Unannounced Care Inspection Report
04 August 2016

Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4AN
Tel No: 028 9037 0406
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Parkdean took place on 04 August 2016 from 09.30 to 17.00 hours. On this occasion the inspector was accompanied by Linda Thompson, senior inspector.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout. Recruitment records were unable to be fully reviewed due to the absence of the registered manager. However two staff members who were recently recruited discussed their recruitment experience and confirmed to the inspector that they had completed the Access NI vetting process prior to the commencement of employment.

There was evidence that accidents/incidents were audited on a monthly basis and measures were taken to address any deficits.

Weaknesses however, were identified in the delivery of safe care, specifically in relation to staff training, supervision and appraisals and infection prevention and control issues.

Two requirements and four recommendations have been made.

Is care effective?

Each staff member understood their role, function and responsibilities. Staff stated there was effective teamwork and confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management.

Weaknesses however, have been identified in the delivery of effective care, specifically in relation to the management of assessing patient need, care planning, recording of bowel function and assessment of need for restraint equipment. Improvements are also required with regard to the provision of meetings for staff, patients and their representatives.

Two requirements (one stated for a second time) and four recommendations are made.

Is care compassionate?

Staff interactions with patients were generally observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

Responses received from both patients and relatives would indicate a high level of satisfaction with this service. Two relatives made suggestions for improvement with regard to the timeliness of personal care and the provision of activities and these were brought to the attention of the management of the home, to be addressed.

Two recommendations have been made.

Is the service well led?

Discussion with the nursing sister and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Concerns however are identified in that, the registered manager had been working as a registered nurse over a considerable period of time to cover staff vacancies and as a result, managerial responsibilities had not been completed to a satisfactory standard. There was a lack of a robust governance system within the home to ensure the home delivers services effectively on a day-to-day basis.

A number of concerns have also been identified regarding safe, effective and compassionate care, which has generated a total of four requirements (one stated for a second time) and 13 recommendations. These may be attributed to the highlighted deficit in management 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4*	13*

*Includes one requirement and two recommendations that have been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lilibeth Moffett, nursing sister at the conclusion of the inspection and with Mrs Magaretha Erasmus, registered manager by telephone following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a consequence of the findings of this inspection, and following discussion with senior management in RQIA, it was agreed that the registered persons would be invited to the Authority to discuss the inspection findings and to present a detailed action plan which would bring the home back into compliance. This meeting was arranged for 18 August 2016.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Parkdean/Mrs Emer Bevan	**Registered manager:** Ms Magaretha Erasmus
Person in charge of the home at the time of inspection: Lyra Veloso, nurse in charge (until 11.30 hours) Lilibeth Moffett, nursing sister (11.30 – 17.00 hours)	**Date manager registered:** 14 September 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 64

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 40 patients, four registered nurses, eight care staff and two domestic staff.

Questionnaires for patients (10), relatives (10) and staff (10) to complete and return were left for the nursing sister/registered manager to distribute. Four patients and four relatives completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- nurse competency and capability assessments (one only available)
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Actions taken by the registered person are validated as part of this care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time	The registered person must ensure that patient' care needs assessments are reviewed and updated appropriately.	**Partially Met**
	Action taken as confirmed during the inspection: The Inspector confirmed that patient needs assessments were not updated as required. A number of significant deficits were identified in two of the three care records examined. **This requirement is stated for a second time.**	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 20.2 **Stated:** Second time	End of life arrangements for patients should be discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.	**Met**
	Action taken as confirmed during the inspection: There was evidence at the time of the inspection that patient's end of life arrangements have been considered and appropriate plans stablished.	
Recommendation 2 **Ref**: Standard 19.2 **Stated:** First time	The policy for continence should be further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis: • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN catheter care guidance for nurses.	**Not Met**
	Action taken as confirmed during the inspection: At the time of the inspection there was no evidence provided to validate that appropriate actions had been taken as required. **This recommendation is stated for a second time.**	
Recommendation 3 **Ref:** Standard 4.9 **Stated:** First time	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.	**Partially Met**
	Action taken as confirmed during the inspection: Evidence was available to validate that an assessment of patient bowel function is undertaken at the time of admission. There was no evidence available to validate that patient's bowel function activity is recorded in the daily progress records. Whilst there was some indication that this is recorded in a 'bowel book' the registered manager must ensure that this information is transferred daily to the patient's	

	progress records. **This recommendation is stated for a second time.**	
Recommendation 4 **Ref:** Standard 46 Criteria (1) (2) **Stated:** First time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	**Met**
	Action taken as confirmed during the inspection: It was confirmed during inspection, that appropriate systems are maintained to ensure that best practice in infection prevention and control are maintained in the home.	
Recommendation 5 **Ref:** Standard 4 **Stated:** First time	The registered person should ensure that fluid target calculations are recorded consistently on patients' continence assessments and care plans. The fluid target should also be recorded on fluid intake charts.	**Met**
	Action taken as confirmed during the inspection: The inspector can confirm that fluid intake records are appropriately maintained and the fluid intake target is recorded clearly on the fluid intake chart.	
Recommendation 6 **Ref:** Standard 4 Criteria (1) (7) **Stated:** First time	It is recommended that specific continence products required by the patient as identified in the continence assessment, is also included in the patients' continence care plan.	**Met**
	Action taken as confirmed during the inspection: The inspector can confirm that an assessment of the patient's individual requirement for continence products is maintained. The outcome of this assessment informs the care plans.	

Recommendation 7 **Ref:** Standard 41.7 **Stated:** First time	Duty rotas should identify the name of the nurse in charge of the home. The registered manager or designated representative should also sign the duty rota.	**Met**
	Action taken as confirmed during the inspection: The inspector can confirm that the staff duty rota appropriately recorded the registered nurse in charge of the home.	
Recommendation 8 **Ref:** Standard 39 Criteria (1) **Stated:** First time	It is recommended that role specific induction booklets for registered nursing staff and for care staff are developed and completed as part of the induction programme.	**Met**
	Action taken as confirmed during the inspection: The inspector can confirm that role specific staff induction booklets are developed as required.	

4.3 Is care safe?

The nursing sister 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 rotas for the weeks commencing, 25 July and 4 August 2016 evidenced that, while the planned staffing levels were adhered to, the hours worked by the registered manager in a nursing capacity and those worked in a managerial capacity had not been identified. This was discussed with the registered manager following the inspection and we were informed that, due to staff vacancies, the registered manager had been working full time in a nursing capacity to cover registered nurse absences/vacancies over a period of months. While recruitment was underway for registered nurses, bank and agency nursing staff were employed to cover some shifts. This matter is discussed further in section 4.6 below. A requirement has been made regarding the allocation of sufficient management hours for the registered manager to enable her to carry out her managerial responsibilities.

Discussion with patients, their representatives and staff evidenced that, generally there were no concerns regarding staffing levels. One relative indicated that the personal care needs of a relative were not being met in a timely manner. This was discussed following the inspection with the registered manager who agreed to investigate and address the issues.

Recruitment records were unable to be fully reviewed due to the absence of the registered manager. However two staff members who were recently recruited confirmed to the inspector that they had completed the Access NI vetting process prior to the commencement of employment.

Discussion with staff and review of three staff induction records evidenced that two recently appointed staff members completed a structured orientation and induction programme at the commencement of their employment. While the induction records for one member of staff had

been signed by the inductor, they had not been signed by the inductee. A recommendation has been made. It is also recommended that the registered manager counter-signs all completed induction records to ensure they have been completed to a satisfactory standard.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. There was also evidence that staff had completed a number of mandatory training courses in 2015/16, including moving and handling, infection prevention and control and fire safety. Additional face to face training had been provided for registered nurses in 2016 including medicines management and falls awareness.

Following discussion with staff and review of records, we were unable to evidence that all relevant staff had completed training in safeguarding vulnerable adults, dementia awareness, the management of challenging behaviour and Control of Substances Hazardous to Health (COSHH). One requirement has been made in this regard. A review of the methods used to deliver mandatory training is also recommended to ensure a combination of different methods, including face to face and audio-visual is deployed.

The majority of staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility. However, two staff had been observed to respond to a patient who was presenting with some distressed reactions. Staff were unaware of being observed and their response indicated a need for further training and support. This was discussed with the nursing sister at the conclusion of the inspection and with the registered manager by telephone following the inspection. The registered manager agreed to follow up and address the issues.

While there was evidence of a competency and capability assessment completed for the nursing sister in 2016, we did not have access to the assessments of other registered nurses. The registered manager agreed to forward this information to RQIA following the inspection.

The nursing sister and the majority of staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Some staff informed us that they could not recall having received training in adult safeguarding. A requirement has been made in this regard.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA had been notified appropriately.

Review of three patient care records evidenced that while a range of validated risk assessments were completed as part of the admission process, they were not reviewed as required on a regular basis. Refer to sections 4.2 and 4.4 for further details. There was evidence that risk assessments informed the care planning process. One care record however identified that restraint equipment was deployed without appropriate assessment of need and consent being achieved. A recommendation is made in this regard.

Infection prevention and control practices were observed and a recommendation has been made that 'toileting slings' used on hoists to assist patients to the toilet are kept specific to individual patients. It is also recommended that domestic staff wear aprons to protect their uniforms.

Discussion with staff evidenced that there were a total of four hoists (two lifting hoists and two standing hoists) for use in the home. Staff were observed on a number of occasions to be trying to locate the hoist during the morning routine. On discussion staff confirmed that at

times, especially in the mornings, there may be a delay in getting patients up in one area of the home, as the second lifting hoist may be in use for assisting patients to the toilet. A recommendation has been made for a review of the provision of hoists to ensure patients are assisted in a timely manner.

We observed the environment, including 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.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Two requirements have been made in respect of the allocation of management hours and staff training. Four recommendations have been made in respect of staff induction, supervision and appraisals, infection prevention and control and the provision of hoists.

Number of requirements	**2**	**Number of recommendations**:	**4**

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and the outcomes informed the care planning process. However two of the three care records were not maintained under regular review. This matter is required to be stated for a second time as a consequence of this inspection.

One set of care records was evidenced to be well maintained and reviewed on a monthly basis. The two other sets of patient care records examined, failed to meet a satisfactory standard in a number of areas as detailed below;

- there was no evidence that the patient's bowel function was recorded in the daily progress. This issue was stated for a second time
- the use of a pressure mat was not recognised as restraint and therefore was not risk assessed appropriately nor was there evidence of consent for its use
- risk assessments were not evidenced to be updated as required on a regular basis
- care plans were not maintained under regular review
- the care records for one identified patient raised concerns as a significant health condition was not identified throughout the assessment of need or care planning records and was only identified due to records of a weekly procedure
- The care records for the same individual failed to evidence that directions from the Trust in recording behaviour were followed
- care records for the same patient also failed to indicate in either the assessment of need or in care planning that an infection had developed and treatment had been prescribed and delivered to address same.

Requirements and recommendations have been stated.

Care records did evidence that in general, recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were recorded and entered into care plans. However as detailed above there was a deficit in the requirement to record events leading up to the occurrence of behaviours which challenge staff, as directed by the dementia in patient outreach team for one individual.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

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

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN etc.

The inspection sought to examine records of staff meetings as part of the inspection process. Records available evidenced that staff meetings are not held in accordance with standard 41 of the DHSSPS Care Standards for Nursing Homes 2015. Records demonstrated that separate meetings with registered nurses, night staff and care staff were undertaken in January 2016; however there was no evidence of any meetings since this time. Discussion with all grades of staff confirmed that more frequent meetings would be appreciated and that minutes should be made available for those who may be unable to attend. A recommendation is stated in this regard.

Staff stated that there was effective teamwork within each allocated area of work; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the nursing sister and review of records evidenced that patient and/or relatives meetings were held on an adhoc basis. The only record available referred to a residents' meeting of 11 February 2016, brief minutes were available but these were not made available to attendees or relatives. No records of relatives meetings were available at the time of the inspection. A recommendation is stated in this regard.

Patients and representatives spoken with however 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 registered manager.

Areas for improvement

Two requirements are stated in respect of assessing patient need and care planning
Four recommendations are stated in regard to recording of bowel function into daily progress records, appropriate recording of the use of restraint equipment, the provision of meetings for staff, patients and their representatives.

Number of requirements	2	Number of recommendations:	4

4.5 Is care compassionate?

The majority of staff interactions with patients were observed to be compassionate, caring and timely. The interactions of two staff when responding to a patient presenting with some distressed reactions were not as caring and compassionate as we would have expected. This was discussed with the registered manager. Refer to section 4.3.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluids. There was evidence of the patients being assisted to be as independent as possible during meal times. Staff were observed to offer patients reassurance and assistance appropriately throughout the mealtime service.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. For the lunch time meal, steak and onion pie or pork in a cream sauce with creamed potatoes and cauliflower cheese was offered. The pudding was apple crumble and custard or ice cream. A choice was also available for those on therapeutic diets. The food looked and smelt appetizing and patients all appeared to enjoy their lunch.

Patients were seated for their lunch in either of the two dining rooms or a smaller lounge. Those patients on bedrest were served their lunch in their bedrooms. We observed 38 patients seated in the large dining room, where lunch was served in one sitting. Whilst there were no complaints expressed by any of the patients, and the meal was delivered efficiently by appropriate numbers of staff, we discussed with the registered manager, the possibility of having two sittings, thus affording the patients more space and a quieter dining experience. Similarly, eight patients, who required assistance with their meals, were served their lunch in a smaller lounge where they spent most of their day. We discussed the possibility of these patients being assisted to one of the dining rooms for their meals. It was felt that a change in the environment at mealtimes may be positive for the patients. A recommendation has been made for a review of the dining experience.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One relative expressed some concerns regarding the personal care provided to their relative. This was discussed with

the nursing sister at the conclusion of the inspection and with the registered manager post inspection, who agreed to address.

Some comments received from patients and their representatives:

- "the girls are all very good and kind"
- "the care is excellent"
- "I'm being well looked after"
- "activities are very poor – sometimes nothing for days"
- "I can approach staff at any time, especially nurses, so far so good"

The provision of activities was discussed with the nursing sister. We were informed that an activities co-ordinator is shared with a sister home. At all other times, carers are allocated to provide activities. We were unable to evidence that activities were provided at the time of the inspection. A recommendation has been made with regard to the provision of activities.

Areas for improvement

Two recommendations have been made regarding the provision of activities and the dining experience.

Number of requirements	**0**	**Number of recommendations**:	**2**

4.6 Is the service well led?

Discussion with the nursing sister and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

Discussion with the registered manager following the inspection, and review of a sample of duty rotas evidenced that the registered manager had been working as a registered nurse over a considerable period of time to cover staff vacancies and as a result, managerial responsibilities had not been completed to a satisfactory standard. This was also discussed with the responsible person following the inspection.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the nursing sister, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the nursing sister and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits had been completed on a monthly basis, including accidents/incidents and infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. There was also evidence of one completed audit in the sample of care records reviewed. Given the findings of this inspection, it is recommended, that a more robust system of audits is implemented, including regular monthly audits of care records.

We examined the unannounced monthly monitoring reports maintained by the registered person, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. Some concerns however are identified regarding the content of these reports and the registered person must be vigilant to ensure that confidentiality issues are not breached in the final document. A recommendation is stated.

Areas for improvement

In considering the findings from this inspection and that four requirements and thirteen recommendations have been made regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Number of requirements	**0**	**Number of recommendations**:	**2**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lilibeth Moffett, nursing sister at the conclusion of the inspection and with Mrs Magaretha Erasmus, registered manager by telephone following the inspection as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 15 (2) (a) (b) **Stated:** Second time **To be completed by:** 01 September 2016	The registered person must ensure that patient' care needs assessments are reviewed and updated appropriately. **Ref section 4.2, 4.4** **Response by registered provider detailing the actions taken:** Resident's care needs assessment have been updated and reviewed accordingly using the hard copy, while awaiting for all documents to be transferred into our new computerize system (Goldcrest).
Requirement 2 **Ref**: Regulation 16 **Stated:** First time **To be completed by:** 01 September 2016	The registered provider must ensure that a written care plan, reflective of **all** needs of the patient is established and is also kept under regular review. **Ref section 4.4** **Response by registered provider detailing the actions taken:** Current care plans have been updated, new care needs identified and a written care plan has been designed reflective of all the care needs of the residents using the hard copy while awaiting for all documents to be transferred into our new computerize system (Goldcrest).
Requirement 3 **Ref**: Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 01 September 2016	The registered provider must ensure that sufficient management hours have been allocated to the registered manager to enable her to carry out her management responsibilities. **Ref section 4.3** **Response by registered provider detailing the actions taken:** Sufficient management hours have been discussed, agreed and assigned to the Acting Manager to carry out management responsibilities from the date of inspection.

Requirement 4 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 31 October 2016	The registered provider must ensure that all staff receives mandatory training and other training appropriate to the work they are to perform. This includes training in the following: • safeguarding vulnerable adults • dementia awareness • the management of challenging behaviours • COSHH. **Ref section 4.3**
	Response by registered provider detailing the actions taken: Several training courses were completed in 2016 however no documentation to evidence same. Memo sent to all staff regarding mandatory training to be completed and updated. Training sessions have been arranged in POVA & Dementia awareness. Leaflets made available for staff as a reference for POVA, challenging behaviour and COSHH. Trust training courses also researched. In house training completed on an array of subjects and training is ongoing. Training data has been distributed in-house and group discussions among staff ongoing during quiet times & learning outcome shared.
Recommendations	
Recommendation 1 **Ref**: Standard 19.2 **Stated:** Second time **To be completed by:** 30 September 2016	The policy for continence should be further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis: • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN catheter care guidance for nurses. **Ref section 4.2**
	Response by registered provider detailing the actions taken: The Policy on continence care has been further developed to include catheter and stoma care. This policy references British Geriatrics Society Continence Care in Residential and Nursing Homes, NICE guidelines on the management of urinary incontinence, NICE guidelines on the management of faecal incontiencne & RCN catheter care guidelines for nurses.

Recommendation 2 **Ref:** Standard 4.9 **Stated:** Second time **To be completed by:** 01 September 2016	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records. **Ref section 4.2, 4.4**
	Response by registered provider detailing the actions taken: Eton Bowel scale risk assessment and a care plan for elimination of bowel pattern has been in place since 2015 to determine the baseline upon admission reflective of the Bristol stool chart. This is available on hard copy. Baseline assessment is now being tranferred to our new computerized system (Goldcrest) under the continence assessment folder. The importance of completing this on admission has been reiterated to all RGN's. RGN's have also been reminded of the necessity to reflect this in the daily evaluation notes. Daily recordings of bowel function in resident's progress notes has now also been effected using the new computerized system (Goldcrest).
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 01 September 2016	The registered provider must ensure that when restraint and/or restrictive practices are used that; • risk assessments are completed and regularly reviewed • the risk assessment informs the care planning process • the intervention is proportionate to the level of harm or risk • the least restrictive approach is used • full account is taken of the patient's capacity to consent to the proposed intervention. • appropriate and accessible information is provided to the patient's representative regarding any best interest decisions made. **Ref section 4.4**
	Response by registered provider detailing the actions taken: Bedrail risk assessments and Care plans have been formulated prompting staff to indicate all restrictive options potentially in use. The practice of risk assessing and care planning is ongoing using the hard copy while awaiting to use the new computerize system (Goldcrest). Bedrails and other restrictive mechanisms such as buzzer mat, crash mat, wheel-chair and OT chair strap has been discussed and consented by residents who have sufficient capacity to make a decision to the proposed intervention. For those residents who are deemed to lack capacity to make a particular decision, risk assessments, restraint and its implications has been discussed, agreed and consented by NOK or significant others for the best interest of the residents.

Recommendation 4 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that; • staff meetings are maintained at least quarterly • minutes of the meetings are maintained which include the date of the meeting, the names of those attending minutes of discussion and any actions greed • minutes of the meetings should be made available to any staff unable to attend. **Ref section 4.4**
	Response by registered provider detailing the actions taken: Regular staff meetings have occured in Parkdean however the minutes file had been mislaid. Same has been retrieved. Following this inspection the Registered Provider arranged a meeting on 1st September 2016 which was widely attended. Staff Meetings will be scheduled quarterly or more frequently if required. All meetings will be minuted and evidence available in the staff meetings file.
Recommendation 5 **Ref**: Standard 7 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that; • patients' and / or patient representative meetings are held on a regular basis • minutes of the meetings are maintained which include the date of the meeting, the names of those attending minutes of discussion and any actions greed • minutes of the meetings should be made available to any staff unable to attend. **Ref section 4.4**
	Response by registered provider detailing the actions taken: The Home Manager will arrange a patient's/ relatives meeting on the first Wednesday of every month. The meeting will minuted and will record the names of those who attended the meeting. In the instance that there is no parties attending the meeting, the Manager will proactively speak to residents and their representatives to ensure the standard of care and service provided to the residents is of the level expected.

Recommendation 6 **Ref**: Standard 39.1 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that; • staff induction records are signed and dated by both the inductee and the inductor • the registered manager counter-signs all competed induction records to ensure inductions have been completed to a satisfactory standard. **Ref section 4.3**
	Response by registered provider detailing the actions taken: Induction has been completed for the majority of staff and records have now been updated to evidence same. The process of induction and completing the approriate induction forms is ongoing for newly hired staff.
Recommendation 7 **Ref**: Standard 40 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that a staff supervision and appraisal planner is in place for 2016 that identifies the name of each staff member and the dates of planned supervision and appraisal meetings. **Ref section 4.3**
	Response by registered provider detailing the actions taken: A supervision and appraisal planner has now been designed and is now an ongoing meeting with each member of the staff.
Recommendation 8 **Ref**: Standard 39.4 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure a review of the methods used to deliver mandatory training has been carried out to ensure a variety of different methods, including face to face and audio-visual is deployed. **Ref section 4.3**
	Response by registered provider detailing the actions taken: Parkdean currently use a combination of of DVD and a questionnaire which is completed after for learning outcome. Training has also been booked for staff to attend at various venues supplied by Trust. Training will also be provided by individuals and by specialist professionals.

Recommendation 9 **Ref**: Standard 12.10 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that a review of the dining experience is conducted with particular reference to the number of meal sittings and the choice of dining area for patients currently seated in the smaller lounge. **Ref section 4.5**
	Response by registered provider detailing the actions taken: The dining experience has been reviewed and the number of residents utilising the dining room has been reduced. More appropriate use has been made of the smaller dining room and the use of bedrooms for meals depending on patient choice. Staff have been reminded of the appropriate volume of music during meal times and reminded to speak quietly so create a more restaurant style experience. The door to the kitchen has also been closed over during meal times to minimise the noise coming from the kitchen.
Recommendation 10 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that a programme of activities provides positive and meaningful outcomes for patients and is based on their identified needs, life experiences and interests. The duration of each activity and the daily timetable takes into account the needs and abilities of the patients. **Ref section 4.5**
	Response by registered provider detailing the actions taken: An Activity Co-ordinator has been employed in Parkdean Nursing Home since February 2015. The feedback from RQIA following the inspection has been feedback to the Activity Co-ordinator. Programme of activities has been designed and planned for residents based on their identified needs. Residents who stay in their rooms and cannot or choose not to participate in the activities held in the lounge or dinning room will have the opportunity to avail of one on one activities.
Recommendation 11 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that working practices are systematically audited to ensure they are in accordance with legislative requirements, DHSSPS standards and other standards set by professional bodies and standard setting organisations. **Ref section 4.6**
	Response by registered provider detailing the actions taken: All staff are encouraged to be aware of existing policy and procedure, protocol and adhere to all legislative requirements set by professional bodies and statutory organisations. The Manager will undertake a short fall audit to capture any discrepancy with adherence to these practices.

Recommendation 12 **Ref**: Standard 4.4 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must conduct a review of the provision of lifting hoists to ensure there is sufficient equipment is in place and that patients are assisted in a timely manner. **Ref section 4.3**
	Response by registered provider detailing the actions taken: Discussion around the provision of hoists has taken place and despite wide agreement that there were sufficient hoists in the Home for the number of patients, it was agreed that there were occassion that staff may have to wait for a hoist to be brought from another area. To eliminate this occurence, a new lifting hoist has been purchased and is now in situ.
Recommendation 13 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 30 September 2016	The registered person must review the current report maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 to ensure that staff and patient confidentiality is not breached. The registered person should refer to guidance provided by RQIA on www.rqia.org.uk **Ref section 4.6**
	Response by registered provider detailing the actions taken: Following a recent inspection whereby feedback was given that more detailed information should be included in the Reg 29 reports, additional information was recorded in the reports. Given the feedback from RQIA in terms of confidentiality, persons identified in the report will have their initials redacted and less information wil be included which could cause their identity to the discovered.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews