

# Announced Premises Inspection Report

## 23 January 2018



## Parkview Nursing Home

**Type of service: Nursing Home**

**Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU**

**Tel No: 028 9039 1393**

**Inspector: Gavin Doherty**

[www.rqia.org.uk](http://www.rqia.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 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(s):</b> Dr. Maureen Claire Royston	<b>Registered Manager:</b> Ms. Jennifer Watson
<b>Person in charge at the time of inspection:</b> Ms. Jennifer Watson	<b>Date manager registered:</b> Ms. Jennifer Watson - 09/06/2017
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE	<b>Number of registered places:</b> 71

### 4.0 Inspection summary

An announced inspection took place on 23 January 2018 from 10.00 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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

Evidence of good practice was found in relation to ongoing premises maintenance and upkeep of the building fabric.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jennifer Watson, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 29 June 2017.

## 5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- legionellae risk assessment,
- fire risk assessment.

Areas for improvements identified at the last premises inspection were reviewed and the 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 the most recent inspection dated 27 September 2017

The most recent inspection of the service was an unannounced medicines management inspection. There were no areas for improvement made as a result of the inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 8 April 2014

Areas for improvement from the last premises 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 27 (2)(b)(d)  <b>Stated:</b> First time	A survey of the vanity units in the Strathearn Suite should be undertaken and an appropriate time bounded program implemented for the refurbishment or replacement of any damaged vanity units (Refer to 9.2.2 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that all vanity units had been replaced in this suite of bedrooms at the time of inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2)(b)(d)  <b>Stated:</b> First time	Ensure that the Boiler House / Switch Room are kept clear of combustible materials at all times (Refer to 9.2.3 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No combustible materials were found in these areas at the time of inspection.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time	Remove the electrical extension lead being inappropriately used in Dining Room. Provide suitable fixed electrical socket outlets as required (Refer to 9.2.3 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This extension lead had been removed and additional fixed socket outlets had been provided.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2)(c)  <b>Stated:</b> First time	The existing generator provision is no longer operational at the home. It is essential that this generator is replaced, or, that suitable arrangements are implemented to allow the home to continue to operate during any interruption to the mains electrical supply (Refer to 9.3.2 in the Report).	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Provision has been provided to allow for an external generator to be attached to the homes fixed electrical installation.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 14 (2)(c)  <b>Stated:</b> First time	Ensure that suitable temperature checks are carried out with regards to the control of legionella bacteria in the home's water systems. Records of the same should be maintained and be available for inspection within the home (Refer to 9.3.3 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The premises legionella control measures were in place and monitoring records were available at the time of inspection.	
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 27 (4)(a)  <b>Stated:</b> First time	Ensure that the significant findings contained within the current Fire risk assessment completed in February 2014, are fully implemented and signed-off when completed (Refer to 9.4.2 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent fire risk assessment undertaken on 19 May 2017 was in place and all significant findings had been signed-off as addressed.	
<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 27 (4)(b)  <b>Stated:</b> First time	Ensure that no fire doors are wedged open at any time. If there is an operational need for any fire door to be held open, then a suitable hold open device, linked to the alarm and detection system should be installed (Refer to 9.4.3 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No fire doors were noted as being wedged or propped open at the time of inspection.	
<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 27 (4)(b)  <b>Stated:</b> First time	The electrical consumer units in the Linen Stores on the ground and 1 <sup>st</sup> floor should be enclosed in 30 minute fire resisting construction (Refer to 9.4.4 in the Report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The consumer units had been suitably enclosed at the time of the inspection.	



### 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.**

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to ongoing premises maintenance, estates records management and well maintained health and safety safeguards and procedures

#### Areas for improvement

There were two outstanding issues to be addressed with regards to the thorough examination for the premises passenger lift dated 5 October 2017. However, it was confirmed to the inspector on 24 January 2018 that these issues had been addressed by the lift service engineers.

There were also outstanding remedial actions with regards to the premises legionella risk assessment dated 23 March 2017. However, a program of ongoing works was presented which detailed that these works would be completed before the end of April 2018. It was agreed that confirmation would be provided to the inspector on completion of the works.

	Regulations	Standards
Total number of areas for improvement	0	0

**6.5 Is care effective?**

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

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

**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.**

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

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.**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.



There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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