

# Inspection Report

<b>Name of Service:</b>	<b>Parkview Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Limited</b>
<b>Date of Inspection:</b>	<b>22 October 2024</b>

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>	Ms Codrina Aioanei
<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 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

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

However, as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A meeting with the Intention to issue three Failure to Comply notices was held on 31 October 2024. Based on the information provided to RQIA, during this meeting, the decision was made to issue two Failure to Comply notices (FTC); in relation to the governance and management arrangements for the home and patients' records. Reference: FTC000228 and FTC000229.

Details of our enforcement procedures and the notices issued can be found on our web site [www.rqia.org.uk](https://www.rqia.org.uk)

The Quality Improvement Plan (QIP) issued as part of this report has two areas for improvement in total; one new area for improvement under the standards and one that has been carried forward for review at a future inspection. Other previous areas for improvement, not met, have been subsumed into the two Failure to Comply notices issued by RQIA.

### **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. Observations confirmed that patients were going about their day either in their bedroom or one of the home's lounges; there was a calm atmosphere throughout the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients told us. "The people are nice." And I am very happy, I am well cared for."

Staff told us they enabled patients to choose how they spent their day. Comments made by staff were "We are like a family" and others said they were happy working in the home and they felt well supported by the manager.

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

Two partially completed staff questionnaires were received indicating that they were satisfied or very satisfied with the services provided.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

It was observed that the number and skill of the staff on duty ensured that staff responded to requests for assistance in a caring and compassionate manner.

Patients told us staff were friendly. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels, all comments made were passed to the manager for consideration.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences; and were prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

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.

Observation of the lunchtime meal, served in the main dining room, confirmed that there was enough staff present to support patients with their meal. The food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Parkview Care Home.

A patient who required bespoke one to one care was observed in their bedroom with no one to one support present. This was brought to the attention of staff who attended to the patient. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed. A planner was on display in the main foyer detailing the planned activities for the week. The staff were observed encouraging patients to participate in the planned group activity for the morning which was a game of Bingo. Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or drawing.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records reviewed evidenced that nursing staff failed to ensure that care plans, risk assessments and evaluations were reflective of the assessed needs of the patients. An area for improvement first stated 8-9 August 2023 remained unmet. This was discussed during the meeting with RQIA on 31 October 2024 and included in the FTC notice FTC000229.

A lack of meaningful oversight of the supplementary care records such as food and fluid intake charts was also evident. An area for improvement identified at the previous inspection remained unmet. This was discussed during the meeting with RQIA on 31 October 2024 and included in the FTC notice FTC000229.

Amendments made to records by registered nurses were not in keeping with professional guidance as stated in the Nursing and Midwifery Council (NMC) The Code, section 10. These amendments were not attributed to the person making them nor signed or dated and some entries to records were illegible. An area for improvement identified at the previous inspection in relation to amendments to records remained unmet. This was discussed during the meeting with RQIA on 31 October 2024 and included in the FTC notice FTC000229.

The care record audit in place did not include a review of how nursing staff evaluated the care recorded on patients' supplementary care records; such as food intake or fluid intake. This area for improvement was not met and is included in the FTC notice FTC000229.

### 3.3.4 Quality and Management of Patients' Environment Control

A significant number of issues were evident in relation to environmental cleanliness and the management of infection prevention and control (IPC).

Some staff were observed wearing nail polish or gel nails which went unchallenged by management. This was discussed during the meeting with RQIA on 31 October 2024 as this area featured as an area for improvement since May 2021 and included in the FTC notice FTC000228.

Significant concerns were identified in regards to the environmental cleaning and cleaning of equipment such as crash mats, bedrail bumpers and bed frames. Other equipment such as manual handling equipment, trolleys, side tables, shower chairs and raised toilet seats was also not effectively cleaned. This area for improvement remained unmet and is included in the FTC notice FTC000228.

### 3.3.4 Quality of Management Systems

Observation, review of records and discussions with staff and management identified significant concerns in relation to the governance and oversight in the home and the lack of progress with the areas for improvement identified during previous care inspections conducted on 21 May 2021, 15 February 2022, 8 November 2022, 8-9 August 2023 and 23-24 April 2024. In particular areas for improvement relating to Infection Prevention and Control (IPC) and the management of patients' care records.

Significant concerns were identified regarding the lack of robust governance and management oversight within the home which has the potential to place residents at risk. There was also significant concern regarding the lack of progress with the areas for improvement identified during previous care inspections dating back to 21 May 2021 relating to Infection Prevention and Control (IPC) and the management of patients' care records.

Completed governance audits reviewed had not identified the deficits in regards to IPC measures and staff practice, record keeping or the cleanliness of the environment and equipment as evidenced during this inspection. In addition, the audit action plans in place were not time specific and it was unclear, from the records reviewed, if any action had been taken to address the deficits identified. An area for improvement remained unmet and is now included in the FTC notice FTC000228.

Evidence was provided that staff had received training in infection prevention and control, however, given the observations on inspection this training had not been embedded into practice. This was discussed during the meeting with RQIA on 31 October 2024 and included in the FTC notice FTC000228.

Review of reports of the quality monitoring visits undertaken, in accordance with Regulation 29 and on behalf of the Responsible Individual, did not evidence the scope of concerns identified by RQIA or that the governance system/s were failing to recognise or respond to deficits in a timely and/or sustainable manner. This was discussed during the meeting with RQIA on 31 October 2024 and included in the FTC notice FTC000228.

RQIA identified a number of hazards which had the potential to place patients at risk of harm. A selection of food and drinks were observed accessible in a number of rooms throughout the Strathearn and Carrickfergus units and in the Carrickfergus unit a staff room was left unlocked. There were patients living in these units who required modified diets as recommended by the Speech and Language Therapist as a result of dysphagia. There was no recognition from staff and the manager of the potential risk of harm to patients whom lacked the ability to manage risks to themselves. This was discussed during the meeting on 31 October 2024 and included in the FTC notice FTC000228.

#### 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 one under the standards that is carried forward for review at the next inspection. Other previous areas for improvement have been subsumed into the two Failure to Comply notices issued by RQIA. Please refer to the website for details of these notices.

Areas for improvement and details of the Quality Improvement Plan were discussed with Codrina Aioanei, 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 Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <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>Response by registered person detailing the actions taken:</b>

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)





The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews