Unannounced Care Inspection Report
25 February 2020

Parkview

Type of Service: Nursing Home
Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU
Tel No: 028 90 391393
Inspector: Michael Lavelle and Mandy Ellis

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 71 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual(s):** Dr Maureen Claire Royston	**Registered Manager and date registered:** Rosendo Soriano 21 October 2019
Person in charge at the time of inspection: Rosendo Soriano	**Number of registered places:** 71 A maximum of 15 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-LD(E).
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. DE – Dementia. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 59

4.0 Inspection summary

An unannounced care inspection took place on 25 February 2020 from 09.25 hours to 16.25 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last premises inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, maintaining patients' dignity and privacy, and maintaining good working relationships.

Areas for improvement were identified in relation to the management of wound care and oral health, management of offensive odours, infection prevention and control practices and activities.

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

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, visiting professionals and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*7	*1

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

Details of the Quality Improvement Plan (QIP) were discussed with Rosendo Soriano, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 21 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 September 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.
The following records were examined during the inspection:

- duty rota for all staff for week commencing 24 February 2020
- incident and accident records
- adult safeguarding policy
- three patients' care records
- a selection of patient care charts including food and fluid intake charts, personal care records and reposition charts
- a sample of reports of visits by the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 30 (1) (d) **Stated:** First time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.	**Met**
	Action taken as confirmed during the inspection: Examination of the accident and incident records evidenced this area for improvement has been met.	

Area for improvement 2 **Ref**: Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated. This area for improvement is made in reference to control of substances hazardous to health and access to the laundry.	**Met**
	Action taken as confirmed during the inspection: Review of the laundry evidenced this area for improvement has been met.	
Area for improvement 3 **Ref**: Regulation 16 (1) **Stated:** First time	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	**Partially met**
	Action taken as confirmed during the inspection: Review of care records for two identified patients evidenced this area for improvement has been partially met. This is discussed further in 6.2. **This area for improvement has been partially met and has been stated for a second time.**	
Area for improvement 4 **Ref**: Regulation 16 (2) (a) **Stated:** First time	The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient. This area for improvement is made in reference to management of skin integrity and restrictive practices.	**Partially met**
	Action taken as confirmed during the inspection: Examination of care records confirmed this area for improvement has been partially met. This is discussed further in 6.2. **This area for improvement has been partially met and has been stated for a second time.**	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 11 **Stated:** Second time	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format throughout the home and a contemporaneous record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the patient activity leaders.	**Partially met**
	Action taken as confirmed during the inspection: Review of a selection of activity records evidenced this area for improvement has been partially met. This is discussed further in 6.2. **This area for improvement has been partially met and has been subsumed into a regulation.**	
Area for improvement 2 **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. Daily records and care plan reviews should be patient centred and meaningful.	**Partially met**
	Action taken as confirmed during the inspection: Examination of care records confirmed this area for improvement has been partially met. This is discussed further in 6.2. **This area for improvement has been partially met and has been stated for a second time.**	
Area for improvement 3 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that menus are displayed for patient's information in a suitable format and on a daily basis.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of the environment confirmed this area for improvement has been met.	

Area for improvement 4 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure that the duty rota clearly identifies the name of the nurse in charge of the home on each shift and include the first and surname of all staff. It must be signed by the nurse manager or designated representative.	**Met**
	Action taken as confirmed during the inspection: Examination of the duty rota evidenced this area of improvement has been met.	

6.2 Inspection findings

Staffing levels

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 24 February 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We saw that there was sufficient staff on duty to meet the needs of patients. Patients and care staff we spoke with expressed no concerns regarding staffing levels in the home.

Care records

We reviewed wound care for an identified patient. There was no evidence of multidisciplinary involvement in the management of the wound and no wound care plan was in place. We asked the manager to consider taking photos of wounds to evidence improvement or deterioration in keeping with best practice guidance. A body map was in place and there was evidence of good assessment and treatment however there was no evidence of evaluation of wound care. Review of wound care audits confirmed that the patients wound had not been identified by management. This was discussed with staff who developed an appropriate care plan immediately. The manager agreed to monitor this in their wound audit. An area for improvement was made.

Care records for two recently admitted patients were examined. Whilst one was very well completed, one had not been fully developed to guide the staff in the delivery of daily care needs. There were records of assessment of patient need and associated risk assessments however some of the care plans need to be improved to guide staff on a daily basis. This was identified as an area for improvement during the care inspection on 21 September 2019. This is stated for a second time.

We reviewed the management of restrictive practice and skin integrity. It was pleasing to see that appropriate risk assessments and care plans were in place for the management of restrictive practices. There was evidence that patients and or their families were involved in development of care plans. Management of skin integrity was identified as an area for improvement during the care inspection on 21 September 2019. As discussed previously, one identified patient did not have an appropriate care plan in place regarding the management of wound care. This was discussed with the manager and is stated for a second time.

We acknowledged an improvement since the last care inspection in development of patient care plans; these were patient centred. We saw some good examples of care evaluation; however other evaluations reviewed could be more meaningful. We were not assured that accurate records were maintained in relation to daily fluid intake. Review of records confirmed patients 24 hour fluid intake had not been totalled on a consistent basis. This was identified as an area for improvement during the care inspection on 21 September 2019. This is stated for a second time.

We examined the management of oral hygiene. Review of one patient's records evidenced that their oral hygiene was not consistently managed in keeping with best practice guidance. Examination of daily care records identified gaps in record of up to and including 15 days. Review of nursing care records evidenced the changing needs of the patients were not accurately care planned for in relation to the management of oral health. This was discussed with the manager and an area for improvement was made.

Care delivery

There was a pleasant, relaxed atmosphere in the home throughout the inspection; staff and patients had cheerful and friendly interactions. Patients were well presented, receiving support with personal care in a timely and discrete manner. Patients were comfortable around staff and in approaching them with specific requests or just to chat.

Staff were knowledgeable and adept at communicating with patients in both verbal and non-verbal styles. Patients who were unable to clearly verbally communicate were content engaging in their preferred activities. Any signs of discomfort or distress were promptly and effectively addressed by staff.

The staff we spoke with could describe the specific needs, interests and personalities of those who live in Parkview; there was a clear person centred focus in the home.

The environment

A review of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm throughout and painting had been completed since the previous inspection. Bedrooms were personalised depending on the needs and wishes of the patients. Fire exits and corridors were observed to be clear of clutter and obstruction. A strong odour of cigarette smoke was noted in the upstairs lounge and dining area. This was discussed with the manager who confirmed that discussions were ongoing regarding the smoking room which is located close to that area. The smoking area had been included as an area for action during the monthly monitoring visit in October 2019. Thus was discussed with the manager and an area for improvement was made.

We acknowledged the improvements in environmental cleaning and the external environment of the home since the previous care inspection. Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE). However, observation of practice evidenced deficits in infection prevention and control (IPC) practices specifically relating to hand hygiene, some staff wearing acrylic nails, identified staff not bare below the elbow and effective decontamination of patient equipment. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

Consultation

During the inspection we spoke with nine patients, two visitors and ten staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said:

"It's dead on."
"The staff are kind to me."
"I am alright. Happy enough."
"I am happy here."
"We're going alright here."
"The staff are brilliant."
"The food and can good and bad."

The visitors spoke positively in relation to the care provision in the home. They said:

"I honestly think they are brilliant. They are so short staffed at times. The rooms are washed every day and they (the staff) treat the residents with respect."
" It's 1st class, I have no issues, the care is good."

Comments from staff spoken with during the inspection included:

"Good communication from staff in this unit and we have no staffing issues."
"I am happy and content here. Staff sickness has improved. I like working here. There is good teamwork in this unit."
"The patients are like my family."
"I am happy here."
"The staffing levels are good."

Activity

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients' health and wellbeing. An activity planner was on display and patient's spoken with said the enjoyed the activities in the home. However, improvements in documentation could be made to evidence support of patients to engage in activities. We highlighted that patients' activity records should evidence how patients are supported by staff to engage in activities and also include an evaluation of activities undertaken on a regular and consistent basis. This should be undertaken by a registered nurse. This was identified as an area for improvement during the care inspections on 15 January 2019 and 21 September 2019. This has been subsumed into an area for improvement under regulation.

Management arrangements

There was evidence that the manager had effective oversight of the day to day running of the home. For example, a number of audits were completed to assure the quality of care and services. Areas audited included accidents and incidents, complaints and hand hygiene. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required. Due to the deficits identified in wound care records we asked the manager to review the robustness of the current audit process to quality assure wound care delivery.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the registered provider.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patients' dignity and privacy, and maintaining good working relationships.

Areas identified for improvement

Areas for improvement were identified in relation to the management of wound care and oral health, management of offensive odours, infection prevention and control practices and activities.

	Regulations	Standards
Total number of areas for improvement	5	0

7.0 Quality improvement plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 16 (1) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 6.2
	Response by registered person detailing the actions taken: Care Plans are intially developed within five days of admission for newly admitted patients taking into consideration details documented on the risk assessment. These Care Plans will be reviewed at least once a month or before if care needs change to ensure that the care plan in place reflect the care required.Compliance will be monitored through the auditing process.
Area for improvement 2 **Ref:** Regulation 16 (2) (a) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient. This area for improvement is made in reference to management of skin integrity and restrictive practices. Ref: 6.2
	Response by registered person detailing the actions taken: Registered nurses to be reminded of their roles and responsibilities. Care Plans and risk assessments are reviewed by nurses on a monthly basis. Compliance is monitored by the required 6monthly care audit and spot checked by the Registered Manager and Regional Manager
Area for improvement 3 **Ref**: Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in relation to the provision of wound care for all patients: • Care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • Nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • Nursing staff record a meaningful evaluation of the care delivered in relation to wound care.

	• A robust governance process is implemented to ensure that wound care within the home is effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. Ref: 6.2
	Response by registered person detailing the actions taken: Registered nurses to ensure that Care plan are in place for all residents with wounds. Patients with wound had a care plan in place and accurately recorded all nursing interventions to ensure that it is effectively delivered to the patients in accordance with their assesed needs and best practice. Compliance will be monitored via the Manager/Deputy and by the Regional Manager through the auditing process.
Area for improvement 4 **Ref:** Regulation 16 (1) (2) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs. These should be kept under review and updated to reflect the changing needs of the patient. Daily progress notes should accurately reflect the care delivered. This area for improvement is made in reference to management of oral health. Ref: 6.2
	Response by registered person detailing the actions taken: Registered Nurses have been reminded that residents are to have an appropriate care plan in place for the management of oral health care needs detailing if assistance is required. The evaluation of this daily care need is to be reflected in their daily care records/ progress notes. Compliance to be monitored through the auditing process.
Area for improvement 5 **Ref:** Regulation 18 (2) (j) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the nursing home is kept free of offensive odours. This area for improvement is made in reference to the cigarette smoke odour in the upstairs dining room and lounge. Ref: 6.2
	Response by registered person detailing the actions taken: The offensive odours coming from smoke room are being minimised. There is a plan in place to move the smoking area however works are currently delayed due to COVID-19.

Area for improvement 6 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.2. Ref: 6.2
	Response by registered person detailing the actions taken: Staff have been reminded with regards to the bare below the elbow policy. Spot checks are being carried out to ensure compliance. Recent supervision has been carried out with regards to infection control especially in relation to Covid 19. Hand Hygiene audits are being completed. Compliance will continue to be monitored.
Area for improvement 7 **Ref**: Regulation 18 (2) (n) (i) (ii) **Stated:** First time **To be completed by:** 1 April 2020	The registered person shall ensure individual activity assessments are completed for all patients. These should inform a person centred plan of care which is reviewed as required. Daily progress notes should reflect patient's activity provision. Activities provided in the home should be reviewed at least twice a year. Ref: 6.2
	Response by registered person detailing the actions taken: A review to ensure that Individual activity assessments are completed for all patients in a person centred plan of care is being completed. Staff have been reminded to ensure that the daily progress notes reflect the patients activity provision. Activities are reviewed every six months. Compliance will be monitored through the auditing process.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Daily records and care plan reviews should be patient centred and meaningful. Ref: 6.2
	Response by registered person detailing the actions taken: The staff have been reminded to ensure that Nursing records, interventions and activities that are carried out to residents are patient centred, meaningful and in accordance with NMC Guidelines. THe 24hourly daily fluid intake is accurately recorded on the nursing records and progress notes. Care plan reviews/ evaluation are patient centred and meaningful. Care plans are in place for resident / patient with in the management of wound care in a timely manner.This will be monitored by the Registered Manager and Regional Manager through the auditing process.

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

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