

Inspection Report

8 November 2022



Parkview Care Home

Type of service: Nursing Home

**Address: Glencairn Road, Forthriver Road, Belfast BT13
3PU**

Telephone number: 028 9039 1393

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Carol Cousins	Registered Manager: Ms Codrina Aioanei Date registered: 4 November 2022
Person in charge at the time of inspection: Ms Codrina Aioanei – registered manager	Number of registered places: 71 A) The Dementia Nursing unit (Carrickfergus unit) is temporarily non-operational. The unit will instead operate a maximum of 10 beds for patients diagnosed with delirium. Admissions to the NH-DE category of care will cease. This condition will be subject to a review after 6 months or earlier at the request of the registered persons. B) There shall be a maximum of 1 named resident receiving nursing care in category NH-MP.
Categories of care: 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 DE – Dementia MP – Mental disorder excluding learning disability or dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 71 persons. The home is divided in three units; Carrickfergus which provides care for people with delirium and Strathern and Cambridge units which 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 8 November 2022 from 9.40am to 5.35pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0. Review of areas for improvement from the previous care inspection noted that six were met. One area for improvement was partially met and has been stated for a third and final time.

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 and 'Tell Us' cards 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 members are dead on and the food isn't too bad," while another patient said, "I worked all my life and now I am being treated like a queen. They (the staff) are the loveliest girls I have ever met and they all work hard."

Staff spoken with said that Parkview Care Home was a good place to work. Staff spoke about the good teamwork in the home and spoke of how much they enjoyed caring for the patients.

Ten questionnaires were returned with all respondents indicating they were very happy with the care provider in the home.

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 15 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall review the management of thickening agents to ensure that care plans and records of administration are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff members' knowledge and practice regarding hand hygiene. <p>Action taken as confirmed during the inspection: Although some improvements were noted, observation of staff practice evidenced continued shortfalls in infection prevention and control knowledge and practice. This is discussed further in section 5.2.3.</p> <p>This area for improvement is partially met and is stated for a third and final time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff follow the home's policy and Regional Guidance on the management and evaluation of care during and following a fall.</p> <p>This includes but is not limited to evidencing that clinical and neurological observations are carried out for all patients following a fall and that falls in relation to care plans and risk assessments are reflective of the patients' needs. Daily progress notes should comment on the patient's neurological status.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: Second time	The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made.	Met
	Action taken as confirmed during the inspection: Review of recruitment records evidenced this area for improvement was met.	
Area for improvement 2 Ref: Standard 39.9 Stated: Second time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: Examination of mandatory training compliance evidenced this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.9 Stated: Second time	The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that regional Covid-19 guidance for nursing and residential homes is implemented in relation to twice daily recording of staff temperatures.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 members were provided with a comprehensive induction programme to prepare them for providing care to patients.

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). However, discussion with the manager and review of records confirmed that one member of staff had worked for a period of time in the home whilst not making an application to join the NISCC register. This was discussed with the manager who took immediate action to ensure that the identified staff member was no longer working in this role until registered. Verbal assurances were provided by the manager that oversight of NMC registration would be reviewed and will be monitored by the manager. An area for improvement was identified.

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 well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

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.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that the patient's care plan had not been updated to reflect the assessed needs of the patient. There was evidence that the patient's wound was not dressed in keeping with the advice of the tissue viability nurse (TVN) and wound assessments were not consistently completed. Evaluations were detailed and commented on the progress or condition of the wound. This was discussed with the manager who agreed to meet with nursing staff and monitor compliance through their wound care audit. An area for improvement was identified.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

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.

It was observed that a menu was not displayed in the upstairs dining room and condiments were not readily available for all patients at lunch time. In addition, the dining room was not as personalised as the other dining areas in the home. This was discussed with the manager who advised new menus were on order and assurances were given that the dining experience would be reviewed through a dining audit. Given these assurances and to provide the manager with sufficient time to fully address and embed any changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff told us they completed a meal choice sheet to inform the kitchen what options were requested by the patients. However, examination of records confirmed records were not consistently completed to evidence choices offered to all patients. This was discussed with the manager and an area for improvement was identified.

One isolated incident was observed which posed a potential risk to patients' health and wellbeing. Patients were not appropriately supervised during lunch. This incident was discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager who gave assurances that deployment of staff at mealtimes would be reviewed. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

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 care plans had been developed within a timely manner to accurately reflect their assessed needs.

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.

Review of patient's records evidenced that these were generally well maintained, however shortfalls were identified in oral hygiene records for three identified 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 meet with staff and develop an audit to monitor completion of these records. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 25 May 2022. All actions identified by the fire risk assessor had been addressed by the manager.

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. While some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE. This area for improvement was stated for a third and final time.

Deficits in IPC knowledge and practice were identified and the previous two care inspections. This was discussed with the manager following the inspection and assurances were given that supervision would be completed with staff and enhanced monitoring of staff compliance would be introduced. 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, while others enjoyed doing arts and crafts, singing and dancing with staff.

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, ball games, balloon therapy, craft club, karaoke and gospel 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. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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. The quality of the audits was generally good.

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.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed correctly and 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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	4

*The total number of areas for improvement includes one that has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Codrina Aioanei, registered manager and Mr. Cristian Burduja, deputy 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 13 (7) Stated: Third and final time To be completed by: Immediate action required (8 November 2022)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <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. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Supervision has been completed with all staff regarding the above identified IPC issues - donning/doffing and 5 Moments of Hand Hygiene guidance was also issued to staff at time of supervision. Weekly Hand Hygiene and PPE audits are being completed and have been reviewed to include 5 Moments of Hand Hygiene. Actions taken to resolve any identified issues will be included on the audit. Audits will be reviewed during Reg 29 visits by Operations Manager</p>
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate action required (8 November 2022)	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The identified member of staff is now registered with NISCC. NISCC register will be updated on a monthly basis and new staff added to NISCC Log. New staff will be informed of their need to complete their NISCC Application on commencement and this will be monitored by Home Manager. All staff's registration status will be evidenced via Public Facing Registers. Compliance will be monitored during Reg 29 visits by Operations Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff deployment at mealtimes is reviewed to ensure appropriate supervision of patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily Staff Allocation Sheet has been updated to identify a member of staff who is allocated to supervise in the dining room at each meal time. Appropriate supervision in the dining rooms has also been discussed at flash meetings with staff. Staff supervision in dining rooms is being spot checked and checks are being recorded on 24 Hour Shift Report.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (8 November 2022)</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> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision has been carried out with trained staff regarding the issues identified during the inspection with wound documentation. Wound Audits have been completed for each wound in the home and identified actions were addressed. Compliance will be monitored during of monthly Wound Audit and will be spot checked during Reg 29 visit by Operations Manager</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (8 November 2022)</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Issue was discussed with Catering Staff to ensure Menu Choice Records are accurately and fully completed to evidence the choice of meal offered to all residents. Menu Choice Sheets are being spot checked and reviewed by Home Manager. Menu Choice Sheets are now retained in a separate file. Compliance will also be monitored during Reg 29 visits by Operations Manager</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision is being completed with all staff to ensure they are aware of the need to record refusals of care and to evidence further attempts to complete care tasks. Oral hygiene is included on Daily Care Sheets. Daily Care Sheets will be spot checked for accurate completion.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (8 November 2022)</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: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Hand Hygiene Audit has been updated to include 5 Moments of Hand Hygiene. Home Manager and Deputy Manager are aware of the importance of identifying and addressing shortfalls in staff's practice. Audits will be reviewed during Reg 29 visits by Operations Manager and staff compliance will also be observed.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care