

# Unannounced Care Inspection Report 29 & 30 June 2017



## Parkview

**Type of Service: Nursing Home**  
**Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU**  
**Tel no: 028 9039 1393**  
**Inspector: James Lavery**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Jennifer Watson
<b>Person in charge of the home at the time of inspection:</b> Ms Jennifer Watson	<b>Date manager registered:</b> 9 June 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.  Residential Care (RC) LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 71 with a maximum of 15 patients in category NH-DE and 1 named resident in category RC-LD(E).

### 4.0 Inspection summary

An unannounced inspection took place on 29 June 2017 from 09.25 to 16.00 hours and 30 June 2017 from 09.25 to 15.00 hours.

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

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

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

Evidence of good practice was found in relation to promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients; the dining experience of patients and governance arrangements for quality assurance and service delivery.

Areas for improvement under standards were identified in relation to the management of restraint.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Watson, Registered 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 20 & 21 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 & 21 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with 10 patients, 10 staff, one patient's representative and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 June to 2 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 21 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered provider must ensure that chemicals are stored in keeping with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the environment and discussion with the registered manager and staff confirmed that chemicals were stored safely and not accessible by patients. One area was identified in which a cleaning product was found and this is discussed further in section 6.4.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> First time	The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of care records for three patients evidenced that risk assessments were reviewed in a timely manner and reflective of assessed need.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time	The registered provider must ensure that patients' care plans are reviewed in a timely manner so that they accurately reflect patients' assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of care records for three patients evidenced that care plans were reviewed in a timely manner and accurately reflected patients' assessed needs.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered provider should ensure that all moving and handling equipment is stored appropriately in keeping with best practice guidance on infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  During a review of the environment it was observed that all moving and handling equipment was stored appropriately and in keeping with best practice guidance on infection prevention and control.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered provider should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance in infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the environment evidenced that all equipment was cleaned effectively and regularly in keeping with best practice guidance in infection prevention and control. The cleanliness of the designated smoking area is discussed further in section 6.4.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered provider should ensure that patients are assisted promptly with eating and drinking during meal times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the lunch time meal throughout the home evidenced that all patients were served their meal in a timely manner and assisted as necessary without undue delay.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered provider should ensure that all patient bedrooms have appropriate signage on them and that in communal areas measures are taken to promote patient orientation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the environment evidenced that the majority of patient bedrooms and communal areas had appropriate signage in place. Those areas still requiring signage is discussed further in section 6.4.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 19 June to 2 July 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were mostly observed to be clear of clutter and obstruction. One stairwell was observed to have a mattress placed against a wall which could potentially have obstructed the effective use of the nearest fire exit in the event of an evacuation being necessary. This was highlighted to the registered manager who had the mattress removed immediately. It was also noted that two fuse box cabinets within the home were left unlocked although keys were present within the locks. The registered manager agreed that these should be kept locked when not in use. The importance of all staff adhering to best practice in relation to fire safety was stressed.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The registered manager stated that a number of areas within the home had been recently redecorated such as the ground floor dining area; several patient bedrooms and the reception area. A number of patients and staff spoke positively about this interior renovation of the home. While the majority of patients' bedrooms did have appropriate signage it was observed that four patients' bedrooms did not. This was highlighted to the registered manager who confirmed that new signage had been ordered for these rooms and would be in place as soon as possible. The importance of having such signage in place so as to promote the orientation of patients at all times was emphasised.

The designated smoking room which is located within the 'Windsor' unit was also highlighted to the registered manager. The interior surface of the door which provides access to the room along with the wall mounted nurse call point and light switch were observed to be stained. It was further observed that the room lacked a nurse call lead to facilitate patients easily summoning staff for assistance if necessary. The registered manager stated that, due to regular use of the room by some patients, it was difficult to maintain the interior décor of that area in keeping with the rest of the environment. It was agreed however that domestic and/or maintenance staff should address these weaknesses on a regular basis as necessary so as to ensure that the room is well maintained for use by patients. The registered manager also confirmed that a nurse call lead was in place before the inspection was concluded. Following the inspection the registered manager further confirmed that she intends installing a viewing panel to the smoke room door to facilitate staff observing the wellbeing and safety of patients who may use that area.

Observation of the environment also evidenced three stores in which calorifiers (hot water tanks) were found. The stores were found to be unlocked and used regularly by staff for the storage of equipment such as patients' wheelchairs. Consequently, patients may have had access to these areas. This was highlighted to the registered manager who subsequent to the inspection has confirmed that digital keypads will be installed to these stores thereby limiting access to staff only. This matter has been referred to the estates inspector for further consideration and will also be reviewed during future care inspections.

A review of the environment confirmed that all chemicals were stored in compliance with Control of Substances Harmful to Health (COSHH) regulations. One cleaning product was observed within the home which had been left unattended but did not present an immediate risk to patients. This was highlighted to the registered manager and stored securely. Discussion with the registered manager confirmed that there were effective processes in place to ensure that COSHH regulations were adhered to so as to safeguard the wellbeing of patients.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for the management of staff; promoting a culture of teamwork within the home; adult safeguarding.

## Areas for improvement

No areas for improvement was identified.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. Regular communication with representatives within the daily care records was also found. Weaknesses were identified within patient care records in relation to the management of restraint. Care records for one patient who periodically required the use of a lap belt did have a consent form for the use of such restraint which was signed by nursing staff. However, the form did not have the required signature of the patient and did not specify the type of restraint being employed. It was further observed that no care plan was in place which reflected the assessed need for restraint and how this should be managed in a safe and proportionate manner. While observation of the patient during the inspection confirmed that the lap belt was being used appropriately, it was found that nursing records for that day did not reflect this. This was highlighted to the registered manager and an area for improvement under standards was identified. The monthly auditing of such restraint within the home is further addressed in section 6.7.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to multidisciplinary team working; communication between staff and the provision of staff meetings.

### **Areas for improvement**

One area for improvement under standards was identified in relation to the management of restraint.

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

#### **6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"The nurses are good."

"They're very good to you here."

"It's nice here."

"The food is very good."

Furthermore, feedback received from a patient's relatives/representative during the inspection included the following comment:

"The place is 100 per cent. Like home from home."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. A number of whiteboards were observed throughout the home in communal areas which were used to promote the comfort and orientation of patients by confirming the day and date along with a suitable greeting and expressions such as "Good morning" or "Good afternoon." Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report, one patient; seven staff and two relatives had returned their questionnaires. All respondents stated that they were 'Very satisfied' with the care being provided.

Observation of the lunch time meal throughout the home evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic need of patients.

One member of the catering team stated:

"There's leadership – we're pushed to do the best we can do."

Observation of one patient bedroom evidenced that it was being used to store a significant amount of pharmaceutical supplies belonging to the patient. This inappropriate storage was highlighted to the registered manager and the containers were removed to a more appropriate area before conclusion of the inspection thereby promoting the comfort and dignity of the patient.

It was also noted that two staff members were not wearing a fully recognisable uniform while on duty. This was discussed with the registered manager who agreed that all staff on duty should comply with the relevant uniform policy at all times.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home; the spiritual care of patients; the dining experience of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The majority of staff spoke positively about a renewed sense of leadership which exists within the home together with the approachability of the registered manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management, infection prevention and control, environment, complaints, incidents and accidents. The registered manager confirmed that she conducts a daily walk around the home and completes a daily medication audit. Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. It was noted that while the monthly restraint audit did

include the use of equipment such as bedrails and crash mats, it did not include the use of lap belts. This was highlighted to the registered manager who agreed to include the use of lap belts within the monthly audit. This will be reviewed during future care inspections.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of recruitment records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery; management of complaints and incidents and monthly monitoring.

### Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Jennifer Watson, Registered 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 July 2017</p>	<p>The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflect the management of restraint including the application and release of lap belts if necessary.</p> <p><b>Ref: Section 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Four Seasons Health Care restraint policy was reviewed with all staff to ensure they are up to date in their knowledge in relation to restraint. There is a weekly patient traca in place to monitor compliance with the restraint policy through care plan review</p>

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



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