# Unannounced Care Inspection

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| **Name of Establishment:** | **Parkview** |
| **RQIA Number:** | **1254** |
| **Date of Inspection:** | **18 November 2014** |
| **Inspector's Name:** | **Linda Thompson** |
| **Inspection ID:** | **20119** |

**The Regulation And Quality Improvement Authority**
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
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## 1.0 General Information

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| **Name of Establishment:** | Parkview |
| **Address:** | Glencairn Road<br>Forthriver Road<br>Belfast<br>BT13 3PU |
| **Telephone Number:** | 028 90391393 |
| **Email Address:** | parkview@fshc.co.uk |
| **Registered Organisation/ Registered Provider:** | Four Seasons Health Care<br>James McCall |
| **Registered Manager:** | Ms Gill Finlay (Acting manager) |
| **Person in Charge of the Home at the Time of Inspection:** | L Devenny registered nurse in charge |
| **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:** | 65 |
| **Scale of Charges (per week):** | £581.00 |
| **Date and Type of Previous Inspection:** | 10 & 11 December 2013, primary unannounced inspection |
| **Date and Time of Inspection:** | 18 November 2014<br>06.45 – 11.30 hours |
| **Name of Inspector:** | Linda Thompson |

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Regional Manager
- Discussion with the Home Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

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| Patients/Residents | 10 |
| Staff | 19 |
| Relatives | 1 |
| Visiting Professionals | 0 |

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection was undertaken early morning following whistle blowing contact with the Authority. The whistle blower alleged that patients/residents were being assisted to wash and dress from 05.30am to facilitate day duty staff. The whistle blower also alleged that there was an acute shortage of bed linen.

The inspector sought to establish the validity of these allegations, the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard:

**Standard 19 - Continence Management**

**Patients receive individual continence management and support**

And to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
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| **Compliance Statement** | **Definition** | **Resulting Action in Inspection Report** |
| **0 - Not applicable** | | A reason must be clearly stated in the assessment contained within the inspection report |
| **1 - Unlikely to become compliant** | | A reason must be clearly stated in the assessment contained within the inspection report |
| **2 - Not compliant** | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| **3 - Moving towards compliance** | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| **4 - Substantially compliant** | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| **5 - Compliant** | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

## 7.0 Profile of Service

Parkview care home is situated on an attractive site within the grounds of Glencairn Park on the outskirts of North Belfast. The garden and associated grounds are well maintained and car parking is provided to the front of the home.

The nursing home is owned and operated by Four Seasons Healthcare.
The current home manager is Ms Jill Finlay; her application for registration with RQIA is pending.

Accommodation for patients/ residents is provided in four suites over two floors.

Ground Floor

Carrickfergus Suite
Strathern Suite

First Floor

Cambridge Suite
Windsor Suite

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided in each suite.
The home also provides for catering and laundry services on the ground floor.
A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 71 persons under the following categories of care. This number however is effectively reduced to 65 due to the conversion of a number of double rooms to single occupancy.

Categories of care

Carrickfergus Suite - Maximum of 15 persons NH-DE (dementia care)

The remaining three suites are registered for care in following categories;

NH- I old age not falling into any other category
NH - PH physical disability other than sensory impairment under 65 years
NH - PH (E) physical disability other than sensory impairment over 65 years
NH - TI terminally ill

Residential care: The home is registered to support the care needs of one identified person within the category of;

RH - LD (E) Learning disability over the age of 65 years

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed by the Inspector and was appropriately displayed in the foyer of the home.

## 8.0 Executive Summary

The unannounced inspection was undertaken by Linda Thompson inspector on 18 November 2014 between 06.45 and 11.30 hours. The inspection was facilitated by L Devenny the night duty nurse in charge of the home. The home manager Ms Finlay joined the inspection process shortly afterwards and was later supported by the regional manager for the home.

Feedback of findings was provided throughout the inspection to all night duty and day duty staff in Carrickfergus, Cambridge and Windsor suites. Detailed feedback was provided separately to the home manager and regional manager at the conclusion of the inspection.

RQIA were contacted by a whistle blower on 7 November 2014 alleging that patients/residents were being assisted to wash and dress from 5.30am without consent and that there was an acute shortage of bed linen. It was considered necessary that an early morning inspection be undertaken to confirm or refute this allegation and to ensure that patients and residents care needs were appropriately managed. The inspection also examined Standard 19: Continence Management and assessed progress with the issues raised during and since the previous inspection on 10 & 11 December 2013.

Prior to the inspection the inspector examined the records of self-assessment documentation, notifiable events and the returned quality improvement plan. The inspector however did not validate the self-assessment documentation during the inspection.

The inspector was welcomed to the home by L Devenny the nurse in charge. The reason for the early morning inspection was clarified with the nurse Ms Devenny and the inspector was shown around the Carrickfergus, Cambridge and Windsor suites. At the time of the commencement of the inspection it was confirmed that 14 patients were already washed and dressed by 06.45 am. Of the 14 patients already washed and dressed only three were able to consent to this intervention. The inspector strongly challenged this practice and has raised a requirement that this practice cease immediately.

The inspector examined the availability of bed linen in the home and can confirm that an insufficient supply was evidenced. Further details are recorded in section 11 below.

The inspector examined the management of Standard 19 of the DHSSPS Nursing Home Minimum Standards 2008 and can confirm that the home is assessed as compliant with the standard. Full details are provided in section 10 below.

The inspector examined the staff duty rota for the home and can confirm that staffing levels are maintained above the minimum levels identified in the Rhys Hearn dependency assessment tool. The home are commended in respect of the staff compliment on day duty however the home manager must review the deployment of day duty staff to ensure that care practices are maintained to an acceptable standard. See section 11 below.

The home at the time of the inspection was warm, bright and clean. No malodours were detected throughout the building. There was a relaxed calm atmosphere evident throughout the home.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents was not evidenced to be of a satisfactory standard due to the 14 patients having been washed and dressed early in the morning without evidence of consent to such interventions. However the inspector can confirm that communication between patients/residents and staff was good and the actual care delivered to the majority of patients/residents was of an acceptable standard.

The inspector reviewed and validated the home's progress regarding the 15 requirements and 6 recommendations made at the last inspection on 10 & 11 December 2013 and can confirm that all issues raised have been fully complied with.

As a result of this inspection, two requirements and one recommendation are made.

The home manager submitted an action plan to the inspector on the day of inspection which detailed the immediate actions to be taken to address all deficits identified. The home manager confirmed that the early inappropriate rising issues would cease immediately and all patients/residents would be assessed to determine their choice of rising times. The inspector was advised that appropriate records of the patient's decisions would be maintained. The inspector was also assured that a robust quality assurance process would be established to ensure that the situation would not reoccur in the future.

The inspector would like to thank the patients/residents, their representatives, the home manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
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| 1. | 19 (1) (a)<br>Schedule 3 (3) (k) | Patients' daily evaluation records must contain, as applicable, clear details of the patient's progress and well-being, and if an issue of assessed need is identified, details of the treatment / care given and effect of same. | The inspector examined four nursing care records in detail. Records examined confirmed that a contemporaneous, comprehensive and detailed record of the patient's progress was maintained. | Compliant |
| 2. | 29(5)(c) | The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report. | The inspector can confirm that the regulation 29 report is referenced on the patient / resident / relative notice board. | Compliant |
| 3. | 17 | The registered person/registered manager must ;<br>• prepare an annual quality report<br>• submit a copy of the report to RQIA along with the return of the completed QIP<br>• make patients and their representatives aware of the function and availability of the annual quality report. | The inspector can confirm that all issues in respect of the annual quality report have been complied with. | Compliant |

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| 4. | 14 (6) | The registered person must ensure that on any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint.<br><br>• the two identified patient's care records should be updated to reflect the actual care being provided, in relation to the management of restraint for each patient.<br>• care records must evidence that consultation and agreement has taken place with the patient and/or their representative regarding any form or restrictive practice. | The inspector can confirm that the identified records are now appropriately maintained. | Compliant |

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| 5. | 14 (2) (c) | It is required that at the time of each patient's admission to the home, the following information should be completed on the day of admission to the home.<br>• a validated nursing assessment such as Roper, Logan and Tierney<br>• a validated bedrail assessment<br>• a validated pressure risk assessment such as Braden Pressure Ulcer risk<br>• a validated nutritional risk assessment such as MUST<br>• a validated falls risk assessment<br>• a validated safe moving and handling assessment<br>• an assessment of the patient's skin integrity or body map assessment record. | The inspector examined the nursing care records of one identified recently admitted patient.<br><br>The records were well maintained and demonstrated a comprehensive assessment of need and appropriate risk assessments. | Compliant |
| 6. | 20 (1) (i) | It is required that the registered manager reviews the effectiveness of training provided to care staff regarding the completion of records of which they are responsible. | The inspector can confirm that the home manager has established a reflection on training record which must be completed by each individual staff member following any training. This record is retained in the nursing home. | Compliant |

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| 7. | 19 (2) Schedule 4 (13) | A contemporaneous record of patient's food and fluid intake must be maintained, especially where patients are identified at risk of dehydration and/or malnutrition. | The inspector can confirm that records of food and fluid intake are appropriately maintained. | Compliant |
| 8. | 24 (4) | The record of complaint must be completed in full to evidence;<br>• that each complaints had been investigated<br>• a record of the response made to the complainant regarding the detail of the investigative process and<br>• outcome and action taken (if any). | The inspector examined the records of complaints received into the home and can confirm that they are appropriately recorded. | Compliant |
| 9. | 27 (4)(d) | The registered person must address the following issues:<br>• doors must not be wedged/propped open<br>• patient list to be used in the event of evacuation must be kept up to date | The inspector can confirm that there was no evidence of doors being wedged or propped open at the time of the inspection. The home manager also informed the inspector that a number of door closing devices have been fitted. | Compliant |

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| 10. | 20 (2) | It is required that the registered person provides a plan for compliance with this regulation that includes the following information:<br><br>• A date by which staff who will be facilitating formal supervision meetings will be trained in supervision techniques. The training should include detail of the requirement to report any serious and/or recurring issues arising to the manager;<br>• A timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in the policy and procedure with each member of staff.<br><br>A copy of the plan must be forwarded to RQIA with the return of this Quality Improvement Plan. | The home manager demonstrated that a plan for supervisions is now established and is being processed.<br><br>Training for those staff delivering supervision has been delivered. | Compliant |

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| 11. | 13 (1) (a) | It is required that the registered person safeguards the patient's right to privacy and dignity, the open and unimpeded use of mobile telephones in the home is unacceptable and must be addressed. | The inspector can confirm that staff personal mobile phones were observed to be left in the staff office at the time of inspection. | Compliant |
| 12. | 13 (7) | In the interest of best practice in infection prevention and management, it is required that the following issues are addressed:<br><br><u>Dementia Care Unit</u><br><br>• an armchair used to keep open a bedroom door had a tear in the upholstery due to this practice. The bedroom door paint was chipped due to contact with the chair. This should be made good in order to provide intact surface that can be effectively cleaned.<br>• paper hand towel dispensers in three bedrooms, one bathroom and a toilet area did not have paper towels. | The inspector can confirm that the home was evidenced to be clean and in a hygienic state at the time of the inspection.<br><br>Refurbishment of communal bathrooms has been completed.<br><br>There was no evidence of damaged or torn furniture.<br><br>Paper hand towel and soap dispensers were appropriately stocked.<br><br>All areas of the home appeared clean and tidy.<br><br>Linen rooms appeared to be well maintained without any storage of items on the floor. | Compliant |

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| | | • one paper hand towel dispenser had evidence of faeces at the underneath towel dispensing opening.<br>• the ‘quiet lounge’ which appeared only to be used by staff, had several patients’ food and fluid intake charts lying on the floor. Tables had drink spillages, the inspector observed these tables remained in that state when last checked by the inspector at 3.00pm<br><br><u>General nursing unit</u><br><br>• linen store rooms on both floors had items, such as bed rail covers, slings and cushion cover stored on the floor, there was noted to be ample shelving for storage.<br>• Staff outdoor coats and staff cardigans were kept on the back of chairs at the nurse’s station on the first floor; these items should be kept in the staff changing facilities. | | |

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| | | • a chair at the nurse's station on the first floor had torn upholstery; this should be repaired to provide an intact surface that can be effectively cleaned. | | |
| 13. | 13 (7) | It is required that bathroom facilities do not pose a health risk for patients and staff. The issues identified should be addressed as matter of priority;<br>• paint had come off the wall tiles leaving an uneven surface that would be impossible to effectively clean and decontaminate<br>• holes in tiles were clear to be seen.<br>• the plaster board base of the bath was chipped at the corners<br>• there was no shower head on the shower piping which was lying in the bath.<br>• incontinence pads and net pants were sitting on the side of the bath<br>• underneath the toilet seat needed cleaned<br>• flooring at the rear of the toilet was split | The inspector can confirm that the communal bathroom areas were well maintained at the time of the inspection. | Compliant |

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| | | • notices displayed above the wash hand basin were not laminated and<br>• the hot tap in the wash hand basin was running continuously and would not turn off. | | |
| 14. | 14 (2) (c) | In the interest of maintaining a safe environment for patients, staff and visitors, it is required that the following issues are addressed:<br>• workmen left tools including a hand saw and drills lying on the floor of a busy corridor and went for their lunch; staff working in the home did not take any action.<br>• nurse's station on the first floor was cluttered with staff members personal belongings including hand bags, items of clothing and drink bottles, cans etc.<br>• open shelving in the nurse's station on the first floor contained bundles of documents with patient's personal details, such as names, birth dates and | The inspector can confirm that the home environment was presented as safe for patients/residents at the time of the inspection. | Compliant |

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| | | prescribed medications, and other personal correspondence. RQIA notification letters and other communications from home management were also contained in the bundle which could be easily accessed by a member of public or an inquisitive child. | | |
| 15. | 14 (3) | It is required that each staff member is provided with safe moving and handling training appropriate to their role and responsibilities. | The inspector can confirm that training for staff on safe moving and handling has been completed. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
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| 1. | 5.3 | The identity of patients' primary nurse should be made known to patients and their representatives. | The inspector can confirm that the identity of the patient's primary nurse is evident. | Compliant |
| 2. | 5.1 | A written record of communications with relatives should be maintained in order to evidence that discussion and consultation has taken place regarding changes in care or treatments. | The inspector can confirm that communication records are maintained in the patient's nursing care records. | Compliant |
| 3. | 5.3 | It is recommended that where a nursing assessment is made to monitor a patient's daily fluid intake, then the patients daily (24hour) fluid intake should be recorded in their daily progress record in order to show that this area of care is being properly monitored and validated by the registered nurse. | The inspector can confirm that the total fluid intake of patients at risk of dehydration is recorded in the daily progress records. | Compliant |
| 4. | 11.7 | It is recommended that a wound care link nurse is identified to ensure that wound management is consistent and in keeping with best practice. | The inspector can confirm that a wound care link nurse is now established. | Compliant |

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| 5. | 11.7 | The registered nurse's competency and capability assessment in pressure ulcer/wound care management should be completed and be reviewed annually by the registered manager. | The inspector can confirm that this competency assessment is appropriately maintained. | Compliant |
| 6. | 30.9 | The registered manager should;<br><br>• review the process for arranging and recording of staff meetings to ensure information emulating from staff meetings is effectively communicated to all relevant persons.<br>• review the system for staff meetings to ensure and validate that staff unable to attend have access to meeting minutes and are provided with copies of any documents shared during meetings.<br>• ensure staff meetings are conducted in accordance with standard 30.9 of the Nursing Homes Minimum Standards (2008). | The inspector can confirm that staff meetings are maintained in keeping with the Nursing Homes Minimum standards. All staff who are unable to attend have access to the minutes of each meeting. | Compliant |

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A whistle blowing call was received by RQIA on 7 November 2014. As a consequence of this call an unannounced early morning inspection was undertaken. The allegations made by the whistle blower have been validated.

RQIA informed the safeguarding team of the Belfast Health and Social Care Trust about the whistle blowing contact and the significant concerns and outcomes identified at the care inspection.

## 10.0 Inspection Findings

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
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| **Criterion Assessed:**<br>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.<br><br>There was evidence in all four patients' care records inspected that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.<br><br>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.<br><br>Review of four patient's care records evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.<br><br>The care plans reviewed addressed the patients' assessed needs in regard to continence management.<br><br>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. | Compliant |

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
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| **Criterion Assessed:**<br>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The inspector can confirm that the following policies and procedures were in place;<br><br>• continence management / incontinence management<br>• stoma care<br>• catheter care<br><br>The inspector can also confirm that the following guideline documents were in place:<br><br>• RCN continence care guidelines<br>• NICE guidelines on the management of urinary incontinence<br>• NICE guidelines on the management of faecal incontinence<br><br>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. | Compliant |

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
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| **Criterion Assessed:**<br>19.3 There is information on promotion of continence available in an accessible format for patients and their representatives. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Not applicable. | Not applicable |
| **Criterion Assessed:**<br>19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Discussion with the home manager and review of training records confirmed that staff were trained and assessed as competent in continence care.<br><br>Discussion with the manager revealed that all the registered nurses in the home were deemed competent in urinary catheterisation and the management of stoma appliances.<br>Two continence link nurses were working in the home and were involved in the review of continence management and education programmes for staff. This is good practice and is commended. | Compliant |

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| **Inspector's overall assessment of the nursing home's compliance level against the standard assessed** | **Compliant** |

## 11.0 Additional Areas Examined

### 11.1 Early morning rising

The inspector commenced the inspection at 06.45 am. At this time it was evidenced that 14 patients between the Carrickfergus, Cambridge and Windsor suites had been assisted to wash and dress. The inspector did not examine the number of patients assisted to wash and dress in the Strathern suite however it was accepted by both the night duty nurse in charge and the home manager that it was expected that there would also be patients in this suite washed and dressed early.

The inspector walked around the first floor suites and talked to three patients who were able to confirm that rising early in the morning was their lifestyle choice. The remaining six patients on the first floor were observed to have been washed and dressed and placed back in bed and were sleeping.

The inspector checked the desk diary on the first floor and there was no evidence that the management of the home directed such care intervention.

The inspector examined nursing care records of four patients who were washed and dressed early. There was no evidence that patient's preferred rising times had been assessed nor any evidence to demonstrate that they had consented to this early morning intervention.

The inspector discussed at length the rationale for such actions with all night duty staff from the three suites. All night duty staff confirmed that they felt required to deliver such care due to pressure from staff on day duty who implied that they were short staffed. (Staffing review is detailed below)

The inspector discussed the findings of the inspection with all day staff from the three suites. Staff denied asserting pressure to have patients/residents washed and dressed early.

The inspector can confirm that all staff from day and night duty stated they were fully aware of;

- the homes policy on whistleblowing
- the content of their safeguarding of vulnerable adults training

The inspector strongly reinforced the need for this practice to cease immediately stating that it was considered potential institutional abuse, a breach of Nursing Homes Regulations and a potential breach of Article 3 of the European Convention on Human Rights (ECHR) which records "No one shall be subjected to torture or inhuman or degrading treatment or punishment".

The inspector referred the whistle blowing contact to the designated officer in the Belfast Health and Social Care Trust for reference and further action as required.

The inspector recommended that the home manager ensure that all patients are assessed as to their preferences for times to rise and retire to/from bed. Records should be retained.

The home manager and regional manager provided the inspector with a detailed action plan following the inspection. This document confirmed that appropriate actions would be taken immediately to safeguard patients and ensure that only those patients who choose to rise early

would be assisted. The home manager also planned to implement a quality assurance process to ensure that the practice would not be reinstated in weeks / months to come.

A requirement is raised in accordance with Regulation 14 (4) of the Nursing Homes Regulations (Northern Ireland) 2005.

A recommendation is raised in accordance with standard 5.3 of the DHSSPS Nursing Homes Minimum Standards 2008.

**This element of the whistle blowers allegation is confirmed.**

### 11.2 Staffing

The inspector examined the staff duty rota for the three suites. Staffing levels were evidenced to be maintained above the minimum levels identified in the Rhys Hearn dependency assessment.
There was no evidence that day duty staffing was reduced.
The inspector confirmed her findings of the staffing levels with all day and night duty staff.

### 11.3 Shortage of bed linen

The whistle blower alleged that there was a general shortage of bed linen available in the home.

The inspector discussed the availability of bed linen with a number of staff and was informed that bed linen was in short supply and on occasion beds might not be made until 15.00 hours when clean linen was returned from the laundry.

At the time of the inspection at 07.00 am the inspector evidenced only one fitted sheet in either of the two linen stores on the first floor.

The inspector discussed the availability of bed linen with the home manager during feedback of the inspection findings. The inspector was advised that the home purchased bed linen on a regular basis and records of a recent order was demonstrated.

The inspector appreciated that purchases may have been made regularly however the availability of one fitted sheet to meet the needs of a possible 34 patients is totally insufficient.

The management of the supply of bed linen must be reviewed with urgency.

A requirement is raised in accordance with Regulation 18(1) (c) of the Nursing Home Regulations (Northern Ireland) 2005.

**This element of the whistle blowers allegation is confirmed.**

### 11.4 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect (with the exception of the patients washed and dressed without evidence of consent). Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### 11.5 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

### 11.6 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

### 11.7 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

### 11.8 Patients' Views

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."
"Food is very good."
"The staff are all good"

### 11.9 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jill Finlay home manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Linda Thompson**
**The Regulation and Quality Improvement Authority**
**9th Floor**
**Riverside Tower**
**5 Lanyon Place**
**Belfast**
**BT1 3BT**

**Appendix 1**

| Section A | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.1**<br>• **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.**<br>**Criterion 5.2**<br>• **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.**<br>**Criterion 8.1**<br>• **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.**<br>**Criterion 11.1**<br>• **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| Prior to admisssion to Parkview the Home Manager or a designated nurse from the home carries out a Pre-admission Assessment. Information is obtained from the resident/representative (where possible), the care records and information from the Care Management Team informs this assessment. Risk Assessments such as the Braden tool are carried out if possible at this stage. Following a review af all the information obtained ,a decision is made in regard to Parkviews ability to meet the needs of the resident. If an emergency admission is required and it is not possible to carry out a Pre-admission assessment in the residents current location then the Pre-admission Assessment is carried out over the telephone with written comprehensive, multidisciplinary information regarding the resident being faxed, e mailed or delivered to the home. Only when the Manager is satisfied that the home can meet the needs of the resident will the admission take place..<br>On admission to the Home an identified Nurse completes the initial assessments using a person centred approach. The Nurse communicates with the resident and/or representative, refers to the Pre-admission Assessment and to the information received from the Care Management Team to assist them in theis process.Two assessments are completed within twelve hours of admission- A Needs Assessment which includes photography consent, record of personal effects and records of 'My Preferences' and also a Needs Assessment which includes 16 areas of need - the additional comments section within each of the 16 sections includes additional necessary information that is required to formulate a Person Centred plan of care for the Resident.<br>In additioin to these two documents the nurse completes Risk Assessments immediately on admission. These include a Skin assessment using the Braden Tool, a Body Map, an Initial wound assessment (if required), a Moving and Handling assessment, a Falls Risk assessment, Bed Rail assessment, a Pain assessment and a nutritional assessment which includes the MUST stool, FSHC nutritional and Oral assessment. Other risk assessments which are completed within seven days of the Residents admission are a continence assessment and a bowel assessment. Following discussion with the resident/representative, and using the Nurse's clinical judgement , a plan of care is developed to meet the resident's needs in relation to identified risks , wishes and expectations. This can be evidenced in the care plan and consent forms.<br>The Home Manager and Regional Managers will complete audits on a regular basis to quality assure this process. | Substantially compliant |

| Section B | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.3**<br>• **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.**<br>**Criterion 11.2**<br>• **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.**<br>**Criterion 11.3**<br>• **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.**<br>**Criterion 11.8**<br>• **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.**<br>**Criterion 8.3**<br>• **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| A named nurse completes a comprehensive and holistic assessment of the residents needs using the assesment tools outlined in Section A within seven days of admission. The named Nurse devises care plans to meet the identified needs in consultation with the resident/representative. The care plans demonstrate the promotion of maximum independence and focuses on what the resident can do for themselves, as well as what level of assistance is required. Recommendatons made by other members of the multidisciplinary team are included in the care plan. The care plans set realistic and achievable goals.<br>All registered nurses in the home are fully aware of the process of referral to a TVN when nesessary. In The Belfast Trust The TVN can be contacted directly via the Quality Assurance department and provide a lot of support for the nursing home staff. Referals are also via this process in relation to residents who have lower limb or foot ulcerations to either TVN or Podiatry, if required a further referal can be made to a vascular surgeon by the GP,TVN or Podiatrst.<br><br>Where a resident is assessed as being 'at risk' of developing pressure sores, a Pressure Ulcer Management and Treatment Plan is commenced. A care plan will be devised to include skin care, frequency of repositioning, mattress type and setting. the care plan will give consideration to advice received from other members of the multidisciplinary team. The treatment plan is agreed with the resident/representative, Care Management and relevant member of MDT. The Regional manager is informed via a monthly report and during the Reg 29 visit.<br><br>The registered nurse makes a decision to refer a resident to a dietician based on the score of the MUST tool and their clinical judgement. Staff request referral to the dietician via the residents GP. The dietician is also available to give advice over the telephone until they are able to visit the resident. All advice, treatment or recommendations are recorded in the multidisciplinary communication sheet. The care plan is reviewed and evaluated on a monthly basis or more often if necessary. Residents, representatives, staff in Parkview and other members of the MDT are kept informed of any changes. | Substantially compliant |

| Section C | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.4**<br>• **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Residents Needs Assessment, Risk Assessments and Care Plans are reviewed and aaaevaluated a minimum of once a month or more frequently if any change occurs in the resident's condition. The Plan of Care dictates the frequency of review and re-assessment, with the agreed time interval recorded on the plan of care.<br>The resident is assessed on an ongoing daily basis with any changes recorded in the daily progress notes and care plan evaluation forms. Any changes are reported on a 24 hour shift report for the home manager's attention.<br>The Home Manager and Regional Manager will complete audits to quality assure the above process and compile action plans if any deficit is noted. | Substantially compliant |

| Section D | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.5**<br>• **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.**<br>**Criterion 11.4**<br>• **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.**<br>**Criterion 8.4**<br>• **There are up to date nutritional guidelines that are in use by staff on a daily basis.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| The Home refers to up to date guidelines as defined by professional bodies and national standard setting organisations when planning care. Guidelines from NICE, GAIN, RCN, NIPEC, HSSPS, PHA and RQIA are available for staff to refer to.<br>The validated pressure ulcer grading tool used by the Home to screen residents who have skin damage is the EPUAP grading system. If a pressure ulcer is present on admission or a resident develops a pressure ulcer during admission, then an initial wound assessment is completed with a plan of care which includes the grade of pressure ulcer, dressing regime, how to clean the wound, frequency of repositioning, mattress type and time interval for review. Thereafter, an ongoing wound assessment and care plan evaluation form is completed at each dressing change, if there is any change to the dressing regime, or if the condition of the pressure ulcer changes.<br><br>There are up to date Nutritional Guidelines such as 'Promoting Good Nutrition', 'RCN- Nutrition Now', 'PHA- Nutritional Guidelines and Menu Checklist for Residential and Care Homes' and 'NICE Guidelines- Nutrition Support in Adults, available for staff to refer to on an ongoing basis. Staff also refer to FSHC policies and procedures in relation to nutrutional care, diabetic care, care of subcuteanous fluids. | Substantially compliant |

| Section E | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.6**<br>• **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.**<br>**Criterion 12.11**<br>• **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.**<br>**Criterion 12.12**<br>• **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.**<br>**Where a patient is eating excessively, a similar record is kept.**<br>**All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| Nursing records are kept of all nursing interventions, activities and procedures that are carried out in relation to each resident. These records are contemporaneous and are in accordance with NMC guidelines. All care delivered includes an evaluation and outcome plan. Nurses have access to policies and procedures in relation to record keeping and have their own copies of the NMC guidelines- Record keeping: Guidance for nurses and midwives.<br><br>Records of the meals provided for each resident at each mealtime are recorded on a daily menu choice form. The Catering Manager also keeps records of the food served and includes any specialist dietary needs.<br><br>Residents who are assessed as being 'at risk' of malnutrition, dehydration or eating excessively have all their food and fluids recorded in detail on a daily basis on the touch screen food and fluid section . The fluid intake is totalled at the end of the 24hr period, and the nurse utilises this information. If any deficits are found appropriate action is taken and this is recorded in the residents notes . If a referral is required to a member of the MDT the nurse informs the resident and their representative and thisis recorded in the residents notes . | Substantially compliant |

| Section F | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.7**<br>• **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Care delivered and outcomes are monitored and recorded on a daily basis on the daily progress notes, with at least a minimum of one entry during the day and one entry at night. The outcome of care is reviewed as indicated on the plan on the plan of care or more frequent if there is a change in the resident's condition or if there are recommendations made by any member of the MDT. Residents and/or their representatives are involved in the evaluation process. | Substantially compliant |

| Section G | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.8**<br>• **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.**<br>**Criterion 5.9**<br>• **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Care Management Reviews are generally held six-eight weeks post admission and then annually thereafter. Reviews can also be arranged in response to changing needs, expressions of dissatisfaction with care or at the request of the resident or representative. The Trust are responsible for organising these reviews and inviting the resident or their representative. A member of nursing staff attends these reviews. Copies of the minutes of the review are sent to the resident/representative with a copy held in the residents file.<br>Any recommendations made are actioned by the Home, with care plans reviewed to reflect the changes. The resident or representative is kept informed of progress toward the agreed goals. | Substantially compliant |

| Section H | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 12.1**<br>• **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.**<br>**Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.**<br>**Criterion 12.3**<br>• **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.**<br>**A choice is also offered to those on therapeutic or specific diets.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| Parkview Care Home follows FSHC policies and procedures in relation to nutrition and follows best practice guidelines as cited in section D. Registered nurses fully assess each resident's dietary needs, personal preferences in regard to likes and dislikes, any specialised equipment required, if the resident is independent or requires some level of assistance and receommendations made by the Dietician or the Speech and Language Therapist. The plan of care is evaluated on a monthly basis or more often if required.<br>Parkview has a 3 week menu which is reviewed on a 6 monthly basis taking into account seasonal foods. The menu is compiled following consultation with residents and their representatives- residents meetings, one to one meetings and food questionaires.<br><br>The PHA document- 'Nutritional and Menu Checklist for Residential and Nursing Homes' is used to ensure that the menu is nutritious and varied.<br><br>Copies of instructions and recommendation from the dietician and speech and language therapist are made available in the kitchen along with a diet notification form which informs the kitchen of each resident's specific dietary needs.<br><br>Residents are offered a choice of two meals and desserts at each meal time, if a resident does not want anything from the daily menu, an alternative meal of their choice is provided. The menu offers the same choice, as far as possible, to those who are on therapeutic or specific diets. Each resident is offered a choice of meal which is then recorded on the daily menu sheet. A variety of condiments, sauces and fluids are available at each meal. Daily menus are on display in each dining room. | Substantially compliant |

| Section I | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 8.6**<br>• **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**<br>**Criterion 12.5**<br>• **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**<br>**Criterion 12.10**<br>• **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**<br>o **risks when patients are eating and drinking are managed**<br>o **required assistance is provided**<br>o **necessary aids and equipment are available for use.**<br>**Criterion 11.7**<br>• **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| Registered nurses and care staff have received training on dysphagia this year and also on enteral feeding administration and management .The Speech and Language therapist and dietician also give informal advice and guidance when visiting the home. Nurses refer to up to date guidance such as NICE guidelines- 'Nutrition Support in Adults' and NPSA document- 'Dysphagia Diet Food Texture Descriptors'. All recommendations made by the speech and language therapist are incorporated into the care plan to include type of diet, consistency of fluids, position for feeding, equipment to use and assistance required. The kitchen receive a copy of the SALTs recommendations and this is kept on file for reference by the kitchen. Special diets are displayed in the kitchen and on meal record charts.<br>Meals are served at the following times;<br>Breakfast- 08.30 - 10.00<br>Morning Tea- 11.00<br>Lunch-12.30 - 13.00<br>Afternoon Tea- 15.00<br>Dinner- 16.45<br>Supper- 19.30 - 20:00<br>There are variations to the above if a resident requests to have their meals outside of these times. Hot and cold drinks and a variety of snacks are available throughout the day and night and on request. There are foods available outside of these times for those residents who require modified or fortified diets. Cold drinks including fresh water are available at all times in the lounges and bedroom, these are replenished on a regular basis.<br><br>Any matters concerning a residents eating and drinking are detailed on each individual care plan- including for e.g. likes and dislikes, type of diet, consistency of fluid, any special equipment required and if assistance is required. A diet notification form is completed for each resident with a copy given to the kitchen and one held in the care file. Meals are not served unless a staff member is present in the dining room. Residents who require supervision, full or part assistance are given individual attention and are assisted at a pace suitable to them. Appropriate aids such as plate guards and specialised cutlery are available as necessary and as indicated in the plan of care.<br><br>Each nurse has completed an education e-learning module on pressure care. The Home has a link nurse who has received enhanced training, to provide support and education to other nurses within the Home and on an ad hoc basis. Central training on wound care related topics are arranged for nurses requiring additional support. All nurses within the Home have a competency assessment completed. Competency assessments have a quality assurance element built into the process. | Substantially compliant |

| PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5 | COMPLIANCE LEVEL |
|---|---|
| | **Substantially compliant** |

The Regulation and Quality Improvement Authority

# Quality Improvement Plan

## Unannounced Care Inspection

### Parkview

### 18 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jill Finlay home manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005**

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|---|---|---|---|---|---|
| 1. | 14(4) | 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.<br><br>**Ref section 11.1** | One | Staff meeting held and all staff informed of the residents who have made an active choice to rise early-that they should be assisted to do so. | Immediate and ongoing |
| 2. | 18(1)(c) | The registered person must ensure that;<br><br>• an adequate supply of bed linen is available at all times.<br><br>• bed linen available must be of a satisfactory quality and standard to meet the needs of patients.<br><br>**Ref section 11.2** | One | New bed linen has been purchased and is in use. The Manager has an overstock in her office to prevent any shortfall occuring again. Linen which is not in good condition has been disposed of. | Immediate and ongoing |

**Recommendations**

**These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|---|---|---|---|---|---|
| 1. | 5.3 | 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.<br><br>Appropriate records should be maintained.<br><br>**Ref section 11.1** | One | All residents care plans have been reviewed to ensure that those residents who wish to get up early-that these wishes are clearly recorded in their care plan.<br>Meetings held with all staff to ensure that staff are fully aware of the findings of the unannounced inspection and the impact of their actions.<br>Home manager recieves a report each morning on who has been assisted to wash and dress and the rational. | By 25 December 2014 |

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

| | |
|---|---|
| **NAME OF REGISTERED MANAGER COMPLETING QIP** | Gill Finlay |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Jim McCall<br>CAROL COUSINS<br>DIRECTOR of OPERATIONS |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|---|---|---|
| Response assessed by inspector as acceptable | Yes | Linda Thomp | 6/1/15 |
| Further information requested from provider | | | |