

Inspection Report

14 November 2023



Parkdean

Type of Service: Nursing Home

**Address: 44 Fortwilliam Park,
Belfast, BT15 4AS**

Tel no: 028 9037 0406

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Parkdean Registered Person: Mrs Emer Bevan	Registered Manager: Ms Clare McBride – Not registered
Person in charge at the time of inspection: Ms Clare McBride	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: 45
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 14 November 2023 from 9.30 am to 6.20 pm. The inspection was carried out by two care inspectors.

This inspection was undertaken to assess compliance with the actions within the Failure to Comply (FTC) notice (FTC Ref: FTC000215 (E)) originally issued on 14 August 2023 and extended on 16 October 2023. The notice was issued under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1), relating to the management and governance arrangements; with the date of compliance to be achieved by 14 November 2023.

RQIA were also informed that a Performance Notice had been issued to the home by the Belfast Health and Social Care Trust (BHSCT) on 20 July 2023.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions. However, sufficient evidence was not available to validate compliance with the actions in the FTC Notice.

As full compliance had not been achieved by the compliance date, a meeting was held with the intention to issue a Notice of Proposal to place conditions on the registration of Parkdean. This meeting was held on 23 November 2023 and assurances were provided by the management team as to how the deficits would be addressed, including actions that had already been taken in regards to the audits and staff competencies. Whilst it was positive that these changes were being made, the management team agreed more time was needed to embed these changes into practice and to sustain the improvements required. A Notice of Proposal was issued on 29 November 2023 (**NOP Ref:** NOP000107) proposing the following conditions.

1. The registered person shall ensure that the necessary improvements are made to achieve compliance with the actions stated within the Failure to Comply Notice (FTC000215 (E)) first issued on 14 August 2023 which includes compliance with the Quality Improvement Plan.
2. Admissions to Parkdean will cease until RQIA is assured that compliance with the actions in the failure to comply notice is achieved and sustained.
3. The registered person must ensure that a copy of the monthly reports completed in accordance with Regulation 29 is shared with RQIA within five working days of the visits/reports having been completed.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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.

The findings of the inspection were provided to Clare McBride, Manager.

4.0 What people told us about the service

Those patients who were able to express their opinion of life in the home spoke in positive terms; they said the food was good, there was enough to do and the staff were helpful and friendly. Patients who were less able to communicate their views and opinions were seen to be content and settled in the environment and also in their interactions with staff.

Staff told us they enjoyed working in Parkdean. 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.

No patient/relative questionnaires were returned within the specified timescale. 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 1 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure individual patient care plans and risk assessments are written with sufficient detail to direct the care required to meet the patient's needs.	Not Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and has been stated for a second time.	
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> care plans contain the frequency of repositioning repositioning charts are accurately maintained to reflect the delivery of care. 	Met

	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as stated.	
Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that the record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance. 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 second time	Partially met
Area for improvement 5 Ref: Regulation 18 (2) (n) (i) (ii) Stated: First time	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. A contemporaneous record of activities delivered must be retained. Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as stated.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that a system is in place to monitor call bell response and evidence necessary actions are taken if a delay is observed. Adequate supervision is evidenced for those patients unable to use the call effectively. Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and has been stated for a third time.	Not met

5.2 Inspection findings

FTC Ref: FTC000215 (E)

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10. — (1)

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following seven actions were required to comply with this regulation:

1. a manager is appointed who is in day to day operational control of the home
2. a robust and comprehensive system of governance audits must be developed and implemented to identify any deficits in the delivery of nursing care or other services in the home; this should include, but is not limited to, audits for care records, wound care records, repositioning records and the provision of meaningful and person centred activities for patients
3. where deficits are identified through the audit process an action plan must be developed to ensure the necessary improvements are addressed
4. the manager's oversight of the audit systems must be clearly evidence
5. staff annual appraisals should be completed by 30 September 2023
6. staff training is provided in relation to record keeping and accountability and this training monitored to ensure it is embedded into practice
7. RQIA's Areas for improvement identified in the home's current Quality Improvement Plan are addressed.

Action taken by the registered persons:

Clare McBride was appointed as the manager of the home on 13 August 2023. At the meeting with RQIA on 23 November she confirmed her intention to register as the manager of Parkdean. Staff and patients spoke positively about the manager and improvements were evident since she had taken up post. It was positive to note that governance systems were being implemented and improvements such as the introduction of an activity programme, had been sustained.

There was evidence that a system of audits had been introduced and were identifying areas for improvement. However, review of a selection of audits completed in the last three months evidenced gaps within specific audits such as care records and pressure relieving devices. Also audit records and action plans were not always dated, timed and signed by the auditor.

A review of records evidenced that the two outstanding appraisals had been completed. At the meeting the manager told us that they have met with the nursing staff to discuss what is expected of the Registered Nurse in charge and reiterated the importance of communication with other staff on shift, including a detailed handover at shift change. Competencies have been updated and clear expectations had been provided to nursing and care staff in regards to their roles and responsibilities.

Based on review of care records RQIA were concerned that the care record training provided to registered nursing staff on 6 September 2023 was not fully embedded into practice. Inconsistencies were evidenced in the care records reviewed. For example, care plans and risk assessments were not updated when one patient had returned from hospital in regards to their changing care needs. Another care plan lacked sufficient detail in regards to a patient's manual handling and skin care needs. Whilst patients were observed to be receiving the care they required, their care plans and risk assessments did not reflect the change in their care needs. This has the potential to adversely impact on care delivery and an area for improvement has been stated for the second time. A number care plans for patients reviewed lacked a patient centred approach.

Observations confirmed that patients who were being nursed in their bedrooms had a call bell 'to hand'. However, care plans reviewed did not clearly indicate if the patients could use a call bell to alert staff or not. There was no documentation to evidence that patients who were nursed in their bedrooms, particularly if they are unable to use their call bell, were being adequately supervised over a 24-hour period and the checks in place overnight were not contemporaneous in relation to times recorded. This area for improvement has been stated for the third time. At the meeting with RQIA the management explained that a new system of regular 30 minute checks, supported by new documentation, had been put in place for those patients unable to summon assistance.

Wound care records had improved, however, for one patient the documented dressing and frequency was not in keeping with the care plan or professional recommendations. Inconsistencies were noted between the wound care plan and the wound assessment chart. RQIA were not assured that the process for the management of wounds and record keeping was robust. This area for improvement has been stated for the second time.

A review of equipment in the home evidenced that staff were unclear of the system in place for the cleaning of equipment between use. On observation, some pieces of equipment were not effectively cleaned. RQIA were concerned as this was an area for improvement that had been assessed as met at the previous inspection; it was now evident that the improvement had not been sustained. This was brought to the attention of the manager and a new area for improvement was identified.

As full compliance had not been achieved by the compliance date on the FTC notice an intention to issue a Notice of Proposal (NOP) meeting, to place conditions on the registration of Parkdean, was arranged. This meeting was held on 23 November 2023 and the NOP Notice was issued on 29 November 2023

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	*3	*1

*the total number of areas for improvement includes two under the regulations that have been stated for a second time and one under the standards that has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Clare McBride, 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 16 (1) Stated: Second time To be completed by: 1 February 2024	<p>The registered person shall ensure individual patient care plans and risk assessments are written with sufficient detail to direct the care required to meet the patient's needs.</p> <p>Ref: 5.1 and 5.2</p> <p>Response by registered person detailing the actions taken: The care plans have been allocated to the Registered Nurses following the completion of training and supervisions in care planning. Each Nurse is responsible for assessing the risk of each of their allocated residents and using this information in conjunction with professional multi-disciplinary advice, will then feed this into a plan of care. This information must be person centred and must be in sufficient detail so as to provide a system of direct and simple directions enabling both Registered Nurses and Care Staff to understand and complete the care for the resident. This information must then be reviewed and updated as the needs of the patient change or monthly if this is not the case.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 1 February 2024	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1 and 5.2</p> <p>Response by registered person detailing the actions taken: Wound care audits are conducted weekly to oversee record keeping in relation to wound management. A wound care tracker has been established to track dates, changes, assess the completeness of documentation and identify areas for improvement. Furthermore, specific guidelines have been introduced for the Nursing staff by the Senior Management Team (SMT) to assist with wound care and documentation procedures. Training has also been provided to the Registered Nurses focusing on wound assessment, management and effective record keeping practices. Individual supervision sessions are also underway to assess skills on wound assessment, management and record keeping. Any gaps identified will then feed into the delivery of supervision sessions conducted by the SMT. The Care Home Support</p>

	Team (CHST Belfast Trust) have been integral in directing the staff regarding this process.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that patient equipment is effectively decontaminated between each use.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: A system has been implemented whereby the cleaning schedule is displayed and must be signed each night by the Nurse in charge to confirm completion of the cleaning regime. Any gaps in the cleaning schedule must be reported and consideration given to rationale for same. Legitimate reason for deviating from the regime will allow for the cleaning of equipment to be reallocated to ensure all equipment is regularly cleaned. Non adherence to this role may result in disciplinary action.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Third time To be completed by: 1 February 2024	<p>The registered person shall ensure that a system is in place to monitor call bell response 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: 5.1 and 5.2</p> <p>Response by registered person detailing the actions taken: An audit of call bells has been implemented which identifies any breach of the accepted response time. Any such breaches will be investigated allowing for busy periods but not withstanding that staff should respond to the call bell in the first instance even if they need to complete a task and then return to address the resident's request. Residents who are unable to utilise the call bell system have been identified and are checked every 30 minutes by staff whom are allocated to each floor. A breakdown audit has also been implemented to highlight areas for action however "on the spot checks" will continue to ensure call bells are answered in a suitable time given the personalised needs of the resident.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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