Inspection Report

25 May 2021

Parkview

Type of Service: Nursing Home
Address: Glencairn Road, Forthriver Road, Belfast BT13 3PU
Tel No: 028 9039 1393

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Mrs Natasha Southall	**Registered Manager:** Miss Codrina Aioanei – not registered
Person in charge at the time of inspection: Mr Cristian Burduja - acting deputy manager	**Number of registered places:** 71 A) The Dementia Nursing unit (Carrickfergus unit) is temporarily non-operational. The unit will instead operate a maximum of 10 beds for patients diagnosed with delirium. Admissions to the NH-DE category of care will cease. This condition will be subject to a review after 6 months or earlier at the request of the registered persons. B) There shall be a maximum of 1 named resident receiving nursing care in category NH-MP.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill DE – Dementia MP – Mental disorder excluding learning disability or dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 46
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 71 persons. The home is divided in four units; Carrickfergus which provides care for people with delirium and Strathern, Cambridge and Windsor units which provide general nursing care. Patients have access to communal lounges, dining rooms and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 21 May 2021 from 9.15am to 5.25pm by the care inspector.

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

Evidence of good practice was found in relation to environmental cleaning, teamwork and delivery of compassionate care.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), recruitment, mandatory training, the emergency evacuation file, menu choice, record keeping, IPC audit and supervision and appraisal.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Parkview was safe, effective, compassionate and that the home was well led.

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

3.0 How we inspect

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

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

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

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

The findings of the inspection were provided to the Person in Charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 18 patients, one relative and eight staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke highly of the care that they received and on their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID – 19 pandemic but all staff agreed that Parkview was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

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

Areas for improvement from the last inspection on 13 August 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 16(1) **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.	

Area for improvement 2 **Ref:** Regulation 19(1)(a) **Stated:** First time	The registered person shall ensure that patients daily progress records are recorded in a meaningful manner with account of the patient(s) well-being. Particular reference is made to recording of mental health needs.	**Met**
	Action taken as confirmed during the inspection: Review of daily progress records confirmed this area for improvement has been met.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 46(2) **Stated:** First time	The registered person shall include the proper wearing of face masks for staff to be included in IPC audits.	**Met**
	Action taken as confirmed during the inspection: Review of IPC audit records confirmed this area for improvement has been met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. Systems were in place to ensure staff were recruited correctly to protect patients as far as possible. However, review of one recruitment file confirmed that gaps in employment had not been explored and explanations recorded. An area for improvement was identified. All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff consulted with confirmed they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and adult safeguarding. It was pleasing to note delirium training had been delivered to staff in preparation for receiving patients into the Carrickfergus unit. The majority of training during the COVID-19 pandemic had been completed electronically. Review of training compliance records identified improvements in mandatory training uptake was required, particularly in relation to IPC, moving and handling and fire safety. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. They expressed no concerns with the staffing levels and the level of communication between staff and management. There was evidence that staff meetings were held. The deputy manager agreed to plan further staff meetings for the rest of the year and ensure minutes are shared with staff that are unable to attend.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Patients said staff were always available and responded promptly to call bells. Patients told us they were happy with the care they received. Other patients told us the staff were "pleasant and kind" and "very good".

The evidence reviewed provided assurances that staffing was safe.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on an annual yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Patients told us that they would have no issues in raising concerns with the home's staff. Complaints were monitored monthly in the home.

At times some patients may be required to use equipment that can be considered to be restrictive, such as bed rails or alarm mats. Review of patient records and discussion with the deputy manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. This was evident when staff were assisting patients with mobilising and at mealtimes.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained. It was noted that some of the units in the home had been recently painted and new lighting had been fitted in the Carrickfergus unit.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges and dining areas were arranged in such a way that patients could safely socially distance.

Patients spoke positively about the home and said it was clean and tidy.
Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff were aware how to respond to any concerns or risks. Corridors and fire exits were clear of clutter and obstruction. A fire risk assessment had been completed in 10 May 2021. The manager confirmed in an email post inspection that any recommendations had been addressed. Review of the emergency evacuation file confirmed it was not reflective of the current occupancy in the home. This was addressed on the day of the inspection; an area for improvement was identified.

In conclusion the home's environment was safely managed and comfortable.

5.2.4 How does this service manage the risk of infection?

The person in charge told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser. The deputy manager agreed to erect additional posters in the Carrickfergus unit.

Review of records and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

While some staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance, inconsistencies were identified in some staff's knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore their face masks correctly, although we saw some staff applying and removing PPE incorrectly. An area for improvement was identified.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance. The person in charge confirmed the visiting policy was being reviewed in keeping with current DoH guidance.

Appropriate precautions and protective measures were in place to manage the risk of infection although some improvement is required.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This was good practice.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care or who had wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made. Minor gaps in recording were identified on two patient's repositioning records. This was discussed with the deputy manager for action as required.

Examination of records and discussion with the deputy manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has a fall it is good practice to complete a post fall risk assessment to determine if a patient is at increased risk of further falls and staff can recommend strategies to prevent falls and reduce the risk of injury. Such risk assessments were being completed. Review of care records for one identified patients fall evidenced that appropriate actions were taken following the fall in keeping with best practice guidance. However, daily records did not consistently comment on the patients clinical and neurological observations that were taken over a 24 hour period. This was discussed with the deputy manager who agreed to address this through clinical supervision with staff as required.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, during lunch staff wore the appropriate aprons when serving or assisting patients with meals and clothing protectors were used for patients as required. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure mistakes about modified food and fluids were not made.

Lunch was observed to be supervised by staff and was a pleasant and unhurried experience for the patients. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. There was evidence that all meals were not covered on transfer to patient's preferred dining area. This was discussed with the deputy manager who agreed to address this with staff.

Staff confirmed the menu had been recently revised by their parent company in England and patients had not been involved in discussions prior to the changes being implemented. Review of the menu evidenced it had not been developed to reflect regional variances between meals traditionally eaten in England compared to Northern Ireland. Staff spoken with told us they would amend the menu to reflect patient's preferences. Review of the daily menu confirmed the planned menu had not been adhered to. Two fish dishes were available for lunch which meant patients did not have a choice of meal; although staff confirmed if a patient requested an alternative this would be facilitated. Discussion with staff confirmed changes to the planned menu were not regularly recorded. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients told us they enjoyed the food in the home. One patient said, "I am enjoying my lunch, it us lovely".

Patients' needs were clearly identified and communicated to staff. Evidence confirmed that care was being delivered effectively to meet the needs of the patients.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. We saw evidence of this in most of the care records examined. Review of one patient's care records evidenced that one care plan had not been rewritten to reflect the recommendations of a healthcare professional, although this had been written in the care plan evaluation. This was discussed with the deputy manager who agreed to address this with staff as required and have the care plan rewritten.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Review of records highlighted deficits in record keeping. Some care records were difficult to read, while staff did not consistently record the accurate date and time that care was delivered. There was evidence that staff were not signing for care delivered at the time it was delivered. All staff need to ensure contemporaneous records are maintained for all nursing interventions. An area for improvement was identified.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

This review of care records confirmed that on the whole they provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out outside to the garden when they wanted, remain in their bedroom or go to a communal room when they requested.

During the inspection patients were observed enjoying listening to music, reading newspapers and watching TV. Other patients were singing and doing armchair exercises with patient activity leaders who were very enthusiastic. One patient said they loved dancing, singing and exercises while another said, "I am having the time of my life". A weekly schedule of activities was available for review. Patients and staff told us activities were conducted with groups of patients or on a one to one basis. Patients commented positively on the activity provision in the home. Patients' needs were met through a range of individual and group activities, such as ball and balloon therapy, snakes and ladders, arts and crafts and music. One to one activities were tailored to meet individual preferences.

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

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day and patients were afforded choice.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been a change in the management of the home since the last inspection. Miss Codrina Aioanei has been the acting manager in this home since 5 February 2021. RQIA were notified appropriately.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audit of accidents/incidents, complaints, wounds, care records, restraint, infection control and staff registrations. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to hand hygiene and PPE use. An area for improvement was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that annual appraisals and twice yearly supervisions were completed for some but not all staff. To ensure supervision and appraisal requirements were met, an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The deputy manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments were received from patients, patients' relatives/representatives, current staff members and staff members who had left the home.
A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

As a result of this inspection eight areas for improvement were identified in respect of infection prevention and control (IPC), recruitment, mandatory training, the emergency evacuation file, menu choice, record keeping, IPC audit and supervision and appraisal. Details can be found in the Quality Improvement Plan included.

Evidence of good practice was found in relation to environmental cleaning, teamwork and delivery of compassionate care. There were systems in place to ensure staff were recruited and trained properly although some improvements are required. Patient's needs were met by the number and skill of the staff on duty. Systems were in place to ensure patients' safety and management agreed to update the emergency evacuation file. Patients were complimentary in relation to the environment and with the cleanliness in the home. The risk of infection was monitored during IPC audits although some improvements are required in the audit and staff practices. Patients' care records had been generally well maintained and were updated to reflect the changing need of the patient.

Patients chose how to spend their day in the home and in which area to spend it. They could engage in the arranged activities in the home or with their own preferred activity such as reading or watching television. Systems were in place to monitor the quality of services and drive improvements. Complaints had been managed well and compliments shared with staff. Accidents had been managed appropriately and there was good communication between the homes management and staff.

Based on the inspection findings and discussions held we are satisfied that Parkview is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Cristian Burduja, acting deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

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

Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.4
	Response by registered person detailing the actions taken: The infection prevention and control issues identified on inspection have been addressed on the day. Supervisions and meetings have been completed with all departments in the Home. Compliance with IPC measures will be monitored as part of the current audit process. This will also be monitored as part of the Regulaion 29 visits.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made. Ref: 5.2.1 **Response by registered person detailing the actions taken:** The gaps in employment, identified on the day, have been explored and recorded. The Home Manager will review this for all new employees as part of the personnel file checks when received from Recruitment.
Area for improvement 2 **Ref**: Standard 39.9 **Stated:** First time **To be completed by** Immediate action required	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1 **Response by registered person detailing the actions taken:** The Manager has addressed compliance with staff to support improvement. Letters to be issued to staff to provide a completion date for training. Further action will be considered if improvements are not sustained.
Area for improvement 3 **Ref:** Standard 48.9 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the emergency evacuation file is maintained and reflects the current occupancy in the home at any given time. Ref: 5.2.3 **Response by registered person detailing the actions taken:** The emergency evacuation file had been updated with the current occupancy in the Home, it will be reviewed when necessary and when changes occur. This will be monitored as part of the Regulation 29 visit.
Area for improvement 4 **Ref**: Standard 12 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the daily menu displayed should offer the patients choice. Any variation from the planned menu must be recorded. Patients should be involved in planning the menu to ensure their preferences are considered. Ref: 5.2.5 **Response by registered person detailing the actions taken:** Daily menus are now displayed. A survey has been completed with residents to understand their preferences and alternatives will be offered as required. Variations to the menu will be recorded by the kitchen.

Area for improvement 5 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	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. Ref: 5.2.6
	Response by registered person detailing the actions taken: Colleagues have been provided with feedback in relation to maintaining accurate care records. The compliance will be monitored as part of the weekly care file Traca.
Area for improvement 6 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control. Ref: 5.2.8
	Response by registered person detailing the actions taken: The Home is completing a regular infection control audit and the outcome of this will be monitoed by the Home Manager and an action plan developed and signed off when addressed. This will be monitored as part of the Regulation 29 visit.
Area for improvement 7 **Ref**: Standard 40.2 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. Ref: 5.2.8
	Response by registered person detailing the actions taken: A supervision and appraisal schedule is in place, showing completion dates and the name of appraiser/supervisor. This will be monitored as part of the Regulation 29 visits.

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

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