



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 13 October 2019



Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4S
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.

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.

1.0 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: Emer Bevan	Registered Manager and date registered: Lilibeth Moffett – registration pending
Person in charge at the time of inspection: Lilibeth Moffett	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: 63

4.0 Inspection summary

An unannounced inspection took place on 13 October 2019 from 07.00 hours to 16.15 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care 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 relation to staffing, training, adult safeguarding, the home's environment teamwork, multidisciplinary working, the culture and ethos of the home, maintaining dignity and privacy, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to falls management, repositioning record keeping, implementation and review of care plans, secure storage of patient information and staff meetings. One area for improvement regarding care record and hand hygiene audits was stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Comments received from patients and staff during the inspection are included in the main body of this report.

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	3	*3

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lilibeth Moffett, manager, 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 11 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 January 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 7 October 2019 and 14 October 2019
- staff training records
- incident and accident records
- three patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- minutes of patient and relatives meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 previous inspection

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 20 (1) (c) Stated: First time	The registered person shall ensure all employees receive training appropriate to the work they are to perform. Specifically, staff involved in the preparation of food should be trained in food hygiene.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement has been partially met. This is discussed further in 6.6 of this report.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival the manager 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 duty rota for weeks commencing 7 October 2019 and 14 October 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff 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 patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Parkdean.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Most staff received an annual performance appraisal and bi-annual supervision with dates planned for staff who have not completed this to date.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe some instances where IPC best practice guidance was not adhered to. These were discussed with the manager for action as required. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and well decorated. Many of the bedrooms did not have a lockable space for patients. This was discussed with the manager who agreed to audit all bedrooms to ensure patients have access to a lockable space. We also asked the manager to review the use of electronic key pads on the doors in the home. If these are to be in continual use appropriate signage should be erected clearly displaying the access code.

As we walked around the home we observed food and fluid thickening agents stored in areas accessible to patients. This was discussed with staff who immediately ensured their safe storage. We discussed this with the manager who agreed to review arrangements for their storage.

Fire exits and corridors were observed to be clear of clutter and obstruction. Records evidenced that fire risk assessments have been completed with systems in place to manage and record fire drills and fire alarm tests within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners, physiotherapist, care managers and speech and language therapists (SALT).

We examined the management of patients who had falls. Review of two unwitnessed falls evidenced risk assessments were completed post fall. However, appropriate actions were not consistently taken following both falls in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. Review of records for one identified patient confirmed care plans had been reviewed and updated to reflect the assessed needs of the patient. However, repositioning charts and daily progress records had not been completed consistently to accurately reflect the condition of the patient's skin. An area for improvement was made.

We were pleased to see an improvement in the quality of the care plans which were patient centred. However, we were not assured that registered nursing staff were implementing and reviewing care plans in keeping with regulations. Assurances were sought and received from the responsible individual post inspection that appropriate actions had been taken to address this. An area for improvement was made.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Reviews of food and fluid intake and personal care records evidenced these were well completed. We asked the manager to review the recording of personal care delivery. Care staff should record when care has been offered but refused and document any further attempts that were made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

We observed information relating to patient care to be displayed in areas accessible to visitors to the home. Ensuring patient information is stored securely in the home was discussed with the manager. An area for improvement was made.

Discussion with the manager and review of records confirmed that staff meetings were not held on at least a quarterly basis for all staff. This was discussed with the manager who agreed to diarise staff meetings for the next 12 months to ensure they are held on a regular basis. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork and multidisciplinary working.

Areas for improvement

The following areas were identified for improvement in relation to management of falls, repositioning record keeping, implementation and review of care plans, secure storage of patient information and staff meetings.

	Regulations	Standards
Total number of areas for improvement	3	2

6.5 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.

We arrived at the home at 07.00 hours and were greeted by the nurse in charge who was friendly and welcoming. Most patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying breakfast in the dining room later that morning or a cup of tea in one of the many bright and spacious lounges.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social and spiritual needs within the home. Patients said they enjoyed the activities. One patient said:

"It is very good here. They are very attentive. We play draughts and do exercises. They bring in choirs to sing to us."

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences.

We observed the serving of the breakfast. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The staff were observed to be kind and patient in the interactions.

We reviewed the compliments file within the home. Some of the comments recorded included:

"Thank you for your care, kindness and friendship towards our relative. The care they received was really appreciated by all the family. We will miss you all."

"Just a thank you to show you my deep appreciation for your kind and patient nursing and your loving dedication."

We spoke with 11 patients individually, and with others in smaller groups who told us they were happy and content living in Parkdean. Patients said:

"The staff are very helpful."

"It is nice and bright. So far so good."

"They are looking after me awfully well."

"They are very caring. They treat me with dignity and respect."

"The food is very good and you get plenty. You are never hungry."

"I am very happy here."

"There are some good food days and some not so good."

"I regard this as my home. They couldn't do enough."

"I am getting well looked after."

"It is friendly, warm and it feels like home."

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.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had four responses within the timescale specified. All four respondents were very satisfied with the care provided across all four domains. Some comments included,

"Extremely happy with all levels of care my relative is receiving. They have improved so much since arriving at Parkdean."

"I must say I am very satisfied with my relative's daily care."

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Five members of staff were spoken with during the inspection. They all commented positively on working in the home. One staff member said,

"I love working with the wee residents. I would take them home with me. I am happy in my job."

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 and maintaining dignity and privacy.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager is the person in day to day operation of the home; the current manager has submitted her registration application to RQIA. They reported that they were well supported by the staff, other home managers in the company and the responsible individual. We asked the manager to review the duty rota to ensure the management hours worked are clearly recorded.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. We acknowledged the improvements made to date regarding the hand hygiene and care records audits. We discussed ways the manager could enhance the current governance systems particularly with regards to the qualitative element of the care records audit and hand hygiene audits. This will ensure the deficits noted during the inspection are identified and actioned as required. Hand hygiene and care record audits were identified as an area for improvement following the care inspection on 15 January 2019. An area for improvement was stated for a second time.

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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients and relatives spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	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 Lilibeth Moffett, manager, 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 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All Registered Nurses have been informed of their responsibility to carry out Clinical and Neurological observations post fall to ensure accurate reflective recordings of all actions taken. Clear Post fall Protocol is displayed in Nurse Station throughout the home to remind staff of the procedure to follow if a resident has a fall. All Nursing staff have been advised to read and signed the Post fall Protocol information. Regular Supervisions and Appraisals with Nursing staff will continue to review Nurses' practice around post fall observation and to ensure the Home's policy and procedure is adhered to. Registered Manager will continue to monitor patients' care records to ensure that Clinical and Neurological observations post fall are recorded accurately.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All care plans will be implemented, reviewed and updated by Registered Nurses with input from residents' families or professionals involved in their care. Registered Nurses will continue to develop their practice in producing a person centered care plans. Training and Development in this area of their work is now being promoted to ensure all Nurses have a clear understanding of a person centered care plan</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure information about a patient’s health and treatment is securely stored.</p> <p>Ref: 6.3</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</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: 6.6</p>
<p>Response by registered person detailing the actions taken: Management meeting was held post inspection and the following actions were agreed. All monthly audits have now been fairly distributed throughout the management and Senior team within the Home. Monthly audits will be completed and forwarded on to Directors of the home to ensure that any improvements, that are identified are actioned in a timely manner. Infection control audits will be periodically reviewed by Nurse in Charge or Senior Staff to ensure that staff practice continues to demonstrate knowledge of infection control procedures and correct PPE usage.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2019</p>	<p>The registered person shall ensure that repositioning and daily progress records are completed consistently and accurately reflect the condition of the patient’s skin.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: The importance of clear reflective documentation in regards to repositioning has been reiterated to all staff during handover reports. This information must be reflected in daily progress records to ensure the correct management and plan of care for residents who require regular repositioning throughout the day and night. The Registered Manager will continue to monitor and audit this aspect of care. Any identified issues will be addressed immediately to Nursing and Care staff. Training from Goldcrest Provider has been delivered</p>	

	<p>for Management and Senior Care staff and this information will then be disseminated to all staff to ensure that a high level of documentation and record keeping in regards to repositioning and progress notes is maintained</p>
<p>Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A full annual staff meeting calendar will be implemented and displayed on Staff Notice board from January 2020 to advise staff of meeting dates for the full annual year. A meeting has been arranged for all Care staff which is due to take place on 2nd of December 2019. Staff attendance and minutes of the meeting will be kept in our record. All staff were reminded of their legal responsibility and obligation to attend all staff meetings</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)

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