure the identity, professional registration and completed training for agency staff is verified prior to the commencement of a shift and that an induction to the home is completed. Ref:5.2.1
	Response by registered person detailing the actions taken: When an agency staff member is booked to work a shift in the home a profile is printed which should provide a photograph of the staff member, evidence of professional registration and training that has been completed. Checks are carried out by Home Manager/Deputy Manager who review all profiles prior to each shift commencing to ensure all details are present and if not, this is raised with the agency concerned to be rectified. An Agency Induction is issued on commencement of the shift for staff who have not previously worked in the home, this is completed by staff on duty and given to Home Manager/Deputy Manager. The Home Manager/Deputy Manager reviews completion of the induction and this is retained with the staff member's profile. These will be reviewed during Reg 29 visits by Operations Manager.

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2023</p>	<p>The registered person shall ensure individual patient care plans and risk assessments are written with sufficient detail to direct the care required to meet the patient's needs.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Discussion took place during staff meeting on 21st September 2023 regarding completion of detailed care plans and risk assessments. Coaching has been arranged with RN's by Care Quality Team to take place on 16th and 17th October 2023 regarding person centred care planning. Each resident's care file will be audited twice yearly to ensure there is sufficient detail recorded to meet the residents' needs.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patients risk assessments are completed prior to the development of care plans following admission to the home.</p> <p>Ref:5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Admission Audits are being completed by the Home Manager / Deputy Manager within 7 days of a resident's admission to the home to ensure all risk assessments are completed prior to care plans being developed.</p> <p>Compliance with this area of improvement will be monitored during Reg 29 visits by Operations Manager</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall submit to RQIA a time bound action plan detailing how and when the environmental deficits identified will be addressed.</p> <p>Ref :5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: An Environmental Audit has been completed on first floor which includes condition of furniture, painting requirements and flooring requirements. This has been centralised into one report for refurbishment plan to be agreed.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the wearing of jewellery, false nails and nail polish ceases with immediate effect in accordance with best practice guidance and infection and prevention control measures.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Uniform checks have been included on the homes 24 Hour Shift Report for the nurse in charge of each shift to review staff's compliance with uniform policy.</p> <p>Compliance with uniform policy was discussed at a general staff meeting on 21st September 2023.</p> <p>The Walkabout audit has been amended to incorporate this area of improvement as a focus.</p> <p>Checks are being conducted by the Home Manager / Deputy Manager and being recorded on the Walkabout Audits and any issues identified are being addressed directly with individual staff.</p> <p>Checks will also take place during Reg 29 by Operations Manager</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 1 November 2023</p>	<p>The registered person shall ensure wounds are managed in keeping with the assessed needs of the patient. Wound care plans should be in place with assessments completed in keeping with best practice guidance.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Wound care-plan identified on the day of the Inspection has had the previous dressing regime documentation removed and the dressing regime is now clear.</p> <p>The completion of wound evaluation documentation was discussed at staff meeting on 21st September 2023.</p> <p>Wound audits are being completed on a monthly basis on all wounds and any identified shortfalls are addressed.</p> <p>Wound documentation will be spot checked during Reg 29 visit by Operations Manager</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.14</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any patient that requires oral hygiene has their needs met as planned and accurate records of oral care delivery are maintained.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Recording of oral hygiene was discussed at staff meeting on 21st September 2023. The Daily Care Sheet used on the day of Inspection did not allow recording of staff's further attempts to carry out oral hygiene when a resident refuses care. The Oral Hygiene Form has been developed to allow further records to be made. The Walkabout Audit has been amended to incorporate this area of improvement as a focus. Completion of the Oral Hygiene Form by the Home Manager / Deputy Manager and will be recorded on the Walkabout Audit and compliance will be monitored by Operations Manager during Reg 29 visit.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in staff practice.</p> <p>Ref: 5.1 and 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Decontamination records are in place for cleaning of equipment such as manual handling equipment and wheelchairs. This area of improvement has also been discussed at staff meeting on 21st September 2023. Cleanliness of equipment and completion of decontamination records will be monitored by the Home Manager / Deputy Manager and recorded on the Walkabout Audit and during Reg 29 visits by Operations Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2023</p>	<p>The registered person shall ensure detailed patient centred care plans for those patients who require bespoke one to one care.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>One to one care plans have been reviewed to ensure they are detailed and patient centred.</p> <p>Each residents care file is being audited twice yearly to ensure there is sufficient details recorded to meet the residents' needs.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure menus in the home are clear as to the meal on offer and patients are fully involved in the planning of the menus. A record of the patients' involvement should be maintained.</p> <p>Ref:5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Menus have been reviewed and clearly state meal choices. Autumn/winter menus are currently being developed and resident involvement will be included in their development.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control deficits identified in this report are addressed</p> <p>Ref:5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Infection Control Audit has identified sections to be completed for each month over a 6 month period.</p> <p>Hand Hygiene Audits are completed during each month which includes compliance with the uniform policy.</p> <p>Discussions have taken place with Home Manager/Deputy Manager who are responsible for completing these audits to ensure issues that are identified are fully recorded on the audit and actioned appropriately.</p> <p>Completion of audits and compliance will be completed by Operations Manager during Reg 29 visits.</p>

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