

Inspection Report

25 September 2023



Parkdean

Type of service: Nursing
Address: 44 Fortwilliam Park, Belfast, BT15 4AS
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Parkdean Responsible Individual: Mrs Emer Bevan | Registered Manager: Clare McBride – Not registered |
| Person in charge at the time of inspection: 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: 50 |
| 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 25 September 2023 from 7.35 am to 2.35 pm. The inspection was carried out by two care inspectors.

This inspection was undertaken to monitor the progress 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.

Progress with the actions required were discussed with the manager during the inspection. Deficits with the cleaning and quality of two mattresses were addressed by the end of the inspection. All areas for improvement were carried forward for review at the next inspection.

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, RI, 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 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 "good to them". 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 1 August 2023 | | |
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| 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: | Carried forward to the next inspection |

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| | Access to thickening agents Unnamed toiletries in communal bathrooms / toilets Access to the fridge in the unit | |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| 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 to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| 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 to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| 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. | Carried forward to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 5 | 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. | Carried forward to the next inspection |

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| Ref: Regulation 18 (2) (n) (i) (ii) Stated: First time | A contemporaneous record of activities delivered must be retained. | |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| 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. | Carried forward to the next inspection |
| | Adequate supervision is evidenced for those patients unable to use the call effectively. | |
| | 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. | |
| 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. | Carried forward to the next inspection |
| | 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. | |
| 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. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 4 Ref: Standard 18 | 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. | Carried forward to the next inspection |

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| Stated: First time | 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. | |
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Since the last inspection, on 31 August 2023, a number of systems had been put in place with the aim of improving communication and ensuring appropriate delegation of duties within the home. This included the review of handovers and the implementation of a twice daily safety huddle conducted by the manager or senior nurse.

The handover was observed and improvements were noted in the level of detail provided by the nurses. However, methods to further enhance the handover for care staff were discussed with the manager.

The manager told us safety huddles were completed with the staff. These had been implemented from the 31 August 2023. A review of records evidenced that safety huddles were not consistently taking place. The benefit of ensuring the safety huddles took place on at least a daily basis was discussed with the manager who agreed to address this.

A review of staff allocation indicated that staff had been allocated to specific floors in the home, Staff were observed on each floor and were seen to be utilising the office spaces that had been created; staff were visible and available for patients. Staff spoke positively about the use of the new office spaces and how it improved the observation of patients across the whole home.

Patients made positive comments about staff and said they were “very good” and “they are great”. Some patients spoken with discussed difficulties they experienced during the night time regarding having a wait for assistance on occasions. These comments were passed to the manager to review and address as needed.

5.2.2 Care Delivery and Record Keeping

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtimes observed was a pleasant and unhurried experience for the patients. The food served at breakfast and lunch time was attractively presented and smelled appetising and portions were generous.

There was a variety of drinks available. Staff attended to patients needs in a caring manner. The patients commented positively about the food.

Observation of a sample of bedrooms identified that two mattresses required to be reviewed due to the need to internal fabric of the mattresses being compromised and the surface of others requiring more detailed cleaning. This was brought to the attention of the senior nurse who confirmed that these were addressed by the end of the inspection. The manager provided assurances that an audit of all mattresses had been commenced to ensure mattresses were in good condition and fit for purpose. Progress in this area will be reviewed at the next inspection.

5.2.4 Quality of Life for Patients

A full time activity therapist had commenced working, since the last inspection, and the development of the activity schedule was underway. Patients spoken with commented positively in regards to the activities on offer and one patient told us he had enjoyed the recent art class he attended.

Staff were observed to be friendly in their interactions with patients and were observed to treat patients with kindness and respect.

5.2.5 Management and Governance Arrangements

There has been no change in management arrangements since the last inspection on 31 August 2023. Senior nursing support was in place along with support from senior care staff from sister homes within the organisation. A representative from the BHSCT was also providing daily support to the home's management team.

The manager told us she felt supported in her role by the RI and the home's Human Resources team.

Progress made with the existing action plan and quality improvement plan was discussed with the manager and RI for information and appropriate action.

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 |
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| Total number of Areas for Improvement | 5* | 4* |

* the total number of areas for improvement includes five under regulation and four under the standards which are carried forward for review at the next inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time To be completed by: With immediate effect | 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 Ref: 5.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 October 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 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 10 October 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 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p> | <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</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 18 (2) (n) (i) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 10 October 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</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</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: With immediate effect</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 effectively.</p> <p>Ref: 5.1</p> <p>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.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>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.</p> <p>Ref: 5.1</p> <p>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.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>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.</p> <p>Ref: 5.1</p> <p>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.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>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.</p> <p>Ref:5.1</p> <p>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.</p> |



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