The Regulation and Quality Improvement Authority

Inspection Report

23 and 24 April 2024

Parkview Care Home

Type of service: Nursing Home
Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU
Telephone number: 028 9039 1393

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 **Registered Person/s OR Responsible Individual** Mrs Ruth Burrows	**Registered Manager:** Codrina Aioanei **Date registered:** 4 November 2022
Person in charge at the time of inspection: Ms Codrina Aioanei	**Number of registered places:** 70 A maximum of 18 beds for category NH-DE in Strathearn unit. A maximum of 14 beds for patients diagnosed with Delirium in Carrickfergus unit. There will be a maximum of one named patient in category NH-MP.
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:** 56
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 23 April 2024, from 09.30 am to 5.00 pm and 24 April 2024 09.30 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 to me, the staff are great," while another patient said, "I like it here, it is home from home."

Relatives spoken with also told us they were happy with the care provided in the home.

Staff spoken with told us that teamwork was good in the home and told us they were well supported in their role.
One patient and one relative questionnaires were returned with all respondents indicating they were satisfied with the services provided, feedback was provided to the 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 8-9 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 20 (1) (a) (b) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 16 (1) **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: A 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 5.2.2	
Area for Improvement 3 **Ref:** Regulation 16 (1)	The registered person shall ensure patients risk assessments are completed prior to the development of care plans following admission to the home**.**	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: A review of records evidenced that this area for improvement was met.	
Area for Improvement 4 **Ref:** Regulation 27 (2) (b) (d) **Stated:** First time	The registered person shall submit to RQIA a time bound action plan detailing how and when the environmental deficits identified will be addressed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for Improvement 5 **Ref:** Regulation 13 (7) **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in Section 5.2.3	
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:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced this area for improvement was met.	
Area for Improvement 2 **Ref:** Standard 6.14 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 3 **Ref:** Standard 35.3 **Stated:** Second 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: Given the deficits identified during this inspection this area for improvement was not met and is subsumed into an area for improvement under regulation this is discussed further in section 5.2.5	
Area for Improvement 4 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure detailed patient centred care plans for those patients who require bespoke one to one care.	**Not met**
	Action taken as confirmed during the inspection: A 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 5.2.2	
Area for Improvement 5 **Ref:** Standard 12 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure the infection prevention and control deficits identified in this report are addressed	**Not met**
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and is stated for a second time.	

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 an induction prior to commencing in post.

A review of records for agency staff in use in the home evidenced that agency staff had an induction in place and a new system had been introduced for the verification of agency staff identity, registration and training prior to the beginning of each shift.

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 take 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, and fire safety.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and that they had no concerns with the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. 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, dietary requirements 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. Two areas for improvement identified at the previous inspection were not met and are therefore stated for a second time.

Management of wound care was examined. Review of two identified patient's care records confirmed that the patients care plan was in place however, for one patient with two wounds one care plan was in place this was addressed on the day of inspection.

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 however; one patient was served a meal not in keeping with their recommended speech and language(SALT) care plan. This was identified by the nurse who replaced the meal. This was further discussed with the manager and 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 and risk assessments were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Daily records and monthly evaluations of care evidenced that they were not patient centred and lacked specific detail as to the outcomes of care delivery including oversight of supplementary care records such as fluid charts. This was discussed with the manager and an area for improvement was identified.

It was also observed that changes to patients' records was not always in keeping with professional guidance with overwriting in care plans and amendments not dated or signed by the person making the change. This was discussed with the manager and 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 patients' bedrooms were personalised with items important to the patient. It was positive to note that the redecoration on the first floor of the home had been undertaken and was still ongoing.

Observation of some areas of the home and some of the equipment evidenced that this had not been effectively cleaned such as; bedrails, bed rail bumpers, and wheelchairs. This was discussed with the manager and an area for improvement was stated for a second time.

In one identified bedroom a mattress required replacing, on further discussion with staff and the manager there was no system in place to ensure frequent checks of mattresses were being carried out to ensure the patency. This was discussed with the manager who provided

assurances following the inspection that this had been addressed. This will be further reviewed at the next inspection.

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 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. 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 stated for a second time.

It was further observed that whilst some staff used PPE appropriately others did not. Given the deficits identified in relation to IPC practices an area for improvement to ensure training is updated and embedded into practice was made.

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 music in a lounge or watching TV.

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 subsumed in to an area for improvement under the regulations.

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	4*	5*

* the total number of areas for improvement includes two under regulations and two 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 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** Second time **To be completed by:** 30 July 2024	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff meetings were held with the nursing staff to discuss the inspection findings. The Beaumont Quality Team will provide training on how to write detailed individual risk assessments and care plans to ensure individual care needs can be effectively met. The detail and quality of the information provided in individual risk assessments and care plans will be monitored by completion of monthly care file audits and areas for development discussed with staff and followed up. Supervision conducted by the Operations Manager will be held with the Manager and Deputy Manager on how to complete and review and address deficits found within these audits. Individual risk assessments and care plans will be monitored as part of the Providers regulatory visit.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** 23 and 24 April 2024	The registered per son 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. Ref: 5.1.and 5.2.3
	Response by registered person detailing the actions taken: Supervision has been held with staff reiterating that the wearing of jewellery, false nails and nail polish whilst on shift is not permitted. This is being monitored by the nurse in charge of each shift and any issues will be addressed immediately with the staff concerned. Observation has been incorporated into the 24-Hour Report. Monitoring, will also be conducted as part of the management walk round audit, if any concerns are identified will be addressed at the time and a record maintained. Repeated areas of concern are to be escalated and will be addressed through the disciplinary process. The Operations Manager will discuss the process of effective auditing through supervision with the Manager and Deputy Manager. Auditing process training will be provided for the Manager and Deputy Manager.

	Weekly Hand Hygiene and PPE audits are being completed which will include observation for false nails, nail polish and jewellery wearing. Actions taken to resolve any identified issues will be included on the audit. The Operations Manager will review IPC practice including observation on whether staff are wearing jewellery, false nails and nail polish as part of the regulation 29 visits to ensure best practice in keeping with infection and prevention control measures are being maintained. Any concerns will be addressed with immediate effect.
Area for improvement 3 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 23 July 2024	The registered person shall ensure staff receive up to date training in regards to IPC and this training is embedded into practice. Ref:5.2.3
	Response by registered person detailing the actions taken: Provision of additional training will be provided by the Beaumont Quality Team to support best practice. The first session was held with staff on the 9th May 24. Monitoring of staff practice will be reviewed during Manager walk rounds, audits and as part of the Providers regulatory visits. Identified areas of concern will be addressed with the staff concerned.
Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 23 July 2024	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. Ref: 5.1. and 5.2.5
	Response by registered person detailing the actions taken: To ensure the effective monitoring and governance in relation to IPC practices the Home Manager has developed a chart to support with daily observations as part of management walk round. The Infection Control Audit was updated on the 10th May 24 to further capture and monitor any shortfalls in staff practice. Supervision conducted by the Operations Manager will be held with the Manager and Deputy Manager to discuss effective auditing processes. Training will be provided by Beaumont Quality Care Team for the Manager on completion of effective audits. IPC practices will be reviewed by the Operations Manager during visits and as part of the Regulation 29 Audit.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 24 June 2024	The registered person shall ensure detailed patient centred care plans for those patients who require bespoke one to one care. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Operations Manager has provided support and guidance for staff to assist with developing detailed and person-centred care plans for bespoke one to one care. The care plans will be monitored through the monthly care file audit which will identify and address any deficits to ensure care plans are detailed and person centred. The Operations Manager will review all bespoke 1-1 care plans and share findings with the Manager to address
Area for improvement 2 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 24 April 2024	The registered person shall ensure the infection prevention and control deficits identified in this report are addressed Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: A staff meeting was held on the 9th May 24 to discuss the verbal feedback received from RQIA in relation to the deficits identified in the prevention and control of infection and best practice guidance. Monitoring of practice will be captured during the Management walkabout audit completed by Home Manager or Deputy Manager. Repeated areas of concern will be escalated and addressed through the disciplinary process. Supervision will be conducted by the Operations Manager with the Manager and Deputy Manager regarding the auditing process and effective management of staff in relation to concerns identified. Training on effective auditing will be provided for the Manager and Deputy Manager. The Operations Manager will review the IPC deficits identified by RQIA and the actions taken to address and sustain improvements, as part of the regulatory visits.
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure meals served to patients is in keeping with their dietary recommendations as per the speech and language therapist. Ref:5.2.2

To be completed by: 24 April 2024	**Response by registered person detailing the actions taken:** Meals continue to be served in keeping with Residents' choice and dietary recommendations as advised by the Speech and Language Therapist. This is being monitored by the Chef and person in charge during meal times as a safety net and during spot checks completed by the Home Manager or Deputy Manager. The Safety Pause file is available in the dining rooms during meal time. The Manager and Deputy Manager are scheduled to attend a formal group wide SAI information / action plan sharing meeting. The Operations Manager will monitor meal times as part of the Regulation 29 visits.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that the daily and monthly evaluations of care are meaningful: patient centred and include oversight of the supplementary care records. Ref :5.2.2 **Response by registered person detailing the actions taken:** A meeting was held on 9th May 24 with the Staff Nurses to discuss best practice in relation to monthly evaluations of care plans to ensure information recorded is meaningful, person centred and includes oversight of supplementary care records. This will be reviewed through the daily walkabout audit and Care File Audit completed by Home Manager and Deputy Manager. The Operations Manager will monitor as part of the regulatory visits and findings identified will be shared with the Home Manager to address.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 24 April 2024	The registered person shall ensure that any amendments to patient records is completed in keeping with best practice and professional guidance. Ref:5.2.2 **Response by registered person detailing the actions taken:** Supervision will be held with the nursing staff in relation to NMC best practice guidance on amendments of documentation Compliance will be monitored during Monthly Care File Audits and findings to address followed up with staff. Spot checking of compliance will be conducted by the Operations Manager as part of the Regulation 29 visits and any areas for development required will be discussed with the Manager for follow up.

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