

Unannounced Care Inspection Report 10 & 11 October 2016



Parkview

Type of Service: Nursing Home

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

Tel no: 028 9039 1393

Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Parkview took place on 10 October 2016 from 10.20 to 17.00 and on 11 October 2016 from 13.00 to 17.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained through training, was embedded into practice. The majority of clinical staff had received supervision and appraisals and there was evidence of regular staff meetings.

Patients and relatives were complimentary of the care and services provided. Four members of staff expressed some dissatisfaction with domestic and catering staffing levels. We were informed that domestic staffing hours had recently been reduced. A recommendation has been made for a review of staffing.

Whilst there were systems in place for the safe recruitment and selection of staff, a number of weaknesses were identified.

The environment of the home was found to be warm, well decorated, fresh smelling and clean throughout.

One requirement and three recommendations have been made in respect of recruitment practices, staffing levels and supervision and appraisals.

Is care effective?

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. There was evidence that regular staff meetings were held with clinical staff. Two members of staff expressed some dissatisfaction with the level of communication and felt they would benefit from regular staff meetings for non-clinical staff. A recommendation has been made accordingly.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

One recommendation has been made in respect of staff meetings.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The feedback received from patients was very complimentary regarding the care they received and life in the home. Relatives were also praiseworthy of the quality of care and services provided.

There were no requirements or recommendations made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There was evidence of systems in place to monitor and report on the quality of nursing and other services provided.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were no requirements or recommendations made.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gillian Finlay, registered manager and Lorraine Fitzpatrick, regional manager, Four Seasons Health Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/Dr Maureen Claire Royston	Registered manager: Gillian Finlay
Person in charge of the home at the time of inspection: Gillian Finlay	Date manager registered: 18 March 2015
Categories of care: RC-LD(E), NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 71

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 35 patients, three relatives, four registered nurses, twelve care staff, one cook and two domestic staff.

Questionnaires for patients (10), relatives (six) and staff (20) to complete and return were left for the registered manager to distribute. Four patients and five staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff competency and capability assessments
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings
- monthly monitoring report
- Six patient's care records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection

4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4 (1) Stated: First time To be Completed by: 30 April 2016	The registered manager should ensure that assessments and care plans include all interventions required to manage patients' continence needs and should include but not limited to; bowel patterns and type (Bristol Stool Chart) and continence products required.	Met
	Action taken as confirmed during the inspection: Six patients care records were reviewed and evidenced that this recommendation had been met.	
Recommendation 2 Ref: Standard 4 (7) Stated: First time To be Completed by: 31 March 2016	The registered manager should ensure that where fluid balance charts are in place (for example for patients with urinary catheters), target fluid intake amounts should be recorded in patients care plans. Fluid balance charts should be accurately recorded and the amount of patients' intake and output recorded in daily progress notes and action taken to address deficits.	Met
	Action taken as confirmed during the inspection: Six patients care records and a sample of fluid balance charts were reviewed and evidenced that patients fluid balance records had been maintained appropriately.	

Recommendation 3 Ref: Standard 4 (6) Stated: First time To be Completed by: 31 March 2016	The registered manager must ensure that registered nurses are aware of their responsibilities with regard to record keeping. Handwriting in patients care records should be legible and any amendments made in accordance with Nursing and Midwifery Council guidelines. Reference: Section 5.3	Met
	Action taken as confirmed during the inspection: Six patients care records were reviewed and evidenced that documentation was legible and maintained in accordance with NMC guidelines.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 03, 10 and 17 October 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients and relatives evidenced no dissatisfaction with staffing levels. Four members of staff expressed some dissatisfaction with domestic and catering staffing levels. We were informed that domestic staffing hours had recently been reduced. Staff were concerned that they may not be able to maintain the high standards of cleanliness within the home. This was discussed with the registered manager and a recommendation has been made for a review of domestic and catering staffing levels.

The registered manager informed us that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three staff personnel files were viewed and we identified a number of weaknesses as follows:

- on day one of the inspection, there was no evidence of a satisfactory Access NI having been received for one member of staff. The registered manager confirmed, on day two of the inspection, that this information had been received prior to the person commencing employment, however the documentation had not been filed appropriately.
- Access NI enhanced disclosure certificates had been maintained in the personnel records of two members of staff.
- there was only one reference held on file for one member of staff.
- there was no evidence of a pre-employment health assessment in the personnel records of one member of staff.

There issues were discussed with the registered manager and one requirement and one recommendation have been made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. The overall compliance level regarding staff training was 78 percent. The registered manager stated that additional face to face training had been provided in dementia experience, communication, activities and distressed reactions. She stated that positive outcomes had been observed for patients following the staff training, for example there had been a noticeable reduction in falls and distressed reactions. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

The registered manager advised that the majority of clinical staff had received supervision and appraisals in 2016. These had been completed by each of the four unit managers. The registered manager had completed supervisions and appraisals for all the senior staff in the home. There was no evidence that supervision and appraisal meetings had taken place with non-clinical staff. A recommendation has been made accordingly.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One requirement and three recommendations have been made in respect of recruitment practices, staffing levels and supervision and appraisals.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff spoken with confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. However, questionnaires completed by two members of staff indicated some dissatisfaction with communication and teamwork. This was discussed with the regional manager following the inspection for follow up.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. A review of the minutes of staff meetings evidenced the registered manager had held monthly meetings with unit managers and a general staff meeting on 28 September 2016. Two members of staff felt that more regular meetings with non-clinical staff would be beneficial. A recommendation has been made in this regard.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

One recommendation has been made in respect of staff meetings.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. Each day of the week, detailed feedback was obtained from patients and completed on the Traca system. This information was fed back to senior management and used to improve the quality of care and services in the home. Also present in the home was the organisations quality of life (QoL) electronic monitor which visitors may access to comment on the quality of nursing and other services provided by the home. The cumulative responses from the quality of life auditing programme from January 2016 to October 2016 were made available by the registered manager. The responses from patients, visiting professionals, friends of the home and relatives were very positive. The registered manager also informed us that the home had recently achieved the dementia care framework award.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four patients, five staff and one relative completed and returned questionnaires within the required time frame. Some comments are detailed below.

Patients

- "Staff are all very good and kind."
- "I have no complaints, I'm happy here"
- "Staff are all excellent."
- "I go out to the day centre one day a week and to the coffee shop. I enjoy this"
- "The care is excellent, I have no complaints."

Staff

- “there is a lot of staff sickness, especially at the weekends” (this was discussed with the registered manager and was being dealt with)
- “we all work well as a team, I’m happy here”
- “I love my job”
- “I’m not satisfied with the communication in the home”

A recommendation has been made in section 4.4 in respect of staff meetings.

Patients’ representatives

“Staff are all very good and we have no concerns”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that, generally, there were good working relationships and staff stated that the registered manager was responsive to any concerns raised. A recommendation has been made in section 4.4 regarding staff meetings.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home’s complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in December 2015 confirmed that these were managed appropriately.

Discussion with the registered manager and staff, and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the registered manager completes, on a monthly basis, audits in relation to housekeeping, the use of bed rails, restrictive practice and a health and safety walk around audit. On a daily basis the registered manager completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team within the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the registered manager and review of records for July, August and September 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Finlay, registered manager and Lorraine Fitzpatrick, regional manager, Four Seasons Health Care, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must not employ a person to work at the nursing home unless there is evidence that all the relevant pre-employment checks have been completed and are satisfactory.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p>
Recommendations	
Recommendation 1 Ref: Standard 38.3 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure records of all the documentation relating to the recruitment process are maintained. Details of the information obtained from an Access NI disclosure application should be handled as per the Access NI Code of Practice.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p>
Recommendation 2 Ref: Standard 40 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure that a planner is in place to ensure all staff receives supervision and appraisals in 2016.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p>
Recommendation 3 Ref: Standard 41.1 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should review domestic and catering staffing levels to ensure that, at all times, the staff on duty meets the assessed needs of patients.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p>
Recommendation 4 Ref: Standard 41 Stated: First time To be completed by: 31 December 2016	<p>The registered provider should ensure that staff meetings take place for all staff on a regular basis and at a minimum quarterly. Minutes of meetings should be maintained.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken:</p>



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