



Unannounced Care Inspection Report

11 January 2019



Parkdean

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 64 persons.

3.0 Service details

Organisation/Registered Provider: Parkdean Responsible Individual(s): Emer Bevan	Registered Manager: See below
Person in charge at the time of inspection: Farah Vergara, registered nurse	Date manager registered: Lillibeth Moffett – acting no application required
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 registered places: 64

4.0 Inspection summary

An unannounced inspection took place on 11 January 2019 from 11.10 hours to 16.30 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection on 20 June 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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
Total number of areas for improvement	1	*1

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Lilibeth Moffett, manager, during a phone call on 14 January 2019 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 20 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2018. 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
- 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
- pre-inspection audit.

During the inspection the inspector met with 17 patients, two visiting professionals and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the 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 at the front entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 31 December 2018 and 7 January 2019
- staff training records
- incident and accident records
- supervision and appraisal planner
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- staff meeting minutes
- 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.

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 20 June 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 20 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of accident and incident records since the previous care inspection confirmed that the majority of notifiable incidents were reported, with the exception of on head injury that was retrospectively notified on the day of inspection. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure adequate means of escape in the event of a fire. This area of improvement is made in reference to ensuring fire exits and corridors are kept clear and not obstructed.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced all fire exits and corridors were clear of obstruction.	

Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Review of the environment, observation of practice and discussion with staff evidenced improvements since the last care inspection. The deficits identified at the previous care inspection have been addressed. This area for improvement has been met.</p>	
Area for improvement 4 Ref: Regulation 13 (4) (a) Stated: First time	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p>	Met
	<p>Action taken as confirmed during the inspection: During review of the environment the treatment room was observed to be locked and medicines were stored securely.</p>	
Area for improvement 5 Ref: Regulation 14 (2) (a) (c) Stated: First time	<p>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.</p> <p>This area for improvement is made with specific reference to the supervision of domestic cleaning trolleys.</p>	Met
	<p>Action taken as confirmed during the inspection: During the inspection domestic trolleys were observed to be supervised when in use and securely stored when not in use.</p>	

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</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"> • post fall management • wound management • weight management • choking risk assessment <p>Action taken as confirmed during the inspection: Review of four patient care records evidenced relevant care plans and risk assessments were in place and the above areas for improvement were being managed appropriately.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that staff meetings were taking place on a quarterly basis.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Discussion with the activities co-ordinator and review of records confirmed patient's involvement in development of the programme of activities. Activities were appropriately recorded in patient records and the activity planner was displayed in a suitable format.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 41 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the staffing rota evidenced the manager's hours and the capacity in which these were worked were clearly recorded. It also identified the first and surname of all staff employed in the home.	
Area for improvement 4 Ref: Standard 35 Stated: First time	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.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

The inspection sought to assess progress with issues raised during and since the last care inspection on the 20 June 2018.

The nurse in charge 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 weeks beginning 31 December 2018 and 7 January 2019 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.

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.

Review of records and discussion with the nurse in charge evidenced systems were in place for the supervision and appraisal of staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. There was evidence that staff had recently completed manual handling and pressure ulcer awareness training. 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. The majority of staff adhered to infection prevention and control best practice guidance, particularly after contact with the patient and the patient environment and appropriate personal protective equipment (PPE) was used. One example of poor practice was observed and discussed with the staff member and nurse in charge for action as required.

Review of the staffing rota and training records confirmed that one staff member had worked as a kitchen assistant for three days in December without appropriate food hygiene training. This was discussed with the manager and an area for improvement under the regulations was made.

We reviewed the management of falls, patients' weight, choking risk, management of infections and wound care. Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. 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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), dentist, optician and podiatrist. Supplementary care charts such as food and fluid intake records, repositioning and personal care records evidenced that contemporaneous records were maintained with the exception of minor omissions. These were fed back to the manager for action as required.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and since the last care inspection the furniture had been rearranged to ensure there was appropriate space for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated dietary requirements. All patients appeared content and relaxed in their environment and staff engaged enthusiastically and warmly with patients throughout their meal. Most patients were content with the mealtimes with a small number indicating they would prefer to have their dinner at a later time. This was discussed with the manager post inspection who agreed to engage with patients in relation to this. Later in the afternoon patients and their relatives were observed enjoying activities in the foyer of the home.

Patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"It is like a five star hotel. The staff in here are absolutely brilliant. You couldn't get the like of them."

"The care is very good."

"It's a lovely place to live."

One patient stated "I would like to walk more but there is not always someone to help me." These comments were fed back to the nurse in charge for action as required.

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. Nine 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 staff are very good and keep me informed of any plan of care.”

“Dinner time is a bit early but I have to go along with what others want, but since I stay up late I can have supper at 7pm and a cup of tea at 10pm before bedtime.”

“There are enough staff but they need to know and prioritise the needs of all the residents.”

“Most of the staff are very attentive.”

Ten relative questionnaires were provided; two were returned within the expected timescale indicating that they were satisfied or very satisfied with the care provided across the four domains. Two visiting professionals spoken with indicated that contact with them from the home was appropriate and there was good communication from the staff.

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.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The majority of notifications were in accordance with the regulations with the exception of one head injury. This was discussed with the manager who agreed to review the accidents/incidents and submit the relevant notification retrospectively.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the home’s environment and maintaining good working relationships.

Areas for improvement

One area for improvement under the regulations was identified in relation to food hygiene training.

	Regulations	Standards
Total number of areas for improvement	1	0

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, during a phone call on 14 January 2019 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>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure all employees receive training appropriate to the work they are to perform.</p> <p>Specifically, staff involved in the preparation of food should be trained in food hygiene.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Following the recent inspection, food hygiene training had been reviewed and training carried out 17/01/19 and 23/01/19 for three members of staff who participate in kitchen duties. This means that all staff involved in the preparation of food have attended and received adequate training in food hygiene and safety.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care