

Unannounced Care Inspection Report 17 November 2016



Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4AN
Tel no: 028 9037 0406
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Parkdean took place on 17 November 2016 from 10.30 to 15.00 hours.

The focus of this inspection was to follow up on the issues identified during the previous care inspection on 04 August 2016.

Significant improvements were evidenced in the governance and management arrangements in the home. Sufficient time had been allocated for management duties and this should be kept under review. The quality of nursing and other services provided were monitored and audited on a regular basis. Patient's assessment of needs and care plans were in place and reviewed appropriately.

There was evidence of improved communication systems including; staff appraisal and supervision, staff meetings and patient/relatives meetings. Mandatory training requirements were met. The comments received from one member of staff member require consideration and follow up by the acting manager.

There was evidence of competent and safe delivery of care on the day of inspection. Patients were complimentary regarding the care they received and life in the home. Those 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.

The home was found to be warm, fresh smelling and clean throughout.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Lilibeth Moffett, acting manger, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 04 August 2016. As a consequence of the findings of this inspection, the registered persons were invited to a meeting at RQIA to discuss the inspection findings and to present a detailed action plan which would bring the home back into compliance. This meeting took place on 18 August 2016. RQIA considered the assurances provided and agreed to give senior management a period of time in which to implement this action plan. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Parkdean/Mrs Emer Bevan	Registered manager: See box below
Person in charge of the home at the time of inspection: Mrs Lilibeth Moffett	Date manager registered: Mrs Lilibeth Moffett – application not yet submitted
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 64

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- the action plan submitted following the last inspection
- pre inspection assessment audit.

During the inspection we met with 20 patients, three relatives, three registered nurses, six care staff and one domestic staff.

Ten patients, 10 staff, and 10 relatives' questionnaires were left for distribution. Ten patients, six staff and seven relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- accident and incident records
- notifiable events records
- complaints and compliments records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and has been validated at this inspection. Please refer to section 4.2.

4.2 Review of requirements and recommendations from the last care inspection dated 04 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (a) (b) Stated: Second time	The registered person must ensure that patient' care needs assessments are reviewed and updated appropriately.	Met
	Action taken as confirmed during the inspection: A sample of five patients care records were reviewed and evidenced that needs assessments had been reviewed and updated appropriately.	
Requirement 2 Ref: Regulation 16 Stated: First time	The registered provider must ensure that a written care plan, reflective of all needs of the patient is established and is also kept under regular review.	Met
	Action taken as confirmed during the inspection: The inspector reviewed five patients care records and can confirm that written care plans were in place, that they reflected all the patients care needs and were kept under regular review. Significant improvements were observed in the management of care records and this is commended.	

<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that sufficient management hours have been allocated to the registered manager to enable her to carry out her management responsibilities.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and review of staff duty rotas for weeks commencing 24 and 31 October and 07 and 14 November 2016 evidenced that the majority of hours worked by the acting manager were allocated to managerial responsibilities. Approximately two/three afternoons per week were allocated to clinical duties. The acting manager confirmed that this arrangement was working well and she felt she had sufficient time to fulfil management duties. Significant improvements were observed in the overall management and governance systems since the previous inspection. It was agreed that the management hours allocated to the acting manager would be kept under review.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that all staff receives mandatory training and other training appropriate to the work they are to perform. This includes training in the following:</p> <ul style="list-style-type: none"> • safeguarding vulnerable adults • dementia awareness • the management of challenging behaviours • COSHH. <hr/> <p>Action taken as confirmed during the inspection: Staff training records evidenced that mandatory training had been completed by all staff. Additional training had been provided for all relevant staff in dementia awareness, the management of challenging behaviours, pressure ulcer awareness and pain management</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.2 Stated: Second time	<p>The policy for continence should be further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN catheter care guidance for nurses. 	Met
	<p>Action taken as confirmed during the inspection: The policy for the management of continence had been reviewed and included reference to best practice guidance as outlined in the recommendation made.</p>	
Recommendation 2 Ref: Standard 4.9 Stated: Second time	<p>It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p>	Met
	<p>Action taken as confirmed during the inspection: Bowel function, reflective of the Bristol Stool Chart was recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered provider must ensure that when restraint and/or restrictive practices are used that;</p> <ul style="list-style-type: none"> • risk assessments are completed and regularly reviewed • the risk assessment informs the care planning process • the intervention is proportionate to the level of harm or risk • the least restrictive approach is used • full account is taken of the patient's capacity to consent to the proposed intervention. • appropriate and accessible information is provided to the patient's representative regarding any best interest decisions made. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that all relevant risk assessments had been completed for bedrails, pressure mats and lap straps as appropriate. Risk assessments were evidenced to be updated as required on a regular basis. There was evidence of written consent for all restrictive measures used to maintain patient safety in the home.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • staff meetings are maintained at least quarterly • minutes of the meetings are maintained which include the date of the meeting, the names of those attending minutes of discussion and any actions agreed • minutes of the meetings should be made available to any staff unable to attend. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed that staff meetings were planned to take place at least quarterly. Review of the minutes of staff meetings held since the previous inspection evidenced that meetings had taken place on various dates with different grades of staff. The acting manager confirmed that the minutes of meetings were made available to any staff unable to attend.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • patients' and / or patient representative meetings are held on a regular basis • minutes of the meetings are maintained which include the date of the meeting, the names of those attending minutes of discussion and any actions agreed • minutes of the meetings should be made available to any staff unable to attend. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed that patient/relatives meetings had been held on the first Wednesday of each month. We reviewed a sample of the minutes of a meeting held on 11 September 2016 and evidenced that these had been maintained appropriately.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p>	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • staff induction records are signed and dated by both the inductee and the inductor • the registered manager counter-signs all completed induction records to ensure inductions have been completed to a satisfactory standard. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Three staff induction records were reviewed and found to be maintained appropriately.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a staff supervision and appraisal planner is in place for 2016 that identifies the name of each staff member and the dates of planned supervision and appraisal meetings.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A staff supervision and appraisal planner was in place for 2016 and evidenced that the majority of staff had completed supervision and appraisal meetings for the current year.</p>		

<p>Recommendation 8</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p>	<p>The registered provider must ensure a review of the methods used to deliver mandatory training has been carried out to ensure a variety of different methods, including face to face and audio-visual is deployed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting manager and review of training records evidenced that a combination of audio-visual and face to face training had been deployed. The acting manager had sourced additional training provided by the Trust, for example registered nurses and care staff had attended pressure ulcer prevention training and registered nurses had attended pain management training in November 2016.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a review of the dining experience is conducted with particular reference to the number of meal sittings and the choice of dining area for patients currently seated in the smaller lounge.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting manager and review of the lunchtime meal service evidenced that the meal was managed efficiently in a calm and relaxed atmosphere. A review of the dining experience had been carried out and more appropriate use had been made of the smaller dining room. Patients told us that they enjoyed their lunch and had no complaints regarding meals or mealtimes.</p>		

<p>Recommendation 10</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a programme of activities provides positive and meaningful outcomes for patients and is based on their identified needs, life experiences and interests. The duration of each activity and the daily timetable takes into account the needs and abilities of the patients.</p> <p>Action taken as confirmed during the inspection: An activities co-ordinator, employed by the company, came into the home to provide activities two days per week. At all other times a care assistant from each unit was allocated to provide activities.</p> <p>A programme of activities was displayed and there was evidence that patients were enabled to participate through the provision of equipment, aids and support from staff. A number of patients were observed taking part in a quiz, bowling and other games on the afternoon of the inspection and stated they enjoyed the activities. Staff were observed chatting to patients in the lounges and responding to the patients individually. It was evident from patients' responses to staff that they enjoyed the engagement with staff.</p>	<p>Met</p>
<p>Recommendation 11</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>The registered provider must ensure that working practices are systematically audited to ensure they are in accordance with legislative requirements, DHSSPS standards and other standards set by professional bodies and standard setting organisations.</p> <p>Action taken as confirmed during the inspection: There was evidence of regular monthly audits of care records, accidents/incidents, complaints and infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.</p>	<p>Met</p>

<p>Recommendation 12</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered provider must conduct a review of the provision of lifting hoists to ensure there is sufficient equipment is in place and that patients are assisted in a timely manner.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the provision of lifting hoists had been conducted and a new lifting hoist had been purchased and was operational in the home at the time of the inspection.</p>		
<p>Recommendation 13</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person must review the current report maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 to ensure that staff and patient confidentiality is not breached.</p> <p>The registered person should refer to guidance provided by RQIA on www.rqia.org.uk</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of monthly monitoring reports for September and October 2016 evidenced that these reports had been maintained appropriately.</p>		

4.3 Additional Areas

As part of the inspection process, we met with 20 patients, three relatives, and 10 staff. We also issued questionnaires to staff, patients and their representatives. Six staff, 10 patients and seven relatives completed and returned questionnaires within the required time frame.

Patients were complimentary regarding the care they received and life in the home. Those 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.

Some comments are detailed below:

Patients

- “I’m very satisfied with the care.”
- “My minister comes to visit regularly.”
- “I am no bother; I do my own things and am happy here. It’s a nice place.”
- “Manager is always walking about to keep in touch with all residents and ensure safety of everybody.”
- “I attend communion every Sunday. It is held in the home.”
- “We’re all like family. You can say what you want.”
- “This is the best nursing home around. You couldn’t get anywhere better.”

Staff

- “Sometimes we don’t have enough staff.”
- “I’m very happy working here.”
- “Management are very approachable and issues are dealt with when identified.”
- “I find communication is sometimes not great. Information is sometimes not passed onto carers.”

The comments made by one member of staff were discussed with the acting manager for follow up as appropriate.

Relatives

- “We’re very happy with the care our mother is receiving.”
- “Staff are very good. I have no complaints.”
- “This is a very good home.”
- “I feel my mum is very well looked after at all times and with great dignity. All staff and nursing staff have been excellent.”

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 found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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