

# Inspection Report

21, 26 and 27 April 2022



## 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

<b>Organisation/Registered Provider:</b> Parkdean  <b>Responsible Individual:</b> Mrs Emer Bevan	<b>Manager:</b> Ms Farah Vergara – not registered
<b>Person in charge at the time of inspection:</b> Ms Farah Vergara	<b>Number of registered places:</b> 64
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 48
<b>Brief description of the accommodation/how the service operates:</b> 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 21 April 2022, from 9.40am to 2.10pm by a pharmacist inspector and on the 26 and 27 April 2022 by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to share their experiences of living in the home and expressed positive opinions about the home and the care provided. Patients said that staff were helpful and friendly in their interactions with them.

RQIA were assured that patients were cared for in a compassionate manner by staff who knew and understood their assessed needs.

The findings of this report will provide the registered person and manager with the necessary information to improve staff practice and the patients' experience.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed

New areas requiring improvement were identified and these are detailed within the main body of the report and in the Quality Improvement Plan (QIP) in Section 6.0.

### **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.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Staff told us they enjoyed working in Parkdean and that team work 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.

Patients spoke positively about the care that they received and told us staff were "very good" and "friendly." Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. The majority of patients spoken with expressed satisfaction in relation to their dining experience within the home; patient feedback concerning this aspect of service provision was discussed with the manager for consideration and action, as needed.

A relative spoken with was happy with the Care Partner arrangements and the care their relative was receiving.

Four resident/relative questionnaires were returned within the specified timescale and indicated that respondents were happy with the services provided in the home. Some questionnaire feedback in relation to the provision of activities was shared with the manager for further consideration and action, as needed. 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 23/11/2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that the current system for monitoring staff registration is reviewed to ensure it is robust. This is to ensure no nurse or care staff is working in the home unless they are either in the process of applying to enter the NISCC register; or on the 'live' register for NISCC or NMC.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records during and following the inspection evidenced that a system was in place for monitoring staff registrations.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (5)  <b>Stated:</b> First time	The registered person shall ensure that when staff complete electronic records they log off when leaving the office to ensure patient information is only accessible to those with permission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed to log off the computer system after use. An automatic locking system was also introduced when the computer was inactive.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that the care records were reviewed by the registered nurses.</p>	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	<p>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:</p> <ul style="list-style-type: none"><li>• food and fluid thickening agent and cleaning chemicals should be securely stored</li><li>• damaged electrical sockets should be reported and fixed in a timely manner.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement was met.</p>	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"><li>• donning and doffing of personal protective equipment</li><li>• appropriate use of personal protective equipment</li><li>• staff knowledge and practice regarding hand hygiene.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> Observation on staff evidenced that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records and discussion with the manager evidenced that improvements had been made in regards to the use of quality assurance audits; is discussed further in Section 5.2.5.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<b>Partially met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.6 and 48.8  <b>Stated:</b> Second time	<p>The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records and written assurances received following the inspection evidenced this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.4  <b>Stated:</b> First time	<p>The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records and information received following the inspection confirmed this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 18.6  <b>Stated:</b> First time	<p>The registered person shall ensure that an appropriate risk assessment is completed before the use of bed rails.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time	The registered person shall ensure that any patient that requires oral hygiene has their needs met as planned and accurate records of oral care delivery are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this area for improvement was not met Details are discussed further in Section 5.2.2  This area for improvement has not been met and is stated for a second time.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> 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 in the absence of an activity co-ordinator. A contemporaneous record of activities delivered must be retained.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records and discussion with the manager/patients evidenced that this area for improvement has not been met; this is discussed further in Section 5.2.3.  This area for improvement has not been met and is stated for a second time.	



<b>Area for improvement 7</b>  <b>Ref:</b> Standard 40.2  <b>Stated:</b> First time	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 16  <b>Stated:</b> First time	<p>The registered person shall ensure all complaints are dealt with promptly and effectively. Actions taken, whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</p> <p>Patient care plans should be reviewed to ensure the outcomes of complaints are accurately recorded. Evidence should be retained that lessons learned from complaints are shared with staff.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.</p>	
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 37.3  <b>Stated:</b> First time	<p>The registered person shall ensure that monthly monitoring reports accurately reflect the commencing and finishing times of visits untaken.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.</p>	<b>Met</b>

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to ensure that nursing and care staff maintained their registration with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). However, an updated audit of staff registered with NISCC was requested following the inspection, this evidenced that staff were registered.



The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Information received following the inspection confirmed any registered nurses who would take charge of the home in the absence of the manager had completed a specific competency and capability assessment. Records evidenced that staff supervisions had commenced, the manager told us she planned to start the appraisals thereafter. To enable the manager more time to complete these reviews the area for improvement identified at the previous inspection has been carried forward for review at the next care inspection.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. After the inspection the manager confirmed in writing that identified staff had completed training in adult safeguarding, first aid and Deprivation of Liberty Safeguards (DoLS).

Records pertaining to staff participation in fire drills were not available to review. Information received following the inspection confirmed that the majority of staff had attended a fire drill in the last year. Written assurances were provided from the management as to how this was to be addressed and monitored going forward.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

Patients spoke highly about the care that they received and confirmed that staff attended to their needs in a timely manner; patients also said that they would have no issue with raising any concerns to staff.

It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. The one relative spoken with expressed no concerns regarding staffing arrangements in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding.

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. Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known.

Patients who were less mobile were assisted by staff to mobilise or change their position regularly. Records reviewed evidenced a care plan was in place to direct the care required, however, if a pressure relieving mattress was in use there was no record of the settings required. Gaps in the recording of the repositioning of patients were also observed. This was discussed with the manager and an area for improvement was identified.

Review of a sample of wound care records evidenced that referrals were made to other healthcare professionals, such as the Tissue Viability Nurse or Podiatrist. However, review of

one patient's care plan and supplementary wound care records highlighted that these were inaccurate and/or inconsistently completed. This was discussed with the manager and an area for improvement was stated for a second time.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff that the patient requires assistance. Review of records relating to the management of falls evidenced that falls were managed appropriately. However, the post falls protocol for the home required to be updated in line with current guidance. This was discussed with the manager who agreed to address this.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records confirmed that registered nurses managed the use of equipment in line with current guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Lunch was observed to be a pleasant and unhurried experience for the patients. The food served was attractively presented. However, it was noted that meals were not appropriately stored in order to maintain their temperature when being delivered to patients' bedrooms where necessary. This was discussed with the manager and an area for improvement was identified.

Staff were observed attending to patients' dining needs in a caring and compassionate manner, and maintained the necessary records such as food and fluid intake charts. Patients mostly spoke positively in relation to the quality of the meals provided.

Review of patient's records evidenced that these were generally well maintained. However, it was noted that some care plans were not being updated in keeping with best practice; this had the potential to cause confusion in relation to the delivery of patient care. Details were discussed with the manager and areas for improvement were identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced the home was warm, clean, comfortable and fresh smelling. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, clean and tidy. Some signage in the home required to be laminated and a number of identified patient equipment required more detailed cleaning. Details were discussed with the manager who agreed to address these matters.

Fire exits and corridors were observed to be clear of clutter except in one corridor where a piece of equipment was observed stored in front of a fire door. This was addressed by the manager on the day of the inspection who agreed to continue to monitor this.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visitors to the home had a temperature check when they arrived. They were also required to wear Personal Protective Equipment (PPE). Laminated posters displayed throughout the home to remind staff and visitors of good hand washing procedures.

Discussion with staff confirmed that training in IPC measures and the use of PPE had been provided. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not and were not familiar with the correct procedure for the donning and doffing of PPE; or the importance of being bare below the elbow in keeping with best practice. This was discussed with the manager who confirmed she had spoken with the identified staff and she agreed to monitor staff practice going forward.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedrooms. Patients were observed to enjoy listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

The provision of activities for patients was reviewed; the manager told us that an activities therapist was due to commence on a part time basis, one patient said “we watch television.” while another said “we used to do activities but not now.” Discussion with staff and the manager confirmed that there was no formal plan of activities in place for patients and that care staff were allocated to provide some activities in the absence of an activity co-ordinator. Staff spoken with stated that they find it difficult to provide activities while also being required to carry out their caring duties. This was discussed with the manager and area for improvement was stated for a second time.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Farah Vergara has been the acting manager since 25 October 2021.

Staff were aware of who the person in charge of the home was including when the manager is off duty, their own role in the home; and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that on some occasions, RQIA had not been notified as required. This was discussed with the manager and an area for improvement was identified.

It was positive to note that some improvements had been implemented since the last care inspection in regard to the use of quality assurance audits; however, it was agreed with the manager that further time was required to help ensure that this approach was embedded into practice; an area for improvement was partially met and stated for a second time.

Following a review of records and discussion with the manager RQIA were concerned that the manager did not have 'protected' managerial hours to enable her to ensure effective governance and oversight in the home. This was due to her covering nursing shifts as the nurse in charge of the shift. This was discussed with the manager after the inspection and also with the Responsible Individual. RQIA were satisfied with the assurances provided as to how this was to be addressed and will monitor this aspect of the manager's role during subsequent inspection.

There was a robust system in place to manage complaints.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. A copy of these reports was available to view in the home.

### **5.2.6 Medicines Management**

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times, patients' needs may change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission. Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. The management of

medicines prescribed on a “when required” basis for the management of distressed reactions was reviewed for three patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient’s behaviour and were aware that this change may be associated with pain. These medicines were infrequently used.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. The management of thickening agents was reviewed for three patients. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient’s medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. A sample of the medicines administration records was reviewed. The records were found to have been completed to the required standard. The records were filed once completed.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a couple of medicines. The discrepancies were discussed with the manager who gave an assurance that the administrations of these medicines would be closely monitored.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that the staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

## 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 (April 2015)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	6*

\* The total number of areas for improvement includes three that has been stated for a second time and one that is carried forward for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Farah Vergara, Acting 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Parkdean's Manager is given protected Admin hours to ensure the audits maintain the quality of care delivered.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that events are notified to RQIA in accordance with Regulation 30 of The Nursing Home Regulations ( Northern Ireland) 2005</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff were reminded of the necessity to report all notifiable incidents to RQIA and to clarify if an incident necessitates a report with a Director or the Administrator if in any doubt. Additionally, while Parkdean had been operating with a part time reception cover, a full time receptionist has been appointed to assist with Admin duties in sending reportable incidents.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 40.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2022	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref:5.1 and 5.2.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 August 2022</p>	<p>The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meeting held with all nurses and wound care plans were fully discussed. Goldcrest was used within the meeting to demonstrate to staff what was required within the wound care plan. It was reinforced to all nurses the importance of following the plan of care for the wound dressing. Nurses will continue to be reminded about their practice and recording of information about wounds in their individual supervision sessions with the Home Manager.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 August 2022</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 in the absence of an activity co-ordinator. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.1 and 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Challenges with recruitment have resulted in priority being given to Care activities at the expense of other activities. Additionally, continuous covid outbreaks have brought about further staff shortages which have impacted on the provision of activities. As stability has returned, activities have been assigned to an individual within the Home who plans and manages meaningful activities for all residents.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 August 2022</p>	<p>The registered person shall ensure the care plan for those patients in use of a pressure relieving mattress reflects the prescribed pressure setting and monitoring of this setting as required and that repositioning records are contemporaneously recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A new protocol was introduced so that a named staff member audits the mattress settings each morning and reports any deviations from the given setting to the Manager or Maintenance for correction.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that robust arrangements are in place with regard to maintaining the temperature of all meals served to patients when dining in their bedrooms.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The system of trolleys leaving the kitchen has been revised so that fewer meals are sent in one delivery to bedrooms. All meals are taken directly from the Bain Marie ensuring the temperature is sufficient and are all covered with a stainless steel cloche to ensure temperature is maintained. There have been no complaints about temperatures of meals.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 August 2022</p>	<p>The registered person shall ensure that care plans are maintained and updated in keeping with best practice.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Home manager will ensure regular auditing of all care plans. Constant communication with nurses within handovers will highlight any care plans that are in need of review given the changing needs of the resident. Regular audits will ensure all care plans are reviewed within a timely manner.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care