



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow Up Care Inspection Report 15 January 2019



## Parkview

**Type of Service: Nursing Home (NH)**

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

**Tel No: 02890391393**

**Inspector: Michael Lavelle**

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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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Four Seasons Health Care<br><br><b>Responsible Individual(s):</b><br>Dr Maureen Claire Royston  | <b>Registered Manager:</b><br>See below  |
| <b>Person in charge at the time of inspection:</b><br>Rosendo Soriano, manager  | <b>Date manager registered:</b><br>Application received - registration pending   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years<br>TI – Terminally ill.<br>DE – Dementia. | <b>Number of registered places:</b><br>71<br><br>A maximum of 15 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-LD(E). |

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2019 from 10.07 hours to 17.35 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Parkview which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

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> | *1          | *2        |

\*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rosendo Soriano, manager, and Lorraine Thompson, regional 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.

#### **4.2 Action/enforcement taken following the most recent inspection dated 22-23 May 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 22 and 23 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with seven patients, three patients' relatives, two visiting professionals and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you' cards which 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.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 7 January 2019 and 14 January 2019
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- cleaning schedule and associated cleaning records

- staff supervision and appraisal planner
- annual quality report
- induction records for agency staff
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

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 the most recent inspection dated 22-23 May 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 22-23 May 2018

| 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><br><b>Ref:</b> Regulation 20 (1) (c)<br><br><b>Stated:</b> First time | The registered person shall ensure all employees receive training appropriate to the work they are to perform.  | <b>Met</b>               |
|   | This area for improvement is made in reference to infection prevention and control and adult safeguarding training.   |                          |
|   | <b>Action taken as confirmed during the inspection:</b><br>Training records were available for review during the inspection. They confirmed that uptake of infection prevention and control was 100 percent and adult safeguarding training was 85 percent. |                          |

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|--|--|-----------------------------|
| <p><b>Area for improvement 2</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 that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of one care record evidenced that post fall actions were taken and recorded in line with best practice guidance.</p>  | <p><b>Met</b></p>           |
| <p><b>Area for improvement 3</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 section 6.4.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of the environment, observation of practice and discussion with staff confirmed improvements had been made since the previous inspection. However some deficits were identified. This is discussed further in 6.3.</p> <p><b>This area for improvement has been partially met and is stated for a second time.</b></p>   | <p><b>Partially met</b></p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to locking treatment rooms, domestic stores and supervision of domestic trolleys.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>During review of the environment the treatment room door and domestic stores were observed to be locked. Domestic trolleys were also observed to be appropriately supervised.</p> | <p><b>Met</b></p>           |



|  |   |  |
|--|---|--|
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice.</p> <p>This area for improvement is made in relation to infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of records evidenced the completion of infection control and environmental audits which identified shortfalls and generated action plans.</p> | <p><b>Met</b></p>                      |
| <p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>        |   | <p><b>Validation of compliance</b></p> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> Second time</p>      | <p>The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflects the management of restraint including the application and release of lap belts if necessary.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of a selection of lap belt monitoring records and care records evidenced that these were care planned for and records were generally well completed.</p>                             | <p><b>Met</b></p>                      |

|  |  |                      |
|--|--|----------------------|
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 4.9<br><b>Stated:</b> First time | The registered person shall ensure that supplementary care records, specifically, fluid intake charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records. | <b>Partially met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of a selection of food and fluid intake charts evidenced inconsistencies in recording. This is discussed further in 6.3.<br><br><b>This area for improvement has been partially met and is stated for a second time.</b>                       |                      |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 37<br><b>Stated:</b> First time  | The registered person shall ensure patient records are stored securely within the home.  | <b>Met</b>           |
|  | <b>Action taken as confirmed during the inspection:</b><br>Records were observed to be stored securely during review of the home's environment.  |                      |
| <b>Area for improvement 4</b><br><b>Ref:</b> Standard 19<br><b>Stated:</b> First time  | The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.   | <b>Met</b>           |
|  | <b>Action taken as confirmed during the inspection:</b><br>Observation of care delivery evidenced that staff interactions were caring, compassionate and sensitive to the needs of the patient's within the home.  |                      |

### 6.3 Inspection findings

The inspection sought to assess progress with issues raised during the last care inspection on the 22 and 23 May 2018.

The 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 rota from weeks beginning 7 January 2019 and 14 January 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Discussion with the regional manager confirmed that housekeeping hours had increased since the previous care inspection.



Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of records and discussion with the manager evidenced systems were in place for the supervision and appraisal of staff. Discussion with staff and review of records evidenced that agency staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Although deficits were identified in some staffs' infection prevention and control practices. This is discussed further in 6.3.

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 throughout. Some debris and broken furniture was observed at the side of the home. Discussion with the manager confirmed they were waiting for it to be removed later that week. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. A small number of bedrooms were observed to be sparse and lacked personalisation. This was discussed with the unit managers who agreed to explore options to address this.

Review of the environment, observation of practice and discussion with staff evidenced improvements in infection prevention and control practices since the last care inspection. The majority of the deficits identified at the previous care inspection have been addressed. However, observation of practice evidenced concerns with regards to effective use of personal protective equipment (PPE) and hand hygiene by some staff. Staining was observed on some patient equipment including shower chairs. Although cleaning records were well completed there was evidence that high dusting was not being completed in patient bedrooms. Two domestic trolleys were observed to be dirty and there were examples of clinical waste not being managed in keeping with best practice guidance. A number of the bedrooms in the Cambridge unit did not have waste bins. This was discussed with the manager and had been identified as an area for improvement at the inspection of 22 and 23 May 2018. This area for improvement has been stated for a second time.

We reviewed the management of falls, patients' weight, management of infections and wound care. Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), dietician and speech and language therapy. Review of supplementary care charts such as repositioning records evidenced that contemporaneous records were not consistently maintained with gaps in recording skin checks of up to and including 15 hours observed. This was fed back to the manager for action as required. This will be reviewed at a future care inspection. Further deficits were identified in the completion of fluid intake records. Regular gaps were observed in the totalling of fluid intake and none of the records

reviewed had the patient's fluid intake recorded in the daily progress notes. This was discussed with the manager who agreed to address this with staff and ensure registered nurses have oversight of all supplementary care records. This had been identified as an area for improvement at the inspection of 22 and 23 May 2018. This area for improvement has been stated for a second time.

Review of three care records evidenced some deficits in recording. Some records were difficult to read with others missing a legible signature and the designation of the signing staff member. This was discussed with the manager who agreed to address this with staff. This will be reviewed at a future care inspection.

Deficits were identified during review of activities within the home. Review of records evidenced significant gaps in recording of activities of up to and including eight weeks. Discussion with patient activity leads (PAL) confirmed that on occasion they would accompany patients to hospital appointments leaving gaps in activity provision. Review of the programme of activities evidenced it was not reflective of the activities for the month of January. There was no evidence that the programme of activities reflected the preferences and choices of the patients and is evaluated regularly. This was discussed with the PAL's who were unaware of the content Standard 11 of the Care Standards for Nursing Homes 2015 which deals activities in nursing homes. One PAL reported that they were not always able to do group activities with patients and there was a lack of cohesive working among the PAL's. This was discussed with the manager who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure the home are adhering to best practice guidance. An area for improvement under the care standards was made.

Patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"We get very well taken care of."

"The staff are good craic."

"The dinners are ok. They wouldn't be what I would make. I like stew but they don't come round too often to ask what you want."

One patient raised multiple concerns in relation to their care during feedback to the manager and regional manager. The manager agreed to follow up these concerns post inspection.

Ten patient questionnaires were left in the home for completion; six were returned within the expected timescale. All six respondents indicated that they were satisfied or very satisfied with the care provided across the compassionate and effective domains. Four respondents indicated that they were satisfied or very satisfied with the care provided across the safe and well led domains, with one responding neither satisfied nor unsatisfied. One respondent was unsatisfied when asked to comment on how the home was managed. Some comments received included,

"We have a good manager."

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.

Three relatives spoken with indicated they were happy with the care provided to their relative. Some comments received included,

“Very good care. It’s a very good place.”

“It couldn’t be better. The staff are more than helpful.”

Ten relative questionnaires were left in the home for completion; five were returned within the expected timescale. All five respondents indicated that they were satisfied or very satisfied with the care provided across all four domains.

Two visiting professionals spoken with indicated that contact with them from the home was appropriate and there was good communication from the staff. Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for everything you do and your continuing kindness and care.”

Any comments from patients and patients’ representatives in returned questionnaires received after the return date will be shared with the manager for their information and action, as required.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, supervision and appraisal and maintaining good working relationships.

### **Areas for improvement**

One area for improvement under the care standards was identified in relation to activities.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 1                |

## **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, and Lorraine Thompson, regional 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

|   |  |
|---|--|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Immediate action required</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 section 6.3 of this report.</p> <p>Ref: 6.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>The following arrangements are in place to minimise the risk / spread of infection: the Registered Manager or Deputy when doing their daily walkabout, record their findings and any issues are addressed, where possible, on the spot. Accurate recording of cleaning records and clinical waste is being managed with best practice guidance. Regional Manager will spot check cleaning and decontamination records during her regulation 29 visits monthly.</p> |

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

|  |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Immediate action required</p> | <p>The registered person shall ensure that supplementary care records, specifically, fluid intake charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p> <p>Ref: 6.5</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supplementary care records for patient's on fluid intake charts are collated into daily progress records and action taken if targets are not met. The Registered Manager or Deputy in his absence spot checks for compliance on a daily basis.</p>        |

|  |  |
|--|--|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>7 February 2019</p> | <p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format throughout the home and a contemporaneous record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the patient activity leaders.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The programme of activities is reflected with patients choices and preferences. Scheduled activities / programme are displayed in suitable format in each unit and recording of activities which are accurately delivered. Arrangements are in place for activities in the absence of the Personal Activity Leader.</p> |
|--|--|

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





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