



# Unannounced Care Inspection Report

## 20 June 2018



## Parkdean

**Type of Service: Nursing Home (NH)**  
**Address: 44 Fortwilliam Park, Belfast, BT15 4AS**  
**Tel No: 02890370406**  
**Inspector: Michael Lavelle**

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

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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 care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Parkdean  <b>Responsible Individual:</b> Emer Bevan	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Lilibeth Moffett - manager	<b>Date manager registered:</b> Acting - no application required
<b>Categories of care:</b> 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 TI – Terminally ill.	<b>Number of registered places:</b> 64

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 07.00 to 15.40 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 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 staffing, induction, training, the use of patient centred décor, communication between residents, staff and other key stakeholders, the development of an employee forum, culture and ethos of the home, dignity and privacy and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to notifications, post fall management, fire safety, infection prevention and control practices (IPC), eliminating unnecessary risks to the health and welfare of patients, appropriate treatment and supervision of patients in relation to post fall management, wound management, weight management and choking risk assessment and audit activity.

Areas for improvement under the standards were identified in regards to staff meetings, activities, and the duty rota.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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>	6	4

Details of the Quality Improvement Plan (QIP) were discussed with Lilibeth Moffett, 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 13 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 13 October 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

During the inspection we met with 18 patients, eight staff, two visiting professionals and one patients' visitor/representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection. The inspector also provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision.

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 week beginning 11 June 2018 and 18 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patients' care records
- a selection of patient supplementary care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 13 October 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 13 October 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 21 Schedule 2  <b>Stated:</b> First time	The registered person shall ensure that staff are recruited in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Specifically: <ul style="list-style-type: none"> <li>• two written references, one of which should be from the current/most recent employer</li> <li>• a physical and mental health assessment</li> <li>• full employment history.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of one staff recruitment file evidenced that staff were recruited in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically: <ul style="list-style-type: none"> <li>• single use syringes should not be reused</li> <li>• sharps boxes should be signed or dated</li> <li>• large waste bags should be removed from medication trolleys</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that single use syringes were not reused, sharps boxes were signed and dated and there were no large waste bags on the medication trolleys. This area for improvement has been met.	

<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 person shall ensure that environmental issues identified during this inspection are actioned. Specifically: <ul style="list-style-type: none"> <li>• make good the walls of an identified toilet which were badly scuffed and marked.</li> <li>• clean an identified toilet in a bathroom which was soiled on the outside of the toilet bowl</li> <li>• remove the black mould at the seal between the sink and the wall in another identified toilet.</li> <li>• declutter and tidy an identified equipment store</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced the above areas for improvement had been satisfactorily addressed. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44.8  <b>Stated:</b> First time	The registered person shall ensure that the identified bath is cleaned, the attached tubing is clean and safe to use, and the bath flushed twice a week and recorded as part of the legionella control measures	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that the identified bath had been removed and the bathroom is currently being renovated. The registered person and manager were reminded that a variation application should be submitted to RQIA prior to any structural changes to the environment in the home. This area for improvement has been met.	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medications are stored safely and securely and unauthorised access assured.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of the environment evidenced that medications were not stored safely and securely and the prevention of unauthorised access was not assured. For example, the treatment room door was observed to be unlocked and medications were not locked in the medication trolley or cupboard. Please see section 6.4 for further information.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under regulation.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of a selection of supplementary care records evidenced that they were completed accurately and contemporaneously. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff's interactions with patients are appropriate.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observation of staff interactions with patients evidenced that they were caring, timely and appropriate at all times. This area for improvement has been met.</p>	<p><b>Met</b></p>



### 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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week beginning 11 June 2018 and 18 June 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were “covered.” Two staff stated there was not always effective teamwork, with another stating that staffing was “better than what it was.” These staff comments were fed back to the manager who agreed to raise this during a post inspection staff meeting. We also sought staff opinion on staffing via the online survey. No responses were received in time to be included in this report. Staff questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Parkdean. We also sought the opinion of patients on staffing via questionnaires. Ten patient questionnaires were returned. All patients indicated that they were very satisfied with the care they received. Some comments received were:

“I am very happy with the care I receive.”

“It’s a home from home. I am very happy with the care here. Excellent staff.”

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinions on staffing via questionnaires. Seven questionnaires were returned and six relatives indicated that they were very satisfied that staff had ‘enough time to care’; one respondent rated care as neutral.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Details of comments made/received via questionnaires in relation to staffing were discussed with the manager prior to the issuing of this report.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. The manager was encouraged to ensure that staff register with NISCC in a timely manner. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff. Review of records and discussion with the manager evidenced gaps in the supervision and appraisal planners for staff. The manager confirmed that they are currently working to address these. This will be reviewed at a future care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and while the majority of notifications had been submitted in accordance with regulation, it was noted that there had been one occasion where a patient had sustained a head injury requiring medical attention and RQIA did not receive an appropriate notification. This was discussed with the manager who agreed to submit the notification retrospectively. An area for improvement under regulation was made.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The post falls management of patients is discussed in section 6.5.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. A number of deficits were identified during review of the environment including:

- plaster off the walls in the laundry
- broken toilet seat in room 57
- broken door handle on the sluice on the second floor.

These deficits were discussed with the manager who agreed to address them without delay.

Fire exits and corridors were not observed to be clear of clutter and obstruction. One fire exit at the rear of the building was blocked with bags of waste and corridors were obstructed with hoists, wheelchairs and laundry trolleys. This was brought to the attention of the manager who arranged for their immediate removal. This practice was discussed with the manager and the need to ensure that best practice guidance in relation to fire safety is embedded into practice at all times was stressed. An area for improvement under the regulations was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted as follows:

- clinical waste bags observed on the floor of an identified bathroom
- waste bags accumulated on the ground floor at a fire exit
- bags of clothes and personal items stored in an identified bathroom
- no waste bins in ensuite toilets/bathrooms
- patient equipment dusty including wheelchairs and rollators
- significant staining on all raised toilet seats with some frames rusted – these should be cleaned and/or replaced
- inappropriate storage of sterile clinical equipment/supplements in bathroom of room 37
- stained toilet seat in room 57 - this should be cleaned or replaced
- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene, particularly during mealtimes.

These shortfalls were discussed with the manager and an area for improvement under regulation was made in order to drive improvement relating to IPC practices.

During review of the environment, the treatment room door was observed to be unlocked; patient medication was not locked in the medication trolley or cupboard. An area for improvement under regulation was made. In addition, domestic cleaning trollies were observed to be unattended. These contained cleaning products and substances hazardous to health. The potentially serious risk this posed to patients was highlighted to the manager who immediately arranged for the doors to be locked and trollies secured. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, training and use of patient centred décor.

## Areas for improvement

Four areas for improvement under regulation were identified in relation to notifications, fire safety, infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
Total number of areas for improvement	5	0

### 6.5 Is care effective?

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

Review of five patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients.

We reviewed the management of falls, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in the wound management of one patient. Records did not reflect the frequency of treatment delivered as prescribed by the Tissue Viability Nurse (TVN). The dressing regime was alternate days however, review of records evidenced gaps in recording in the daily records and wound evaluation chart of up to and including five days. No photographs of the wound were taken to monitor the progress of the wound in keeping with best practice guidance.

Review of two care records and discussion with the manager and staff evidenced deficits in relation to the post fall management of patients. Review of the first care record evidenced that on one occasion when the patient had an unwitnessed fall, clinical and neurological observations were not carried out and recorded. Analysis of the second care record evidenced neurological observations were not carried as required by the home's policy and procedure and best practice guidance following an unwitnessed fall. This was discussed with the manager who agreed to arrange formal supervision with nurses in relation to the management of falls.

Gaps were noted in relation to the monitoring of one patient's weight. Review of their care record evidenced that monitoring the patient's weight on a weekly basis was recommended by the dietician. However, these were not recorded. In addition, the patient did not have a choking risk assessment. The above deficits were discussed with the manager and an area for improvement was made under the regulations.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as physiotherapists, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse, SALT or the dietician. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. As previously mentioned, two staff stated there was not always effective teamwork and the manager agreed to raise this at the next staff meeting. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Discussion with staff and review of records confirmed that staff meetings were not being held on a regularly basis. Staff meetings should take place regularly, at a minimum quarterly and minutes circulated to staff who are unable to attend. This was identified as an area for improvement under the care standards.

The registered person and manager were commended for the development of an employee forum which commenced in April 2018 and plans to meet every six weeks. Staff spoken with stated that they were encouraged with the feedback received from the initial meeting.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and the development of an employee forum.

### **Areas for improvement**

One area for improvement under regulation was highlighted in regards to appropriate treatment and supervision of patients in relation to post fall management, wound management, weight management and choking risk assessment.

One area for improvement under the standards was highlighted in regards to staff meetings.

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

We arrived in the home at 07.00 hours and were greeted by staff who were helpful and attentive. During the morning walk around patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. One patient was in the dining room at 07.00 hours. They said they liked to get up early for breakfast. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed on the door of a small lounge evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Residents were observed watching TV, listening to music and reading newspapers. A sports day had taken place in the home the day before including wheelchair circuits, head netball and beanbag throwing.

However, the programme of activities was not displayed in a suitable format within the home. In addition, there was no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the manager and activities co-ordinator who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients began to arrive in the dining room at 11.45 hours with the last patient being served their meal at 12.40 hours. Due to some of the comments made by the patients (cited further below) this was discussed with the manager who agreed to review the meal time experience and seek feedback from patients regarding meal times. This will be reviewed at a future care inspection.

Cards and letters of compliment and thanks were displayed within the home. One card displayed had the following message,

“Thank you for taking such great care of my mother. She was very content in Parkdean. It was a home from home.”

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 18 patients individually, and with others in smaller groups, confirmed that living in Parkdean was viewed as a positive experience. Some comments received included the following:

“I’m very well looked after. I am very happy here.”

“We have a choice on how we do things.”

“The food is great. They take good care of me. They shower me and wash my clothes. There is no problem. They ask you how you want things done.”

“Couldn’t be happier.”

“Some staff are good, some are not.”

“I love the breakfast.”

“Lunchtime is too early. They start taking patients in at 11.45 hours and at 15.45 hours for your dinner. I would prefer to go in later.”

“Everyone is so helpful. Everything is so good.”

“Staff are great. All very attentive.”

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.

Ten patient questionnaires were left in the home for completion. All 10 were returned within the expected timescale with all respondents indicating that they were very satisfied with the care provided across the four domains. Some of the comments received were as follows:

“The dining experience is much better since the inspection when the new allocation started. I have more space and I am able to mobilise well. I prefer to go to the dining room last as I do not want to wait for 20 minutes until the food is served. I am happy now that the atmosphere is quite and less residents in the big dining room.”

“I love it here and everyone is so friendly. They look after me really well.”

“I think it is lovely here and I like all the staff.”

“No complaints. Lovely food.”

“When I was at home I was falling a lot but when I came here I only had a fall the night I arrived. Overall I am happy.”

“A very well managed home. Family is most happy.”

“This is my fourth home and I have no reason to complain as I am happy.”

Ten relative questionnaires were provided; three were returned within the expected timescale. Six relatives indicated that they were satisfied or very satisfied with the care provided across the four domains, with one scoring the care as neutral across all four domains. Some of the comments received included,

“Family are satisfied with the care provided.”



"I am very happy with my mum's care. There is a great improvement in her general health since coming to Parkdean."

"Very little social interaction with service users. Not sure about "compassionate" care. Basic needs met."

One relative was consulted during the inspection. They said,

"I am very happy with the care my relative gets here."

Eight staff members and two visiting professionals were consulted to determine their views on the quality of care in Parkdean. Staff were asked to complete an online survey; we had no responses within the timescale specified. Some comments received included:

"The communication is very good."

"I don't really like when you walk in the front door that all the residents are sitting there. That's just my personal opinion."

"I feel valued and respected working here."

Any comments from patients and patients' representatives in returned questionnaires received after the return date will be shared with the manager for their information and action, as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

One area for improvement under the standards was highlighted in regards to the activities.

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

#### 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. An application for registration of the manager with RQIA was discussed with the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition, the duty rota was not reflective of all staff working in the home. This was discussed with the manager and identified as an area for improvement under the care standards.

Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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. Although complaints were recorded and records retained, there was no evidence that complaints were viewed as a learning experience. This was discussed with the manager who agreed to include complaints as a standing item on the agenda for staff meetings. This will be reviewed at a future care inspection.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, bedrails, nutritional concerns and complaints. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home. Although audits were completed, deficits identified during inspection had not been identified within current auditing processes. This was discussed with the manager who agreed to review the audit process for care records and hand hygiene to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the regulations was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes. Although completed, they did not contain sufficient detail to provide an assurance that actions were taken to address deficits identified in previous monitoring visits. Post inspection discussion with the company representative responsible for the reports confirmed that a review of the monitoring report template would be undertaken to ensure it evidences the issues raised, timeframes required, subsequent outcomes of validation and by whom. We agreed to review future monitoring reports to offer further advice if required.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

## Areas for improvement

Two areas for improvement under the standards were identified in relation to the duty rota and audit activity.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

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

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

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

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications identified in this report should be submitted retrospectively.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All Nursing staff have been reminded of the importance of recording information so that the Registered Manager can submit Form1a's to RQIA. The Registered Provider has also drawn up instructions for the process in the event of an incident reportable to ASGT so that staff are aware of the procedure.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>This area of improvement is made in reference to ensuring fire exits and corridors are kept clear and not obstructed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The importance of keeping fire doors free from ALL items has been reiterated to staff. Staff Nurses have also been asked to be vigilant and remove any items left near a fire door. Fire Training continues to be given in the Home and focuses on the importance of not leaving items around or near fire doors even for the shortest of periods.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded of the importance of not leaving clinical waste bags or general waste bags on the floor and the necessity to remove these items immediately to the appropriate outdoor containers. Staff have also been reminded to remove any items left by relatives from bathrooms as was the case on the day of this inspection. Maintenance personnel have carried out a full audit of raised toilet seats and toilet seats and repaired or replaced items as</p>

	necessary. Staff have been given a refresher course in the appropriate use of PPE. Wheelchairs and rollators are to be cleaned twice weekly or more frequently if necessary and signed off by the Night Nurse in charge.
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The Registered Provider has reiterated to all Nursing staff the importance of safe storage of medication including all supplements and creams. Nursing staff have also been reminded to lock the treatment room and medicine trolleys when not in immediate use. The introduction of a different type of locking system is currently being investigated.
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.  This area for improvement is made with specific reference to the supervision of domestic cleaning trolleys.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Domestic staff have been asked to bring the trolleys into the bedrooms or bathrooms with them as they are cleaning these areas. When mopping the floors, domestic staff have been asked to move the trolley to the doorway but ensure that they can always observe the trolley so as to avoid hazardous solutions being accessible by patients. Domestic staff have also been asked to store bottles of solutions within the trolleys rather than on top.

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> <li>• post fall management</li> <li>• wound management</li> <li>• weight management</li> <li>• choking risk assessment.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Post fall management. As detailed in Area for improvement 1, all Form1a's relating to falls must be submitting using the Webportal. Neuro obs are recorded in the appropriate template as per the policy and it has been reiterated to all Registered Staff of the importance of always following the post falls policy. Wounds management All Registered Nurses have been reminded of the necessity to consult with TVN's in cases whereby wound management regime needs to be changed. There are currently no wounds in the Home, however the introduction of a "wounds camera" is being considered. The wounds Management regime will be recorded in Goldcrest. Weight Management Senior Care staff have been reminded of the importance of ensuring weekly weights are carried out in cases where individual patients have been identified as having excessive weight loss. Choking Risk Assessment The choking risk assessment has now been introduced within the Goldcrest system.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings are a regular occurrence in Parkdean Nursing Home. More care and attention will be taken in the documentation of minutes and the filing of same.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2018</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Parkdean Nursing Home employs an Activities Co-ordinator who works 5 days a week. The Activities Co-ordinator has displayed the schedule of activities on the activities board. The Activities Co-ordinator will continue to liaise with the patients to ascertain what activities they wish to have included in the activities programme and will record same.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2018</p>	<p>The registered person shall ensure that the staffing rota clearly identifies the manager's hours and the capacity in which these were worked. The staffing rota should also identify the first and surname of all staff employed in the home.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager's hours has been split into two sections so as to illustrate the hours the Manager works and in what capacity. Parkdean's secretary has also been advised to ensure the rota contains the full name of all staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager completes an audit which includes the following detail; Incidents and Accidents, Complaints, Infection Control, Staff Absences, Care plans, Pressure Damage, Medicines, Staff Training and Continence issues.</p> <p>The Director completing the Regulation 29 report will also speak with staff, patients and visitors or relatives to obtain their views of the Home. All of this will be considered by the Director completing the Reg29 report in drawing up what action if any is needed to feed into the quality improvement plan.</p>

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





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