

Inspection Report

1 August 2023



Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park ,
Belfast, BT15 4AS
Tel no: 028 9037 0406

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Parkdean Responsible Individual: Mrs Emer Bevan	Registered Manager: Eleanor Dodson- Not registered
Person in charge at the time of inspection: Nurse In Charge Lyra Velosa	Number of registered places: 64
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 53
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 64 patients. The home is located over three floors with patients' bedrooms located on each of those floors.	

2.0 Inspection summary

An unannounced inspection took place on 1 August 2023 from 09.30 am to 7.30 pm by two care inspectors.

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

Prior to the inspection RQIA were informed, that a performance notice had been issued to the home, by the Belfast Health and Social Care Trust (BHSCT), on 20 July 2023 due to concerns in relation to reporting of adverse incidents to the BHSCT, internal reporting, compliance with adult safeguarding procedures and staffing arrangements relating to roles and responsibilities.

As a result of this inspection significant concerns were evidenced in relation to the governance and oversight in the home; and the lack of progress with the areas for improvement identified during previous care inspections conducted on 23 November 2021, 26 April 2022 and 13 April 2023.

RQIA had been informed by the Responsible Individual (RI) that the manager was on leave from the home but no other manager had been identified to direct and lead the delivery of safe and effective care; or to drive the necessary improvements to be compliant with regulations and standards.

Enforcement action resulted from the findings of this inspection. A meeting was arranged with the home's management team on 10 August 2023 with the intention of issuing two Failure to Comply (FTC) notices in respect of The Nursing Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (1) (a) (b) relating the health and welfare of patients

At the meeting the RI provided RQIA with some assurances regarding the concerns identified. However, RQIA were not satisfied that robust management arrangements were in place.

As a result, one FTC notice (FTC Ref: FTC000215) was issued in respect of Regulation 10 (1) relating to the management and governance arrangements, with the date of compliance to be achieved by 16 October 2023.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

3.0 How we inspect

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

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

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

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

The findings of the inspection were provided to the nurse in charge Lyra Velosa and to the responsible individual Emer Bevan, at the conclusion of the inspection.

4.0 What people told us about the service

Staff told us they enjoyed working in Parkdean and that teamwork was good. Staff were complimentary in regard to the support they received from the manager and spoke of how much they enjoyed working with the patients. Staff told us they were satisfied with the staffing levels in the home.

Patients told us staff were “excellent” and “friendly.” Patients said that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

No patient / relative questionnaires were returned within the specified timescale. No feedback was received from the staff online survey within the timeframe for inclusion in this report.

5.0 The inspection

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

Areas for improvement from the last inspection on 13 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: Third time	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into the FTC notice issued under Regulation 10 (1). Refer to Section 5.2.4 for further details.	
Area for improvement 2 Ref: Regulation 20 (c) (iii) Stated: First time	The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.	Met
	Action taken as confirmed during the inspection: A review of records and discussion on the day of inspection evidenced that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 14 (2) (a)(c) Stated: First time	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Access to thickening agents • Unnamed toiletries in communal bathrooms/ toilets • Access to the fridge in the unit <p>Action taken as confirmed during the inspection: Observations on the day of inspection evidenced that this area for improvement was partially met and is stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	Partially met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 20.1 Stated: First time	<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> <p>Action taken as confirmed during the inspection: This area for improvement was not met and the actions required to assure compliance have been subsumed into the FTC notice issued under Regulation 10 (1).</p> <p>Refer to Section 5.2.4 for further details.</p>	Not met
Area for improvement 2 Ref: Standard 21.1 Stated: Third time	<p>The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and is subsumed into an area for improvement under regulation.</p> <p>This is discussed further in section 5.2.1.</p>	Not Met

Area for improvement 3 Ref: Standard 11 Stated: Third time	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of an activity co-ordinator. A contemporaneous record of activities delivered must be retained.</p> <p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and is subsumed into an area for improvement under regulation.</p> <p>This is discussed further in section 5.2.3.</p>	Not met
Area for improvement 4 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure the care plan for those patients in use of a pressure relieving mattress reflects the prescribed pressure setting and monitoring of this setting as required and that repositioning records are contemporaneously recorded.</p> <p>Action taken as confirmed during the inspection: Records evidenced that this area for improvement was not met and is subsumed into an area for improvement under regulation.</p> <p>This is discussed further in section 5.2.2.</p>	
Area for improvement 5 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure that care plans are maintained and updated in keeping with best practice.</p> <p>Action taken as confirmed during the inspection: Records evidenced that this area for improvement was not met and is subsumed into an area for improvement under regulation.</p> <p>This is discussed further in section 5.2.1.</p>	Not met
Area for improvement 6 Ref: Standard 35	<p>The registered person shall ensure that a system is in place to monitor call bell response and evidence necessary actions are taken if a delay is observed.</p>	

Stated: First Time	Adequate supervision is evidenced for those patients unable to use the call effectively.	Not met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was partially met and is therefore stated for a second time. This is discussed further in section 5.2.1.	
Area for improvement 7 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection prevention control issues are addressed. This is stated in reference but not limited to the cleaning of wheelchairs, armchairs and manual handling equipment.	Partially met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.3.	

5.2 Inspection findings

5.2.1 Care Delivery and Record Keeping

Review of a sample of patient care records evidenced a number of deficits. For example, care plans relating to distressed reactions/anxiety, mobility and repositioning were not patient centred and lacked sufficient detail to direct the care. There were no detailed care plans in place for those patients receiving one to one care. These deficits were discussed with the RI during the meeting with RQIA on the 10 August 2023. Given the assurances provided and action plan submitted an area for improvement stated for the second time under the standards is subsumed into an area for improvement under regulation.

It was observed that on two occasions staff did not provide one to one care for a named patient despite nursing staff confirming that the patient required one to one care 24 hours a day. Breaks for staff covering the one to one provision were not adequately covered leaving the patient unattended. This was discussed further at the meeting held in RQIA and adequate assurances were provided by the RI that this had been addressed and would be monitored going forward. An area for improvement was identified.

Patients who were less mobile were assisted by staff to mobilise or change their position regularly. Records reviewed evidenced a care plan was in place to direct the care required. However, review of patients' repositioning charts identified gaps in the recording of care. For example, one patient's record had no entries from 6am to 9pm; other charts were inconsistent in recording the frequency of repositioning. At the last inspection an area for improvement was stated for a second time, but has not been met, and has been subsumed into a new area for improvement under regulation.

Review of a sample of wound care records evidenced that referrals were made to other healthcare professionals, such as the Tissue Viability Nurse or Podiatrist. However, records were found to be inconsistent and nursing staff did not always record meaningful evaluations to reflect the status of the wound following delivery of care. At the last inspection an area for improvement was stated for a second time, but has not been met, and has been subsumed into a new area for improvement under regulation.

Where a patient is at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff that the patient requires assistance. Review of records relating to the management of falls evidenced that falls were managed appropriately.

Some patients spoken with told us that they experienced a delay to their call bells being answered. Observations would support this view; for example, a number of patients who were nursed in bed or who choose to remain in their bedroom were unable to use their call bell. There was no documentation to evidence that these patients were being adequately supervised by nursing or care staff. Details were discussed with the management team during inspection feedback and again with the RI at the meeting with RQIA. An area for improvement identified previously is now stated for a second time.

Where a patient's risk assessment indicated that bed rails were not to be used nursing staffing did not always ensure the care plan for the patient reflected this. This was discussed with the nurse in charge and also the RI at the meeting with RQIA. An area for improvement was identified.

There was no evidence of routine auditing of care plans being completed by management to ensure they remained up to date. This had been identified at the previous inspection in April 2023. This was discussed with the RI at the meeting with RQIA and is included in the FTC notice issued.

5.2.2 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced the home was warm, clean, comfortable and fresh smelling. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated.

Observation of equipment such as wheelchairs and manual handling equipment evidenced that these had not been effectively cleaned particularly between use with patients. This was discussed with nurse in charge and the RI and an area for improvement was stated for a second time.

Thickening agents were accessible in an unlocked cupboard in the dining room and in a unit in the lounge.

Unnamed toiletries and prescribed creams were observed in various communal toilets / bathrooms. This was discussed with the nurse in charge and the RI and an area for improvement was stated for a second time.

5.2.3 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedrooms. Patients were observed to enjoy listening to music, reading newspapers / magazines and watching TV, while others enjoyed a visit from relatives.

Some patients told us, "There is nothing to do."

Discussion with staff, and with the RI at the meeting with RQIA, confirmed that there was a plan of activities in place for patients and that care staff were allocated to provide some activities in the absence of an activity co-ordinator. However, no records were maintained and staff told us they do not always get time to do activities. At the last inspection an area for improvement was stated for a third time but this has not been met and has been subsumed into a new area for improvement under regulation.

5.2.4 Management and Governance Arrangements

At the last inspection in April 2023 the manager demonstrated a level of progress with the quality improvement plan (QIP) issued. However, this progress was not continued and RQIA were notified that the manager was on leave from the home and no other manager has been identified to direct and lead the delivery of safe and effective care or to drive the necessary improvements to be compliant with regulations and standards.

In addition The BHSCT informed RQIA of their concerns as stated previously in section 2 of this report.

RQIA evidenced significant concerns, during this inspection, in relation to the governance and oversight in the home; and the lack of progress with the areas for improvement identified during previous care inspections. Three areas for improvement in relation to governance systems, wound care records and activity provision have been stated on three occasions since November 2021 and two areas for improvement regarding care records were stated for a second time at the inspection on 13 April 2023.

There in addition there was no evidence of regular ongoing supervision for staff or staff appraisals being completed. Some evidence of supervisions was provided by the RI at the meeting held with RQIA.

The serious concerns identified by this inspection were discussed with the RI during the inspection and at the meeting on 10 August 2023. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date of 16 October 2023.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

* the total number of areas for improvement includes one under the regulations that has been stated for a second time and two under the standards that are stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Nurse in Charge Lyra Velosa and Responsible Individual Emer Bevan, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Access to thickening agents • Unnamed toiletries in communal bathrooms / toilets • Access to the fridge in the unit <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff are constantly reminded about the risks associated with thickening agents and this risk is reiterated through signage, reminders at hand over and safety huddles at various opportunities. Staff nurses and senior carers are expected to have oversight of this and remind care staff on a continuing basis. Black locked boxes are in situ in both dining rooms to allow safe storage of thickening agents. Staff are also reminded that residents' personal toiletries should not be stored in communal areas or communal cupboards but in their own rooms. This has been reiterated to all staff and senior care staff and housekeeping are routinely to check same and sign to evidence these checks have taken place. Walkabout audits reinforce this practice.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 October 2023	<p>The registered person shall ensure individual patient care plans and risk assessments are written with sufficient detail to direct the care required to meet the patient's needs.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Deborah Oktar Campbell has provided a detailed training course to Registered Nursing staff following a Care plan audit so as to ascertain where the difficulties in care planning lie within the staff nurses. This allowed for a bespoke, tailor made programme to be developed and delivered to nurses to assist in the care planning process from assessment, to care plan production, to review and update.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2023</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans contain the frequency of repositioning • repositioning charts are accurately maintained to reflect the delivery of care. <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plans have reallocated to a number of registered nurses so that detail such as repositioning is included and is accurate and assessed accurately. Additionally, white boards have been installed in each room as a reminder for HCA to adhere to the recommended plan for repositioning. HCA are reminded of their responsibilities to record repositioning in the Goldcrest system and this must be overseen daily by the allocated nurse responsible for each set of residents.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Wound Management training, Ulcer prevention and Care planning for wound prevention has all been delivered to all Registered Nurses in Parkdean. Reminders for nurses are placed on all workstations and 24 hour shift reports are more detailed to capture any potential issues with skin integrity. Body maps have been completed for all residents and nurses are aware of the need to update same following a period of hospitalisation.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 18 (2) (n) (i) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2023</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>A full time activities person commenced in August 2023. Prior to this the RI was undertaking games, armchair exercises and</p>

	poetry analysis within the Home. The Activities co-ordinator has spent several hours consulting with residents to ascertain what type of activities they enjoy and has set about offering these via an activities program daily.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that a system is in place to monitor call bell response and evidence necessary actions are taken if a delay is observed. Adequate supervision is evidenced for those patients unable to use the call effectively. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff are now stationed on each floor with access to Workstations locally. This has facilitated a faster response time to nurse call system. Staff also check that residents in their rooms have the nurse call bed adjacent to them to allow for ease of use. Any delay in response can be identified using software and an investigation into same will be conducted by Registered Manager or Nurse in charge.
Area for improvement 2 Ref: Standard 46 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention control issues are addressed. This is stated in reference but not limited to the cleaning of wheelchairs, armchairs and manual handling equipment. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: A detailed programme of cleaning was introduced for armchairs and wheelchairs. These are mainly cleaned by night staff when not in use. Monitoring of same is carried out by RI and Registered Manager. Additionally, staff are reminded to clean the hoists after use as per small signage as a trigger to prompt staff.

<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure robust arrangements are in place to ensure one to one care is provided as required and breaks for staff providing this care are appropriately covered.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All 1:1's have an individualised file with the rationale for the resident in their care requiring a 1:1. Additionally, they are provided with a list of expectations including requesting cover to safeguard their resident whilst they are on a break. 1:1 staff are requested to sign to acknowledge understanding of all of above.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that bedrail risk assessments rationalise use where a risk is identified. Care plans should direct staff on the safe use of bedrails.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: A full bedrail assessment has been undertaken by registered nursing staff in conjunction with the Registered Manager. Any bedrails which are assessed as unsafe for the resident have been cable tied down so that they cannot be inadvertently raised. Registered Nurses must then record this assessment in the care plan to ensure this assessment is delivered and understood.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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