

Inspection Report

16 October 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/Registered Provider: Parkdean Responsible Individual: 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: 48
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 16 October 2023 from 9.30 am to 4.00 pm. The inspection was carried out by two care inspectors.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice (FTC Ref: FTC000215) issued on 14 August 2023 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 16 October 2023.

The FTC Notice was issued following an unannounced care inspection of Parkdean on 1 August 2023. This inspection evidenced significant concerns in relation to the governance and oversight in the home and the lack of progress with the areas for improvement identified during previous care inspections conducted on 23 November 2021, 26 April 2022 and 13 April 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.

This was due to concerns in relation to reporting of adverse incidents to the BHSCT, internal reporting, compliance with adult safeguarding procedures and staffing arrangements relating to roles and responsibilities.

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 FTC Notice. RQIA considered the information and a decision to extend the compliance date of the FTC notice, FTC Ref: FTC000215 (E), was issued. Compliance is required to be achieved by 14 November 2023.

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 the manager Clare McBride, and to Emer Bevan, responsible individual (RI), at the conclusion of the inspection.

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. 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 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.

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 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time	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: <ul style="list-style-type: none"> • Access to thickening agents • Unnamed toiletries in communal bathrooms / toilets • Access to the fridge in the unit 	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced this area for improvement was met as stated.	
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.	Carried forward
	Action taken as confirmed during the inspection: This area for improvement is carried forward for assessment on or around the 14 th of November 2023 as part of the extended FTC notice.	
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. 	Carried forward

	Action taken as confirmed during the inspection: This area for improvement is carried forward for assessment on or around the 14 th of November 2023 as part of the extended FTC notice.	
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: This area for improvement is carried forward for assessment on or around the 14 th of November 2023 as part of the extended FTC notice.	Carried forward
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: This area for improvement is carried forward for assessment on or around the 14 th of November 2023 as part of the extended FTC notice.	Carried forward
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: This area for improvement is carried forward for assessment on or around the 14 th of November 2023 as part of the extended FTC notice.	Carried forward

Area for improvement 2 Ref: Standard 46 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Observation during the inspection evidenced this area for improvement was met as stated.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure robust arrangements are in place to ensure one to one care is provided as required and breaks for staff providing this care are appropriately covered.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated.	
Area for improvement 4 Ref: Standard 18 Stated: First time	The registered person shall ensure that bedrail risk assessments rationalise use where a risk is identified. Care plans should direct staff on the safe use of bedrails.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as stated.	

5.2 Inspection findings

FTC Ref: FTC000215

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 evidenced
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:

Claire McBride has been appointed as the manager of the home since 13 August 2023.

A system of audits had been introduced to the home however, some of these audits had only been completed once and some of those reviewed failed to sufficiently identify deficits. For example, wound care audits, care record audits and the mattress audits. In addition, audits to review repositioning records or activities had not been commenced.

Some audits reviewed did not have clear, time specific action plans; some were not dated to indicate when the appropriate actions had been taken and the manager's oversight was not clearly demonstrated.

A review of records evidenced that the majority of staff, had their annual appraisal completed. The manager confirmed that the outstanding staff appraisals would be completed after this inspection.

Review of records, observations and discussion with management and nursing staff evidenced that record keeping and accountability training had been provided. The management team were monitoring this to ensure that the training was being embedded into practice. Progress had been made, with a number of areas for improvement being assessed as met.

However, four regulations and one standard still require to be met as follows:

Review of records evidenced that a number of care plans were not being updated following review of the risk assessments. For example, for one patient no care plan was in place to guide staff on the management of an acute condition and where it had been identified that a patient had experienced some weight loss, it was unclear what actions had been taken by the nursing staff in response to this. Details were discussed with the manager; due to the extension of the FTC notice this area for improvement is carried forward for further review at the next inspection.

Inconsistent recording of the frequency of repositioning and gaps in the recording on the repositioning charts was evident. Details were discussed with the manager; due to the extension of the FTC notice this area for improvement is carried forward for further review at the next inspection.

A review of wound care records evidenced that nursing staff continued to be inconsistent in their recording of wound assessment charts and in recording their evaluation of the delivery of care. Details were discussed with the manager; due to the extension of the FTC notice this area for improvement is carried forward for further review at the next inspection.

It was good to note that a full time activity therapist had been employed and an activity planner for patients was in place. The need to enhance the contemporaneous record of activities provided for patients was discussed with the manager. Details were discussed with the manager; due to the extension of the FTC notice this area for improvement is carried forward for further review at the next inspection.

A review of records evidenced that a system was in place for monitoring call bells, however, corrective action taken was not clearly documented nor was there evidence of supervision for those patients who were unable to use the call bell. Details were discussed with the manager; due to the extension of the FTC notice this area for improvement is carried forward for further review at the next inspection.

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	4*	1*

* the total number of areas for improvement includes four under the regulations and one under the standards that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire McBride, manager, and the senior management team as part of the inspection process. The timescales for completion are stated on the FTC Notice as being 14 November 2023.

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: First time To be completed by: 14 November 2023	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. Ref: 5.1 and 5.2
	This area for improvement is carried forward for assessment on or around the 14th of November 2023 as part of the extended FTC notice.
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 14 November 2023	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. Ref: 5.1 and 5.2
	This area for improvement is carried forward for assessment on or around the 14th of November 2023 as part of the extended FTC notice.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 14 November 2023	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. Ref: 5.1 and 5.2
	This area for improvement is carried forward for assessment on or around the 14th of November 2023 as part of the extended FTC notice.

<p>Area for improvement 4</p> <p>Ref: Regulation 18 (2) (n) (i) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 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. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.1 and 5.2</p> <p>This area for improvement is carried forward for assessment on or around the 14th of November 2023 as part of the extended FTC notice.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 14 November 2023</p>	<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>This area for improvement is carried forward for assessment on or around the 14th of November 2023 as part of the extended FTC notice.</p>



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