

Inspection Report

20 February 2024



Parkdean

Type of service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4AS
Telephone number: 028 9037 0406

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amstecos Ltd Responsible Individual Mrs Emer Bevan	Registered Manager: Mrs Clare McBride Date registered: 2 February 2024
Person in charge at the time of inspection: Mrs Clare McBride	Number of registered places: 64 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.
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: 36
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 20 February 2024 from 9.50 am to 6.10 pm by two care inspectors.

On 3 January 2024, RQIA imposed conditions on the registration of Amstecos Limited. One of the imposed conditions on the registration of Parkdean requires that *full compliance is achieved with the actions required within the Failure to Comply Notice (FTC), (Ref: FTC000215 (E)) issued on 14 August 2023, which includes compliance with the Quality Improvement Plan (QIP).* This inspection was undertaken to assess compliance with the actions within the FTC and to assess the progress made 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 home was well led.

As a result of this inspection it was determined that Amstecos Ltd had failed to ensure full compliance with conditions imposed on their registration, specifically compliance with the actions required within the FTC notice and QIP. A robust audit system had not been developed to identify deficits in care delivery including those relating to wound management and care records; and that audits were ineffective in improving the care records and outcomes for patients. For example, there was insufficient evidence that actions had been taken to address audit findings and oversight of the audit process, to drive the necessary improvements, was absent. RQIA determined that the management could not demonstrate that the home was well led and that this has impacted on the delivery of safe, effective and compassionate care to the patients in the home.

On 21 February 2024, RQIA received information, from the Trust, raising significant concerns about patients' skin care, wound management, cleanliness, staffs' recognition of the deteriorating patient/end of life care and meaningful engagement for patients remaining in their bedrooms. These concerns have continued to be raised during the Trust's quality monitoring visits to Parkdean since July 2023.

Despite the support from RQIA, and the Trust, and the focus on the areas for improvement, it was evident that the home remains unable to demonstrate the delivery of safe, effective, compassionate and well led care.

RQIA met with the Responsible Individual, Mrs Emer Bevan, the Registered Manager, Ms Clare McBride and the Regional Operations Manager on 4 March 2024 with the intention of issuing a Notice of Proposal (NOP) to cancel the registration of Amstecos Ltd in respect of Parkdean.

During the meeting RQIA did not receive the necessary assurances required and a Notice of Proposal (NOP Ref: NOP000115) to cancel the Registration was issued on 6 March 2024. Information regarding RQIA's enforcement procedures can be found on our website

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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 management team.

4.0 What people told us about the service

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.

Patients told us staff were "friendly". Patients said that they would have no issues in raising any concerns with staff.

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 15 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (1) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second 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.	Not met
	Action taken as confirmed during the inspection: A review of wound care records evidenced that this area for improvement was not met and has been stated for a third time. This is discussed further in section 5.2.1 of this report.	
Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that patient equipment is effectively decontaminated between each use.	Not met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and has been stated for a second time. This is discussed further in section 5.2.2.	

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: Third time	<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>	Not met
	<p>Adequate supervision is evidenced for those patients unable to use the call bell effectively.</p>	
	<p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met.</p> <p>This area for improvement has been subsumed into an area for improvement under regulation. This is discussed further in section 5.2.2.</p>	
Area for improvement 2 Ref: Standard 29 Stated: First time	<p>The registered person shall ensure records of prescribing of thickening agents include the recommended consistency of fluids. Records of the administration of thickening agents by care assistants should be accurately maintained and readily available for review.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration.</p> <p>Ref: 5.2.3</p>	Met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.</p>	

5.2.1 Care records and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients and to provide a handover to any staff coming on duty. Staff were knowledgeable of individual patient's needs, their daily routines, wishes and preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients were well presented in their appearance and told us that they were happy living in the home.

A review of a sample of care plans evidenced that these were sufficiently detailed to direct the required care therefore an area for improvement previously stated was met. However, care plans still contained information of a generic nature and/or information that was not required. This was discussed with the senior management team at feedback.

Patients' records continued to evidence a lack of consistency in recording the management of wounds. For example, photographs of wounds to measure progress/deterioration were missing; wound dressing regimes recorded in wound assessment records did not correlate with the patient's care plan; and neither wound evaluation notes or the care plan review notes provided a rationale for changes made to the wound dressings currently in use.

Amstecos Ltd have failed to meet the minimum Standard 21 of the Care Standards for Nursing Homes (2022), in relation to wound care, since 23 November 2021. Following a period of continued non-compliance, against Standard 21, RQIA took a further step to drive improvements by incorporating wound care into an area for improvement under the Nursing Homes Regulations (Northern Ireland) 2005 (the Regulations), following an inspection on 1 August 2023.

Despite RQIA utilising its full range of stepped enforcement powers to support Amstecos Ltd, to improve outcomes for patients, the necessary improvements have not been realised.

Observations confirmed that patients who were being nursed in their bedrooms had a call bell 'to hand' and there was evidence recorded that regular checks were being carried out by staff on patients unable to use their call bells over a 24-hour period. It was noted that a call bell audit was completed to ensure staff responded to call bells in a timely manner. However, when the call bell audits completed in January 2024 were reviewed, RQIA were unable to determine if the management team had addressed the identified deficits. This area for improvement has now been subsumed into an area for improvement under the regulations. At the meeting with RQIA the management oversight and governance audits were discussed. This information can be found in section 5.2.3 of this report.

5.2.2 Management of the Environment and Infection Prevention and Control

A sample of bedrooms, bathrooms and communal areas in the home were reviewed. The home was warm and well lit and it was positive to note that the painting and decorating of some of the bedrooms had been planned.

Equipment such as wheelchairs, some raised toilet seats and bed rail bumpers had not been effectively cleaned. Items such as, dressings and creams were stored in containers on the floor within three patients' bedrooms. This had been discussed with the management team during previous inspections and assurances had been given this would be addressed. Specific details were shared with the manager who also observed the inappropriate storage. An area for improvement was stated for a second time regarding Infection Prevention and Control (IPC) and a new area for improvement has been identified regarding storage of topical preparations and dressing materials.

A number of wheelchairs and other combustible items such as a cushion and a privacy blind was stored under the stairwell. A hoist was observed blocking a fire exit route and in the kitchen corridor, inappropriate storage of waste bins and cleaning equipment was impeding the fire exit. These concerns regarding fire safety practices were brought to the attention of the regional manager who arranged for the fire exit routes to be cleared immediately. However, an area for improvement in regards to fire safety practices was identified.

5.2.3 Management and Governance Arrangements

RQIA have monitored the quality of care in Parkdean through inspections in April, August and November 2023. It was positive to note that the manager had registered with RQIA since 2 February 2024, following some management turnover over the last year. The monthly monitoring reports continued to be submitted to RQIA in accordance with the conditions of registration and no admissions had taken place.

Following the inspection in August 2023, RQIA issued a Failure to Comply (FTC) notice in relation to a breach with Regulation 10 (1) of the Regulations on 14 August 2023. Despite permitting Amstecos Ltd the maximum time period afforded within the legislation (three months), sufficient evidence could not be provided to demonstrate that compliance with the actions outlined in the FTC notice had been achieved.

As a result of the continued lack of compliance, RQIA imposed conditions on the registration of Amstecos Ltd in respect of Parkdean. The conditions on registration came into effect on 3 February 2024.

One of the imposed conditions on the registration of Parkdean requires that *full compliance is achieved with the actions required within the Failure to Comply Notice (FTC), Ref: FTC000215 (E) issued on 14 August 2023, which includes compliance with the Quality Improvement Plan (QIP).*

As stated previously this inspection reviewed compliance with the actions in the FTC notice, first issued on 14 August 2023. It was RQIA's determination that Amstecos Ltd has failed to ensure full compliance with the actions required within the FTC notice.

A robust audit system had not been developed to identify deficits in care delivery (to include wounds and care records); where deficits had been identified there was insufficient evidence that actions had been taken to address them; and the manager could not demonstrate evidence of their oversight of the audits and associated actions plans in order to drive the necessary improvements.

The audits were ineffective in improving the records and outcomes for patients.

On 21 February 2024 RQIA received information from the Trust raising significant concerns about patients' skin care, wound management, cleanliness, recognition of the deteriorating patient/end of life care and meaningful engagement for patients remaining in their bedrooms. These concerns have continued to be raised during the Trust's quality monitoring visits to Parkdean since July 2023.

Despite RQIA utilising its full range of stepped enforcement powers to support Amstecos Ltd, and to improve outcomes for patients, the necessary improvements have not been realised.

Despite the support from RQIA, and the Trust, and the focus on the areas for improvement, Amstecos Ltd have been unable to demonstrate the delivery of safe, effective, compassionate and well led care over time. It is RQIA's determination that patients are suffering avoidable harm in Parkdean

Following a meeting with RQIA on 4 March 2024 Notice has been given under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, (the 2003 Order) that RQIA proposes to cancel the registration of Amstecos Limited in relation to Parkdean.

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	5*	0

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Clare McBride Registered Manager and Mrs Emer Bevan Responsible Individual, 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 13 (1) (a) (b) Stated: Third time To be completed by: 20 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 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In keeping with Regulation 13 (1) (a) and (b), Parkdean nursing team has been working to promote and make proper provision for the nursing, health and welfare of patients; and to make proper provision for the nursing and where appropriate, treatment and supervision of patients. To further enhance this process - wound management records contain photographs and nurses are reminded of the necessity to take accurate measurement taken each time the wound is assessed showing deterioration or improvement. Constant communication with Tissue Viability Nurses (TVN) will ascertain if a care regime needs to be amended. Wound dressing regimes are cross checked against care plans and the rationale for a change in dressing is included in the evaluation and care plan. Wounds must be redressed & recorded using the BESSOP principle and multiple wounds must each have their own wound chart and care plan. Any questions regarding wound management should be addressed with TVN and Care Home Support Team (CHST) in conjunction with NI Wound Care Formulary.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: 20 February 2024	<p>The registered person shall ensure that patient equipment is effectively decontaminated between each use.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In keeping with Regulation 13 (7) whereby suitable arrangements must be in place to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff, a comprehensive cleaning regime has been implemented to allow equipment to be cleaned at regular intervals. Residents who require a wheelchair have been allocated one for their use. This equipment is cleaned as per</p>

	the equipment cleaning regime. Equipment such as hoists or other moving and handling equipment will also be cleaned after each use to minimise the risk of infectious diseases spreading between patients and staff. A Standard Operating Procedure (SOP) has been introduced to outline this detail for all staff and a decontamination schedule has been implemented. This is monitored as part of the infection control audit.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 20 February 2024	<p>The registered person shall ensure appropriate action is taken and evidenced when a deficit is identified through the auditing process. This is stated in reference to, but not limited to, the call bell audits.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A comprehensive action plan is completed following the audit process. During the previous inspection the inspector has stated that the date the actions were completed. To address this issue, an additional column will be added to the Audit summary sheet to record the date when the actions have been completed.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2024</p>	<p>The registered person shall ensure the storage of combustible items under the stairwell ceases with immediate effect and that all fire exits and fire exit routes are maintained free from obstruction.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The storage of metal wheelchairs which are non-flammable but do have plastic handles and seats had been stored under the stairwell rather than in the exit route. This was so as to avoid blocking living areas. These were removed on the day of the inspection until the Fire Officer can check during the next Fire Risk Assessment. The mop buckets which were placed outside of the kitchen area have also been moved into a side store.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2024</p>	<p>The registered person shall review the storage arrangements for topical preparations and wound dressings in the home and ensure these are not stored in containers in patient bedrooms.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: In keeping with Regulation 27 (2) (l) which requires suitable storage provision for the purposes of the nursing home; topical creams stored in have been removed from patient's bedrooms and stored in a central location in the treatment room.</p>

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