

Inspection Report

21 September 2021



Parkview

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Mrs Natasha Southall</p>	<p>Registered Manager: Ms Codrina Aioanei, Acting Manager</p>
<p>Person in charge at the time of inspection: Mr Cristian Burduja, Deputy Manager</p>	<p>Number of registered places: 71</p> <p>The dementia nursing unit (Carrickfergus unit) is temporarily non-operational. The unit is currently registered to provide nursing care for a maximum of 10 patients diagnosed with delirium. This condition will be subject to a review after six months or earlier at the request of the registered persons. Admissions under the NH-DE category of care have ceased.</p> <p>There shall be a maximum of one named resident receiving nursing care in category NH-MP.</p>
<p>Categories of care: Nursing (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</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 43</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered nursing home which provides nursing care for up to 71 people. The home is divided in four units: Carrickfergus, Strathern, Cambridge and Windsor. Patients have access to communal lounges, dining rooms and a garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2021, from 10.20am to 2.45pm. The inspection was carried out by two pharmacist inspectors.

This inspection focused on medicines management within the home and assessed progress with any areas for improvement identified since the last care and medicines management inspections.

Review of medicines management found that patients were being administered their medicines as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. One area for improvement in relation to the management of thickening agents was identified.

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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

To complete the inspection a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

We met with five nurses and the deputy manager. Staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Nurses were warm and friendly and it was evident from their interactions that they knew the patients well. Patients were observed to be relaxing throughout the home.

Nurses expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after patients and meet their needs. They spoke highly of the support given by management.

In order to reduce footfall throughout the home, the inspectors did not meet with any patients. Feedback methods included a staff poster and paper questionnaires which were provided to the staff for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report no responses had been received.

5.0 The inspection

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

The last medicines management inspection was undertaken on 27 September 2017; no areas for improvement were identified.

Areas for improvement from the last care inspection on 21 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Infection prevention and control practices were observed and discussed with the nurses on duty. They were knowledgeable regarding:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • hand hygiene. 	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: The deputy manager advised that systems were in place to ensure that mandatory training requirements were met. However, records were not available for review as the manager was not in the home on the day of the inspection. The records will be reviewed at the next inspection. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 48.9 Stated: First time	The registered person shall ensure the emergency evacuation file is maintained and reflects the current occupancy in the home at any given time.	Met
	Action taken as confirmed during the inspection: Review of the emergency evacuation file indicated that it reflected the current occupancy in the home.	
Area for improvement 4 Ref: Standard 12 Stated: First time	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.	Carried forward to the next

	<p>Action taken as confirmed during the inspection: The deputy manager advised that the daily menu offered patients choice; any variation from the planned menu was recorded and patients had been involved in selecting the menu.</p> <p>However, as the inspectors did not view the menu on the day of the inspection this area for improvement is carried forward to the next inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	inspection
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>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.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
<p>Area for improvement 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection: Weekly hand hygiene and personal protective equipment audits were completed. These were reviewed by the management team. Copies were available for review.</p> <p>The deputy manager advised that feedback was routinely given to staff during the management daily walkabout.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p>	<p>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.</p>	Met

	Action taken as confirmed during the inspection: A supervision and appraisal schedule was in place. The completion dates and the name of the appraiser/supervisor were recorded. A review of this matrix indicated that staff had a recorded annual appraisal and supervision no less than every six months	
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5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by a community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second nurse had verified and signed the personal medication records when they are written and updated to provide a check that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the

medicines file. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place to direct staff.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patients.

The management of thickening agents and nutritional supplements was reviewed for four patients. Speech and language assessment reports and care plans were in place. Records of prescribing which included the recommended consistency level were maintained. Thickening agents were administered by both nurses and carers. For one patient the recommended consistency level recorded in the care plan did not correlate to the recommendation in the speech and language assessment. Records of the administration of thickening agents were not maintained by carers. The management of thickening agents should be reviewed and revised to ensure that care plans are accurate and records for the administration of thickening agents are maintained. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plans to direct staff if the patient's blood sugar was too low/high.

Care plans for the administration of rectal diazepam required further development to ensure that there were clear directions for usage. The deputy manager advised that this would be actioned immediately following the inspection.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located.

A review of the daily records for monitoring the medicine refrigerators temperatures indicated that the temperatures were within the required range (2°C to 8°C). However, the temperature was not monitored on a small number of occasions in one treatment room and nurses advised

that the thermometers were not reset each day. This was discussed with the nurses on duty and deputy manager for immediate action and ongoing vigilance.

Appropriate arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. The records reviewed had been fully and accurately maintained. They were filed once completed and were readily retrievable for review or audit.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. A review of the controlled drug record books indicated that records of receipt and administration had been accurately maintained, however, a small number of records of disposal had not been recorded. This was discussed with the nurses on duty and deputy manager who agreed to review the disposal book and update the controlled drug book. Nurses were unaware that a medicine which had been commenced the day before the inspection was a Schedule 2 controlled drug. Although it was stored in the controlled drug cupboard, records of receipt and administration had not been maintained in the controlled drug record book. This was addressed during the inspection.

Management and staff audited medicine administration on a regular basis within the home. The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. A small number of minor discrepancies were identified. These were discussed with the nurses and deputy manager for ongoing close monitoring.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for three patients who had recently been admitted to the home was reviewed. Hospital discharge letters had been received and a copy had been forwarded to their GPs. The patients' personal medication records had been verified and signed by two nurses. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that nurses had taken appropriate action to ensure that the medicines were available for administration.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audit system in place helps nurses to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

Nurses and staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter.

Records of staff training and competency assessment in relation to medicines management were available for inspection.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

Although one area for improvement was identified in relation to the management of thickening agents, the outcome of the inspection indicated that satisfactory systems were in place for the management of medicines.

We would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/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, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* the total number of areas for improvement includes four under the Standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Cristian Burduja, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall review the management of thickening agents to ensure that care plans and records of administration are accurately maintained.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Following a full review an audit had been completed. Supervision has taken place with the staff and coaching provided to the staff on the 3rd November 2021. All thickeners in use have been checked and are labelled as per prescription. Thickener is now stored appropriately and care plans updated. Compliance will be monitored as part of the inhouse governance oversight and as part of the Reg 29 audit carried out on behalf of the registered provider.</p>
Action required to ensure compliance with 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 (21 May 2021)	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded before an offer of employment is made.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref 5.1</p>
Area for improvement 2 Ref: Standard 39.9 Stated: First time To be completed by: Immediate action required (21 May 2021)	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref 5.1</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 May 2021)</p>	<p>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.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 May 2021)</p>	<p>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.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref 5.1</p>

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