

# Unannounced Care Inspection Report

## 13 August 2020



## Parkview

**Type of Service: Nursing Home**

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

**Tel No: 028 9039 1393**

**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 71 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Rosendo Soriano 21 October 2019
<b>Person in charge at the time of inspection:</b> Rosendo Soriano	<b>Number of registered places:</b> 71
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia. A maximum of 15 patients in category NH-DE. TI – Terminally ill. 1 named resident receiving residential care in category RC-LD (E).	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46

### 4.0 Inspection summary

An unannounced inspection took place on 13 August 2020 from 09.30 to 16.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	1

\*The total number of areas for improvement includes one under the regulations which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rosendo Soriano, manager, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 24 patients, two patients' relatives and nine staff. 'Have we missed you cards' were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection:

- duty rota
- safeguarding policy and procedure
- care records
- monthly monitoring records
- quality assurance audits
- staff training records
- accident and incident reports.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There have been no admissions to the home since March 2020 and with result this area of improvement was not inspected on this occasion.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2) (a)  <b>Stated:</b> Second time	<p>The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient.</p> <p>This area for improvement is made in reference to management of skin integrity and restrictive practices.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of a sample of care records confirmed that these were reflective of the assessed needs of patients.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> <li>• Care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record.</li> <li>• Nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards.</li> <li>• Nursing staff record a meaningful evaluation of the care delivered in relation to wound care.</li> <li>• A robust governance process is implemented to ensure that wound care within the home is effectively delivered to patients in accordance with their assessed needs, care standards and current best practice.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of a care record pertaining to wound care confirmed that these areas of improvement had been met. The record was accurate, detailed and up-to-date with good instructions on the management and care of the wound.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs. These should be kept under review and updated to reflect the changing needs of the patient. Daily progress notes should accurately reflect the care delivered.</p> <p>This area for improvement is made in reference to management of oral health.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of care records confirmed that oral care had been duly assessed, care planned for and evaluated on a regular and up-to-date basis.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (j)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the nursing home is kept free of offensive odours.</p> <p>This area for improvement is made in reference to the cigarette smoke odour in the upstairs dining room and lounge.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were no offensive odours in the upstairs lounge and dining room emanating from the nearby designated smoking room.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.2.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of the environment confirmed that these measures had been attended to with necessary infection prevention and control measures in place.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 18 (2) (n) (i) (ii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure individual activity assessments are completed for all patients. These should inform a person centred plan of care which is reviewed as required. Daily progress notes should reflect patient's activity provision. Activities provided in the home should be reviewed at least twice a year.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of care records confirmed that activity provision had been care planned found and evaluated.</p> <p>Discussions with the activities co-ordinators confirmed activities had been reviewed and planned for.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time	The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Daily records and care plan reviews should be patient centred and meaningful.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of care records found that there were generalised statements of care given recorded in patients' progress records. This was particularly alarming for patients who had mental health needs, were the progress records lacked any detail specific to same.  An area of improvement in accordance with legislation was made in this regard.	

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in the absence of the manager.

Staff on duty confirmed that they were satisfied with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt patients received a good standard of care and were treated with respect and dignity.

Patients stated that they felt safe and that there was always staff available if they required assistance.

### 6.2.2 Safeguarding patients from harm

The home has a policy and procedure which is in keeping with regional adult safeguarding guidance.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.



### 6.2.3 Environment

The home was clean and tidy. Décor and furnishings were maintained although the upstairs corridor was beginning to be tired in appearance. Bathrooms and toilets were clean and hygienic. Residents' bedrooms were comfortable, tastefully furnished and many nicely personalised.

The designated smoking lounge was in a poor state of décor and cleanliness but it was reported that plans were in place to address this.

The grounds of the home were well maintained.

### 6.2.4 Infection prevention and control

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were largely adhered to. The last IPC audit was on 10 August 2020. There were occasions when staff were observed to not be wearing face masks correctly. This was addressed immediately with staff with good effect. An area of improvement was made for this issue to be included in IPC audits. Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Discussions with patients in relation to the enhanced IPC measures, confirmed that they understood and accepted the need for these.

### 6.2.5 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home. Staff were attentive and patients' expression of needs were promptly responded to by staff.

Patients were all being cared for in their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Feedback from patients was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "I am very happy here. I have no worries. The staff are just lovely."
- "I love it here."
- "It couldn't be better."
- "It's lovely here. The staff are nice people."
- "I am fine here. They are very good to me."
- "I really love it here. The staff are brilliant. It's great seeing ....(staff member) back from her holiday, she's very good as is all the staff. I am cared for too well."

Discussions were had with two visiting relatives who both confirmed that they were very satisfied with the home and praised staff for their commitment and their kindness and support.

### **6.2.6 Care records**

An inspection of five patients' care records was undertaken. Care plans provided details of the holistic care required by individual patients. Staff described the benefits of regular reviews for ensuring that the needs of patients were being appropriately met and that risks are identified. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

Progress records of patients' well-being were generalised statements of care given as opposed to a meaningful account of the patient. This was particularly alarming for patients who had mental health needs, where the progress records lacked any detail specific to same. Advice was given in respect of this with an area of improvement made in this regard under legislation as opposed to previously under the standards.

### **6.2.7 Fire safety**

An inspection of fire safety records confirmed that fire safety training and fire safety drills were maintained on an up-to-date basis. Fire safety checks were also being maintained on a regular and up-to-date basis. The home's most recent fire safety risk assessment was on 26 May 2020 and had corresponding evidence of actions taken in response to the three recommendations made.

### **6.2.8 Governance**

The home has a defined managerial structure as detailed in its Statement of Purpose.

An inspection of the monthly monitoring reports of visits (28 May 2020 and 22 July 2020) on the behalf of the responsible individual was undertaken. These reports were well written with detailed action plans put in place and followed up for any actions identified.

An inspection of accident and incident reports from 26 February 2020 was undertaken. These events were found to be managed appropriately.

A selection of audits was inspected in relation to accidents and incidents, hand hygiene, IPC and restrictive practices. These were completed regularly and any areas for improvement were identified and addressed.

Inspection of staff training records confirmed that mandatory training and additional areas of training were being maintained on an up-to-date basis with good overall staff compliancy.

Inspection of complaints records evidenced that complaints are taken seriously and managed appropriately. Patients were aware of how to make a complaint and stated that they felt such expressions would be dealt with appropriately. Staff stated that they would not hesitate to raise any concerns with management and they felt they would be supported in doing so.

## Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from patients, two visiting relatives and staff, monitoring visits, training and the pleasant atmosphere and ambience of the home.

## Areas for improvement

There were two areas for improvement identified during the inspection. These were in relation to addressing the issue of face masks in IPC audits and reviewing the quality of information recorded in patients' care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.3 Conclusion

Throughout the inspection patients within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Two areas for improvement were made during this inspection with good assurances received from the manager that these would be duly acted on.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosendo Soriano, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16(1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 February 2020	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19(1)( a)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 September 2020	<p>The registered person shall ensure that patients daily progress records are recorded in a meaningful manner with account of the patient(s) well-being. Particular reference is made to recording of mental health needs.</p> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Staff have been advised under supervision that the daily progress notes should be recorded in a meaningful manner . The Manager will monitor this as part of the care plan audit process.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46(2)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2020	<p>The registered person shall include the proper wearing of face masks for staff to be included in IPC audits.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The PPE audit will be used to identify the correct use of face masks and any remedial discussions will be recorded for improvement. The Manager will review and address if there are persistent areas of non compliance.</p>



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