

Inspection Report

13 April 2023



Parkdean

Type of service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4AS
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Parkdean Responsible Individual: Mrs Emer Bevan	Registered Manager: Ms Eleanor Dodson-not registered
Person in charge at the time of inspection: Ms Eleanor Dodson	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: 61
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 13 April 2023 from 9.30 am to 7.00pm 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.

Patients were happy to share their experiences of living in the home and expressed positive opinions about the home and the care provided. Patients said that staff were helpful and friendly in their interactions with them.

RQIA were assured that patients were cared for in a compassionate manner by staff who knew and understood their assessed needs.

The findings of this report will provide the registered person and manager with the necessary information to improve staff practice and the patients' experience.

New areas requiring improvement were identified and these are detailed within the main body of the report and in the Quality Improvement Plan (QIP) in Section 6.0.

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 manager 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 "very nice" and "friendly." Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients spoken with expressed satisfaction in relation to their experience within the home, however, some patients expressed dissatisfaction with the staffing levels as they experienced a delay when waiting for their call bells to be answered. This is discussed further in section 5.2.1.

Five resident/relative questionnaires were returned within the specified timescale and indicated that respondents were happy with the services provided in the home. 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 27 April 2022		
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: Second 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.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is stated for a third time. This is discussed further in section 5.2.5.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that events are notified to RQIA in accordance with Regulation 30 of The Nursing Home Regulations (Northern Ireland) 2005	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40.1 Stated: First time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 21.1 Stated: Second 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: A review of records evidenced that this area for improvement was partially met and is stated for a third time. This is discussed further in section 5.2.2.</p>	Partially met
Area for improvement 3 Ref: Standard 11 Stated: Second 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 and a review of records evidenced that this area for improvement was partially met and is stated for a third time. This is discussed further in section 5.2.4.</p>	Partially met
Area for improvement 4 Ref: Standard 4 Stated: First 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: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	Not met
Area for improvement 5 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that robust arrangements are in place with regard to maintaining the temperature of all meals served to patients when dining in their bedrooms.</p>	Met

	Action taken as confirmed during the inspection: Observation of the lunchtime meal service evidenced this area for improvement was met.	
Area for improvement 6 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are maintained and updated in keeping with best practice.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment files evidenced that necessary checks were in place to ensure new employees were recruited safely, however, it was not clear if the gaps in employment were fully explored. This was discussed with the manager and additional information was submitted by the Responsible Individual after the inspection. RQIA will review this aspect of the recruitment process at the next care inspection.

Checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). However, it was not clear that all appropriate staff employed were registered, or in the process of registering with NISCC and the NMC register was not up to date. Information was provided following the inspection confirmed all staff were registered or pending registration with the appropriate regulatory bodies. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The rota did not clearly identify the person in charge when the manager was not on duty. This was discussed with manager who agreed to address this.

Staff said there was good teamwork and that they felt well supported in their role and with the level of communication between staff and management.

Patients said that they would have no issue with raising any concerns to staff. Some patients spoken with told us that they experienced a delay to their call bells being answered. Observation on the day of inspection would support this. A number of patients were on bed rest or sitting in their room; some of which were unable to use the call bell due to their cognitive impairment. This was discussed with the manager who agreed to audit the call bell system to review call bell times and ensure those patients who cannot use the system are appropriately supervised. An area for improvement was identified.

It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. The one relative spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known.

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. Gaps in the recording of the repositioning of patients were also observed. This was discussed with the manager and an area for improvement was stated for a second time.

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, whilst it was observed that there were some improvements within the wound care records, the wound care evaluation was not consistently recorded. This was discussed with the manager and an area for improvement was stated for a third time.

Where a patient was 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.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records confirmed that registered nurses managed the use of equipment in line with current guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Lunch was observed to be a pleasant and unhurried experience for the patients. The food served was attractively presented. Staff were observed attending to patients' dining needs in a caring and compassionate manner, and maintained the necessary records such as food and fluid intake charts. Patients mostly spoke positively in relation to the quality of the meals provided.

Review of patient's records evidenced that these were generally well maintained. The manager told us that they were currently in the process of reviewing all patients' care plans and that this was ongoing to ensure all care plans were patient centred. A review of records evidenced this area for improvement, identified at the previous inspection, was partially met and has been stated for a second time.

5.2.3 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, armchairs and manual handling equipment evidenced that these had not been effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Thickening agents were accessible in an unlocked cupboard in the dining room and in a unit in the lounge. Unnamed toiletries were observed in various communal toilets / bathrooms throughout the home and a fridge, accessible to patients, contained staff drinks. This was discussed with the manager and an area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter. Fire extinguishers were easily accessible.

A review of records confirmed that staff had been trained in infection prevention and control (IPC) measures and practices.

5.2.4 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.

The provision of activities for patients was reviewed; the manager told us that they were currently recruiting for an activity therapist. Patients told us, "There is not much going on." Discussion with staff and the manager 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. This was discussed with the manager and area for improvement was partially met and is stated for a third time.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs. Eleanor Dodson has been the acting manager since 27 November 2022.

Staff were aware of their own role in the home; and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that RQIA had been notified as required.

A review of the governance records evidenced that little improvement since the last care inspection in regard to the use of quality assurance audits; however, it was agreed as the manager is relatively new in her post that further time was required to further develop the audits/auditing tools and help ensure that this approach was embedded into practice; an area for improvement was partially met and stated for a third time.

Following a review of records and discussion with the manager RQIA were concerned that the manager did not have 'protected' managerial hours to enable her to ensure effective governance and oversight in the home. This was due to her covering nursing shifts as the nurse in charge of the shift. This was discussed with the manager who assured us that this would not be the case going forward and was due to covering annual leave.

There was a system in place to manage complaints, however, the outcome of the complaints was not always recorded; this was discussed with the manager who agreed to address this.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. A copy of these reports was available to view in the home.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes three that have been stated for a third time; two stated for a second time and one carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Eleanor Dodson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: Third time To be completed by: 31 July 2023	<p>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.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>It is encouraging to note the inspector's recognition that progress has been made in this area and that further time is required to develop audit tools. Endeavours to recruit further staff nurses has proven challenging as is well covered in the media due to the shortage of nurses available. This unfortunately necessitates the Manager to cover shifts during periods of annual leave, a responsibility that unfortunately is unavoidable. That said, the Manager will continue to audit and provide robust governance to Parkdean.</p>
Area for improvement 2 Ref: Regulation 20 (c) (iii) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>As stated in the report 5.2.1, information was provided to the Inspector immediately after the inspection evidencing that all staff were registered or pending registration. The difficulties experienced with delay with NISCC was also discussed with the inspector post inspection.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) and (c) Stated: First 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: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Staff are aware that all thickening agents should be held in locked cupboards. The registered Nurse has the responsibility of ensuring that care staff safely access this product and once used, is placed safely back in the locked cabinet.</p> <p>Daily spot checks of the communal areas by the Home Manager and Nurse in charge should reduce the risk of toiletries being left behind in bathrooms and shower rooms.</p> <p>Staff are constantly reminded of the importance of vigilance around these risks especially at daily handover.</p> <p>The Home Manager arranged for the removal of the Fridge identified</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 20.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2022</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: Third time</p> <p>To be completed by: 30 June 2023</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager has audited all wound care plans and daily evaluations are up to date. Wound Assessment competencies are being carried out with all Nursing staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: Third time</p> <p>To be completed by: 1 August 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 in the absence of an activity co-ordinator. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.1. and 5.2.4</p> <p>Response by registered person detailing the actions taken: Activities are allocated to care staff on a daily basis as evidenced by the allocation records. However, staff continually neglect to document same in the allocation folder. All staff have been reminded of the need to record activities daily. In addition, the recruitment of a dedicated Activities co-ordinator is being addressed</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2023</p>	<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>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Home Manager has audited Care plans for pressure relieving mattresses and settings are included. Daily monitoring is carried out and all repositioning records are checked by Nursing staff. Nursing staff are aware it is their responsibility to check same on an ongoing basis and this detail is recorded in the recently introduced 24 hour report.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2023</p>	<p>The registered person shall ensure that care plans are maintained and updated in keeping with best practice.</p> <p>Ref: 5.1. and 5.2.2</p> <p>Response by registered person detailing the actions taken: It is encouraging to note that the inspector noted improvements in this area since the last inspection and that the previous Area for Improvement was partially met in the time frame of the new Manager. All nurses are continually advised of the necessity to update care plans and this shall continue. Regular audits will continue to identify where updates are required. The introduction of "resident of the day" is proving constructive in the updating of care plans.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a system is in place to monitor call bell response times and evidence necessary actions are taken if a delay is observed.</p> <p>Adequate supervision is evidenced for those patients unable to use the call bell effectively.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: The cleaning of wheelchairs, armchairs and manual handling equipment is allocated to night staff to be carried on a nightly basis. The importance of adhering to this task has been reiterated to all night staff. Additionally, a revised allocation sheet has been implemented and the Registered Manager shall audit the progress of same.</p>

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