

Unannounced Care Inspection Report

13 October 2017



Parkdean

Type of Service: Nursing Home (NH)
Address: 44 Fortwilliam Park, Belfast, BT15 4AN
Tel no: 028 9037 0406
Inspector: Liz Colgan

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: Mrs Emer Bevan	Registered Manager: See box below
Person in charge at the time of inspection: Mrs Lilibeth Moffett, Manager (for part of the inspection) Ms Farah Vergare, Sister	Date manager registered: Mrs Lilibeth Moffett, acting – no application
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 13 October 2017 from 13.25 to 18.40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in all four domains in regards to governance processes relating to; the induction and training of staff, adult safeguarding, quality assurance and service delivery; and the culture and ethos of the home

Areas requiring improvement under the regulations were identified in relation to the selection and recruitment of staff and infection, prevention and control (IPC) practices. Areas for improvement under the standards were identified in regards to environment, safe and secure storage of medications, care records, and staff/patient interactions.

Patients spoken with stated that they were treated with dignity and respect and were afforded privacy when required. The environment of the home was observed to be homely and comfortable.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Lilibeth Moffett, Manager, and Ms Farah Vergare, Sister, 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 3 July 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 July 2017.

There were no further actions required to be taken following the most recent 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

During the inspection the inspector met with 12 patients, four staff, and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 25 September to 15 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four staff recruitment and induction files
- four patient care records

- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- staff register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 3 July 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 November 2016

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager and 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 from 25 September to 15 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of four staff files evidenced that, two of the staff had only one reference, two of the staff did not have a physical and mental health assessment, two files did not have evidence of interview and one file did not have full evidence of previous employment history. This was identified as an area for improvement under the regulations. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Evidence was available that confirmed that staff supervision and appraisals and competency and capability assessments were undertaken.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the manager and sister and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the manager and sister and review of records evidenced that the arrangements for monitoring the registration status of nursing was appropriately managed in accordance with Nursing and Midwifery Council (NMC). Records for care staff's registration status with the Northern Ireland Social Care Council (NISCC) was forwarded by electronic email to RQIA on 17 October 2017.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager and sister confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

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 were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Audits should detail the number of falls for each patient. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was generally found to be warm, well decorated, fresh smelling and clean throughout. The following were identified as areas for improvement against the standards:

- the walls of an identified toilet was badly scuffed and marked
- an identified toilet in a bathroom was soiled on the outside of the toilet bowl
- the sink in another identified toilet had black mould at the seal between the sink and the wall
- an identified equipment store was cluttered and untidy

The outlet and surrounding area of an identified bath that was seldom used was covered in a white substance and the tubing attached to the water tap appeared dirty. There was no effective way to ensure that this tubing was clean. There were no records to indicate that this water tap was flushed regularly. If the bath is not in regular use, twice weekly flushing should be implemented and recorded as part of the legionella control measures. Advice and guidance should be sought from the legionella risk assessor if clarification is required around this. Reference should also be made to the legionella risk assessment and the associated guidance provided in the ACOP 'The Control of Legionella Bacteria in Water Systems' issued by HSENI (L8) and HSG 274 part 2. This issue was highlighted to the manager and sister and an area for improvement under the standards was stated.

Fire exits and corridors were observed to be clear of clutter and obstruction. The treatment room was unlocked with the key present in the door. The medication fridge was also unlocked, therefore unauthorised access could not be assured. This issue was highlighted to the manager and sister and an area for improvement under the standards was stated.

Deficits in infection prevention and control practices (IPC) were identified. Single use syringes were being reused, sharps box were not signed or dated, large waste bags were hanging on the medication trolleys. These issues were discussed with the manager and sister and an area for improvement under regulations was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and induction, supervision and appraisal, and adult safeguarding.

Areas for improvement

Areas for improvement under the regulations were identified in relation to staff recruitment and IPC practice.

Areas for improvement under the standards were identified in relation the safe and secure storage of medications and the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care records such as food and fluid intake charts recorded during the night duty were not always maintained in accordance with best practice guidance, care standards and legislation. This was discussed with the manager and an area identified for improvement against the standards was stated.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff generally demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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

Discussion with staff 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. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the manager and sister confirmed that staff meetings were held on a quarterly basis or more frequently if required, records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager or the sister. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and sister and review of records evidenced that joint patient and relative meetings were held on a weekly basis. Records were available. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes focusing on quality assurance and service delivery; and communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement under the standards was identified in relation to care records

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were generally observed to be compassionate, caring and timely in most instances staff clearly demonstrated the ability to communicate effectively with patients. One interaction observed by the inspector between a member of staff and a patient was discussed with the manager and sister and an area identified for improvement against the standards was stated.

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the manager and sister confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and patients' representatives (ten). Eight patients, nine patient's representatives and six staff completed and returned questionnaires.

The majority of questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care.

Patient comments

"I can talk to Beth but she is not here every day, otherwise S/N Judy, S/N Marie, S/N Lyra, or I will go to C/A Mimi first before I go to any of them."

"I can make choices when it comes to clothes I want to wear; I don't like wearing skirts. I go to church (Metropolitan Tabernacle) every Sunday but if no transport; driver usually phones."

"No complaints, but manager is always visible and I can talk to her anytime."

"Emma Rose especially as she is my key worker."

"Quite adequate."

"I go to service here every Sunday."

"I regard Beth as my boss as she always keeps her feet on the ground. Very approachable and makes this place so good, I believe long may it last."

Representatives' comments

"An extremely high level of care is being provided by the staff for my mum. My mum is settled and comfortable in Parkdean which is extremely important as she has dementia."

"Extremely happy with the care being given to my mum, communication between the family and Parkdean staff in particular the excellent nursing staff is clear, consistent and regular."

"The staff particularly the nursing team are extremely respectful towards my mum and my family. Excellent standard of dignity and respect given."

"Extremely high levels of service provided and managed very well also."

"My mother seems to feel that there are not enough staff to care for residents, mealtimes and mornings."

"? Yes. Some of the questions are not a simple yes or no. Some staff have a different way of dealing with the residents that can be felt to be insensitive."

"Unaware of any opportunities. Up to the present time the manager has been more than helpful (Farragh)."

"My father is recently moved into Parkdean so I am unable to answer the last two questions in well led."

"Yearly review in planning my relatives care."

"Can't answer if the manager is approachable have never had to deal with them."

Staff Comments

No comments were provided in the submitted questionnaires.

Comments made by patients during the inspection are detailed below:

"Happy with the care."

"The home is very satisfactory."

"Staff are very good, very nice."

"Staff come the minute they are called."

"I have been in the home for three years, if it wasn't good I would have left in the first year."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards was identified in relation to staff's interactions with patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the manager indicated that she has been in this position since September 2016. Advice was given regarding the registration process.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The manager and sister confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record 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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the manager was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the manager 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.

Discussion with manager and sister and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Mrs Lilibeth Moffett, Manager, and Ms Farah Vergare, Sister, 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	
Area for improvement 1 Ref: Regulation 21 Schedule 2 Stated: First time To be completed by: 13 October 2017	<p>The registered person shall ensure that staff are recruited in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Specifically:</p> <ul style="list-style-type: none"> • two written references, one of which should be from the current/most recent employer • a physical and mental health assessment • full employment history <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Provider and Human Resources Manager will ensure that staff are recruited in accordance with Regulation 21, Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005, whilst ensuring compliance with Equality Commission and Labour Relations best practices. All staff involved in recruitment will be trained in best practices so as to ensure compliance.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 13 October 2017	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> • single use syringes should not be reused • sharps boxes should be signed or dated • large waste bags should be removed from medication trolleys <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has reminded all qualified staff not to re-use any Enteral syringes and to dispose of syringes after each use.</p> <p>She has also reiterated to qualified staff that it is good practice to record opening and closing date on sharps bin. Staff have also been advised to dispose of all medication trolley waste bags at the end of each medication round.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 13 December 2017	The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically: <ul style="list-style-type: none"> • make good the walls of an identified toilet which were badly scuffed and marked. • clean an identified toilet in a bathroom which was soiled on the outside of the toilet bowl • remove the black mould at the seal between the sink and the wall in another identified toilet. • declutter and tidy an identified equipment store Ref: 6.4
	Response by registered person detailing the actions taken: The Registered Provider has ensured that all of the items listed above have been actioned and continue to be monitored by the Domestic Staff Team and the Maintenance Team.
Area for improvement 2 Ref: Standard 44.8 Stated: First time To be completed by: 13 December 2017	The registered person shall ensure that the identified bath is cleaned, the attached tubing is clean and safe to use, and the bath flushed twice a week and recorded as part of the legionella control measures. Ref: 6.4
	Response by registered person detailing the actions taken: The Registered Provider has revised the flushing regime and this has been included with the Water Temperature and De-scaling Log book. The Maintenance team have been advised to ensure any unused baths are flushed twice weekly in accordance with the Clearflow Water Quality Management Risk Assessment.
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 13 October 2017	The registered person shall ensure that medications are stored safely and securely and unauthorised access assured. Ref: 6.4
	Response by registered person detailing the actions taken: Qualified Nursing Staff have been reminded of the importance of ensuring the Treatment Room door and Treatment Room fridge are kept locked when not in use.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 13 November 2017	The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times. Ref: 6.5
	Response by registered person detailing the actions taken: Recording of all fluid intake in a 24 hour period is currently in place. Recording of fluids during the night has been reinforced to all night staff.

Area for improvement 4 Ref: Standard 7 Stated: First time To be completed by: 13 October 2017	The registered person shall ensure that staff's interactions with patients are appropriate. Ref: 6.6
	Response by registered person detailing the actions taken: The Registered Provider and Registered Manager have reiterated to all staff the appropriate manner in which to address residents. This has been particularly relevant for staff during busy periods. All Staff undergo training in this area and it is also addressed as part of their induction.



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