

Inspection Report

15 February 2022



Parkview

Type of service: Nursing (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Four Seasons Health Care</p> <p>Responsible Individual : Mrs Natasha Southall</p>	<p>Registered Manager: Ms Codrina Aioanei – not registered</p>
<p>Person in charge at the time of inspection: Mr Cristian Burduja - acting deputy manager</p>	<p>Number of registered places: 71</p> <p>A) The Dementia Nursing unit (Carrickfergus unit) is temporarily non-operational. The unit will instead operate a maximum of 10 beds for patients diagnosed with delirium. Admissions to the NH-DE category of care will cease. This condition will be subject to a review after 6 months or earlier at the request of the registered persons.</p> <p>B) There shall be a maximum of 1 named resident receiving nursing care in category NH-MP.</p>
<p>Categories of care: 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 TI – Terminally ill DE – Dementia MP – Mental disorder excluding learning disability or dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 42</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 71 persons. The home is divided in three units; Carrickfergus which provides care for people with delirium and Strathern and Cambridge units which provide general nursing care. Patients have access to communal lounges, dining rooms and a garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 February 2022 from 10.40 am to 5.40 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. Four of the areas for improvement identified at the previous care inspection were partially met and were stated for a second time.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Parkview was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in Parkview. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Eleven patients and eight staff were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Parkview was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of thickening agents to ensure that care plans and records of administration are accurately maintained.	Partially met
	Action taken as confirmed during the inspection There was evidence of some improvement against this area for improvement although some deficits were identified regarding the management of thickening agents. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met is stated for a second time. This is discussed further in section 5.2.1.	
Area for improvement 2 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Partially met
	Action taken as confirmed during the inspection: There was evidence of some improvement in mandatory training although further progress is required. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure the daily menu displayed should offer the patients choice. Any variation from the planned menu must be recorded. Patients should be involved in planning the menu to ensure their preferences are considered.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 4.9 Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: There was evidence of some improvement in completion of records. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that employment gaps were not explored prior to an offer of employment being made. This was identified as an area for improvement at the last care inspection and stated for a second time.

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The deputy manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Review of mandatory training compliance records identified some improvement in training uptake however further progress was required. This was identified as an area for improvement at the last care inspection and stated for a second time.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; however, accurate records were not consistently maintained. This is discussed further in section 5.2.2.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Examination of one patient's care records regarding the management of falls indicated that records of neurological observations taken post fall were not available for review. Nursing staff did not consistently evaluate the status of the patient post fall. In addition, review of the patient's falls risk assessments evidenced that these records were not reviewed, post fall, to ensure they reflected the needs of the patient in preventing or managing falls or that nursing staff had evaluated the previous falls history and the potential impact on the patient. In order to drive the necessary improvement, an area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. The most recent speech and language assessments were available and care plans were in place. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. Examination of records confirmed the administration of thickening agents was not consistently recorded. This was identified as an area for improvement at the previous medicines management inspection and is stated for a second time.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one patient's care records evidenced that their care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

Deficits in record keeping were identified following review of a selection of care records. Some daily evaluations were difficult to read, while staff did not consistently record the accurate date and time that care was delivered in repositioning records and food and fluid intake charts. These issues were identified at the last care inspection and while some improvement was evidenced, further improvements are required. This was stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded. From review of a sample of care records it was noted that some of the evaluations of care contained repetitive statements which were not sufficiently patient centred. This was discussed with the deputy manager during feedback who agreed to meet with registered nursing staff to address this matter. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE). Review of records relating to the management of COVID-19 highlighted an inconsistency in relation to the frequency with which staff temperature recordings were obtained. This was discussed with the deputy manager and an area for improvement was identified.

There was an adequate supply of PPE and hand sanitiser. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided; improvements were noted since the last care inspection. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while others were not bare below the elbow in keeping with best practice guidance. This was identified as an area for improvement at the last care inspection; this is stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed talking with each other, listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

There was evidence that some planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered; these included exercises, karaoke, one to one activities, music, movies and puzzles. Staff said the magic moment's co-ordinators did a variety of one to one and group activities to ensure all patients had some activity engagement. Patients were seen to enjoy activities with staff during the inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Miss Codrina Aioanei has been the acting manager in this home since 5 February 2021. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of accidents and incidents records found that these were generally well managed and reported appropriately. However, review of records identified two notifiable events which had not been reported. These were submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	*3	*4

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Cristian Burduja, acting Deputy Manager, and Mrs Ruth Burrows, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time Stated: Second time To be completed by: 15 March 2022	<p>The registered person shall review the management of thickening agents to ensure that care plans and records of administration are accurately maintained.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision is ongoing with regards to the management of thickening agents for all Care Staff. Compliance will be monitored as part of the internal auditing system and via the Monthly Reg 29 audits.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: 15 March 2022	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff members' knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The infection prevention and control issues identified on inspection were addressed on the day of inspection. Supervisions and meetings have been completed with all departments within the home. Compliance with IPC measures will be monitored as part of the current audit process.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff follow the home's policy and Regional Guidance on the management and evaluation of care during and following a fall.</p> <p>This includes but is not limited to evidencing that clinical and neurological observations are carried out for all patients following a fall and that falls in relation to care plans and risk assessments are reflective of the patients' needs. Daily progress notes should comment on the patient's neurological status.</p> <p>Ref: 5.2.2</p>
<p>Response by registered person detailing the actions taken: Training is ongoing for all Registered Nurses regarding the completion of documentation. Falls management will be included in this training. A registered nurse meeting has been held and the policy on the management and evaluation of care during and following a fall has been discussed and the importance of the record documented in the resident progress notes. Compliance will be monitored via the internal auditing system and via the reg 29 audit.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: 15 March 2022</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made.</p> <p>Ref: 5.1 and 5.2.1</p>
<p>Response by registered person detailing the actions taken: The gaps in employment identified on the day of inspection, have been explored and now recorded. The Home Manager will review this for all new employees, as part of the personnel file checks when received from recruitment. Compliance will be monitored as part of the Reg 29 audit.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 39.9</p> <p>Stated: Second time</p> <p>To be completed by: 15 March 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.1 and 5.2.1</p>
<p>Response by registered person detailing the actions taken: The Manager has discussed compliance with staff to support improvement. Letters are being issued to staff to provide a completion date for training. Further action will be considered if improvements are not sustained. Compliance will be monitored via the Reg 29 audit on a monthly basis.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 15 March 2022</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2022</p>	<p>Response by registered person detailing the actions taken: Training is ongoing for all Registered Nurses regarding the completion of documentation. A registered nurse meeting has been held and the importance of the records maintained was discussed. Compliance will be monitored via the internal auditing system and via the reg 29 audit.</p> <p>The registered person shall ensure that regional Covid-19 guidance for nursing and residential homes is implemented in relation to twice daily recording of staff temperatures.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was addressed on day of inspection and appropriate staff informed. Compliance will be monitored as part of the Reg 29 Audit.</p>

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