



The Regulation and
Quality Improvement
Authority

Parkview
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BT13 3PU

Inspector: Linda Thompson, Dermot Walsh
Inspection ID: IN021789

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**Unannounced Care Inspection
of
Parkview**

11 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 7 May 2015 from 09.30 to 14.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Gillian Finlay registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/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
Number of Patients Accommodated on Day of Inspection: 64	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Prior to inspection the following records were examined:

- 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 (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 35 patients either individually or in small groups. Discussion was also undertaken with six care staff, three nursing staff and three patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 18 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that only patients/residents who have made an active choice to rise early (prior to 7 - 8am) are assisted to do so.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that only those patients making an informed choice were rising early. This decision to rise early was recorded in the patient's individual care plan as required. The registered manager requires staff to inform her on a daily basis the details of all patients assisted to rise early and the rational for such interventions.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 18(1)(c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • an adequate supply of bed linen is available at all times. • bed linen available must be of a satisfactory quality and standard to meet the needs of patients. <p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that an adequate supply of bed linen was maintained and that the linen was of a satisfactory quality.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.3 Stated: First time	<p>It is recommended that the home manager ensures that all patients are assessed as to their preferences of time for rising and retiring from bed.</p> <p>Appropriate records should be maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Clear evidence of the patient's wishes in respect of rising and retiring times were evidenced in the patient's care records.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidelines on 'breaking bad news'.

A sampling of communication training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

Is Care Effective? (Quality of Management)

Three nursing care records evidenced that patients individual needs and wishes in regards to daily living were appropriately recorded.

Recording within care records did include reference to the patient's specific communication needs.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nursing staff consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they sat down with the patient in a private area, held the patient's hand and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 15 patients individually and with many others in small groups. In general the patients all stated that they were very happy with the quality of care delivered and with life in Parkview. They confirmed that staff were polite and courteous and that they felt safe in the home.

Two patient's representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home. Some patient representative comments are recorded in section 5.5.1 below.

A number of compliment cards were displayed from past family members.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were recently updated and available for inspection. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home.

Training records evidenced that registered nursing and care staff were trained in the management of death, dying and bereavement. This training was provided on the home's e learning system and also by the palliative care nurse from the Belfast Health and Social Care Trust (BHSCT) on a number of occasions in recent months. This input from the palliative care nurse is commended.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The (BHSCT) palliative care nurse did attend the home on the day of the inspection and confirmed to the inspectors that she works closely with the home and that staff are enthusiastic for learning and passionate about delivering a high quality end of life care to patients.

The home maintains one registered nurse as a palliative care link nurse. The link nurse attends the regular palliative care group meetings and minutes were available for reference in the home. The inspectors were able to meet with the palliative care link nurse and were very impressed with her enthusiasm and passion for palliative care.

Discussion with the registered manager, seven staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that all registered nursing staff are trained in the use of this specialised equipment.

Is Care Effective? (Quality of Management)

A review of the care records for one patient who had recently died were examined. In addition, two care records for patients who were receiving palliative care were also examined. All three care records evidenced that patients' needs for palliative or end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration, nutrition, pain management and symptom control. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately. From the care records of one patient who had recently died there was evidence of extensive involvement with the multiprofessional team of the Belfast Health and Social Care Trust. This partnership working was aimed at ensuring that the patient was able to have a peaceful and dignified pain free death and that their family members were supported throughout.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones. The inspectors were also advised that in the past some patients who did not have family living in the province were buried from the home and other patients had been able to participate in the funeral service.

From discussion with staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Some comments from recent compliment cards are detailed below;

‘Thank you so much for looking after our uncle. You were all brilliant to him.’

‘We as a family would like to thank you so much for the care you gave to our mummy’

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives. Information documents were displayed in the foyer of the home.

Areas for Improvement

No areas for improvements are identified at this time. The home is commended for their management of end of life care.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, their representatives, staff and professional visitors

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient’s relatives asking them to give their own personal views on their impression of Parkview. Questionnaires were also given out for completion to aid data collection.

Overall feedback from the staff, patients and the relative involved confirmed that safe, effective and compassionate care was being delivered in Parkview.

A few patient comments are detailed below:-

‘It’s just like being at home’.

‘I like the company and the place is really nice’.

‘I like being in my own room. The nurses are lovely and very kind. My daughter can come when she wants’.

‘I like the views but don’t like hearing cursing’.

The relative stated he was very happy with the care his loved one was receiving and thought the place was “fantastic”. He also stated that they preferred to do the laundry for their loved one however on occasion other peoples clothing had been sent home for laundry.

The relative stated he had raised concerns with staff regarding laundry and staff had always readily addressed his concerns.

The general feeling from the staff questionnaires and conversations indicated that they took pride in delivering safe, effective and compassionate care.

A few staff comments are detailed below:-

'I'm very happy with the support and guidance that residents are given'.

'We treat patients with dignity and respect and I feel we are sensitive to their needs especially with any dying resident and their families'.

'I love it here'.

'We used to be disorganised but the new manager has really organised the place'.

A number of staff indicated that they were dissatisfied with the staffing levels especially during mealtimes and in the morning. The inspector observation's confirmed the workload was significantly higher than normal and around these times the registered manager confirmed that she would review staff deployment in the home.

5.5.2 Hygiene of the home

A review of the environment of the home was undertaken as part of the inspection process. In general the home was found to be clean and free from any malodours.

Concerns however were raised in respect of the management of sluice areas, a domestic store and one communal bathroom. The issues of concern which included cleaning of the large bath in one identified communal bathroom, the hygiene of commodes, cleaning of and storage of incontinence products and clutter of areas was raised with the registered manager.

Immediate action was taken by the registered manager to address the issues and a further examination of all areas was undertaken by the inspectors at the end of the inspection.

All identified concerns had been actioned appropriately. A recommendation is raised to ensure that all areas of the home are checked on a daily basis to ensure that a satisfactory standard is maintained.

5.5.3 Wall lights and garden areas

Wall lights

Concern was raised regarding the wall lights currently used in the home in patient bedrooms. These lights are positioned at shoulder / head height and may have originally been located above the head of the bed. However due to a change of positioning of patient's beds the wall lights are now likely to be knocked into by patients due to the height of the fitting, the lack of lamp shades in many areas leaving a potentially hot and fragile bulb exposed when the light is lit and the use of glass lampshades in some which would be easily knocked and broken.

An urgent review of the lighting in patient bedrooms should be undertaken throughout the home and all risks are appropriately minimised. This matter is referred to the estates inspector for further consideration.

The dementia garden and the communal garden

Both garden areas were examined as part of the inspection process.

The dementia garden area was evidenced to currently be not fit for purpose due to the use of coarse gravel over a significant portion of the garden. This gravel was very uneven and posed a trip hazard for frail elderly patients with dementia and possible visual impairment. The garden had been placed out of use for residents by the registered manager until appropriate maintenance action was taken to address and minimise risks for all concerned. It was disappointing to note that work is not yet scheduled to improve this area in time for summer 2015.

The main communal garden area was examined and was also evidenced to be closed for access by patients. The registered manager advised that there is a current problem with sewer drainage which blocks from time to time causing raw sewage to seep up from the manhole in the garden. This causes a significant risk to the health and safety of residents. It is appreciated that this is a significant problem and will require extensive repair work however it is disappointing for residents that they are unable to access a safe garden environment in time for summer 2015.

These matters were discussed post inspection with the regional manager for the home Lorraine Kirkpatrick who confirmed that all issues raised have been identified as requiring urgent actions by Four Seasons Health Care and improvements are anticipated in the near future.

These areas have been referred to the estates inspector for further review.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gillian Finlay registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be Completed by: 11 September 2015</p>	<p>The registered person must minimise risks to patient health and safety with the following actions;</p> <ol style="list-style-type: none"> 1. Review all current wall lights in patient's bedrooms to repair, replace and / or relocate current fittings to minimise risks of patient / staff injury. 2. The dementia garden should be made suitable for patient access with risks from uneven coarse gravel suitably minimised. 3. The sewage issues which impact upon the main communal garden should be investigated and actioned as required. <p>An action plan should be returned with the return of the QIP to demonstrate the time frames for all work to be commenced and completed.</p> <p>Ref section 5.5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1) Lights have been ordered</p> <p>2) Quote obtained and Capex sent for works to DCU garden 12/05/15 work due to be carried out W/C 06/07/15</p> <p>3) Quote obtained and Capex sent for sewage works on 12/05/15 work carried out W/C 29/06/15 and now completed</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 8 July 2015</p>	<p>It is recommended that the registered manager establish a daily quality assurance process which examines the general hygiene of all areas of the home including sluice rooms, communal bathroom areas and store rooms to minimise risks of hazards to patients.</p> <p>Ref section 5.5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Domestic Rota has been reviewed to provide better continuity of cover in the units.</p> <p>Meeting held with domestic staff 25/12/15 in relation to the inspection report and to outline the Home Managers action plan for improvement of the standards throughout the home.</p> <p>Domestic staff are to report to the nurse in charge each morning.</p> <p>Cleaning schedules commenced for each unit and are to be checked daily by nurse in charge and signed.</p> <p>Home Manager/ Deputy Manager will carry out an inspection of the standards in the home on a weekly bases and report any issues to the</p>

	housekeeper to be actioned. Documentation will be reviewed weekly by the Home Manager/ Deputy Manager weekly to quality assure the process as well as spot checks being carried out throughout the home to monitor standards.		
Registered Manager Completing QIP	Gill Finlay	Date Completed	3.7.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	14.07.15
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	14/08/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address