



The **Regulation** and  
**Quality Improvement**  
Authority

**Parkdean**  
**RQIA ID: 1280**  
**44 Fortwilliam Park**  
**Belfast**  
**BT15 4AN**

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**Unannounced Care Inspection  
of  
Parkdean**

**25 November 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 25 November 2015 from 09.45 to 17.40. The focus of this inspection was continence management which was underpinned by selected criterion from DHSSPS Care Standards for Nursing Homes, April 2015:

Standard 4: Individualised Care and Support  
 Standard 6: Privacy, dignity and Personal Care  
 Standard 21: Health Care.  
 Standard 39: Staff training and development.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 May 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	8*

\*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the deputy manager, Lilybeth Moffett, as part of the inspection process. Further information was clarified through a phone call to the registered manager, Margaretha Erasmus, on 16 December 2015. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Parkdean Emer Bevan	<b>Registered Manager:</b> Margaretha Erasmus
<b>Person in Charge of the Home at the Time of Inspection:</b> Deputy Manager Llilybeth Moffett	<b>Date Manager Registered:</b> 14 September 2015
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 64
<b>Number of Patients Accommodated on Day of Inspection:</b> 61	<b>Weekly Tariff at Time of Inspection:</b> £593 - £643

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

**Standard 4: Individualised Care and Support, criterion 8**

**Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**

**Standard 21: Health Care, criteria 6, 7 and 11**

**Standard 39: Staff Training and Development, criterion 4**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback.

The inspector met with 19 patients individually, two patient representatives, four care staff, one ancillary staff member and three registered nursing staff.

Prior to inspection the following records were analysed:

- 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 following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- competency and capability assessments for the nurse in charge
- three care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- regulation 29, monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Parkdean was an unannounced pharmacy inspection dated 16 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (4) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed (this requirement relates to topical treatment)</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All topical preparations prescribed for patients are administered and signed as been given by the appropriate staff members.</p>	<p><b>Met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>A competency and capability assessment must be carried out with any nurse who is given the responsibility of being in charge of the home in the absence of the manager.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of competency and capability assessments evidenced only one assessment had been completed. This was concerning given the timeframe that had elapsed from the previous inspection on 12 May 2015. Assurances were given by the registered manager post inspection that all relevant competency and capability assessments had now been completed.</p>	
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.12</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the following is addressed in relation to Regulation 29 visit reports</p> <ul style="list-style-type: none"> <li>• consideration is given to how the identity of patients, relatives and staff is redacted in reports made available to patients/ their representatives.</li> <li>• the time of commencing and finishing the visit is stated.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two regulation 29 monthly monitoring reports was carried out. Both reports had unique identifiers utilised to protect the identity of patients, relatives and staff.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.11</p> <p><b>Stated:</b> Third time</p>	<p>It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered manager should confirm shortfalls have been addressed in a timely manner.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A new care plan audit document had been updated to include actions required, the person responsible, the timeframe and signature of completion. Completed audits forwarded to RQIA included an action plan to address deficits and date of completion of action.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Third time</p>	<p>It is recommended the registered manager ensures patients and representatives are aware of the individual's named nurse.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the previous inspection each patient was allocated a named nurse. The patients and/or representatives had been made aware of their named nurse. Due to recent staff turnover the named nurses are again under review and patients and/or representatives will again be made aware of their allocated named nurse.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p>	<p>Staff should be supported by training, or other effective means, to ensure that they are competent and confident in communicating effectively to identify end of life care needs.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Information sent to RQIA post inspection confirmed that three staff have received training in palliative care to identify end of life care needs. Further training has been sourced for the remaining staff to attend in January 2016</p>		

<b>Recommendation 5</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	End of life arrangements for patients should be discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two care plans reviewed cited 'patients' wishes to be followed' but did not specify the individual wishes of the patients.	

### 5.3 Continence management

#### Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

Age UK (2013) Bladder and Bowel Problems was available in the home for guidance. No further up to date guidance was available in the home. A recommendation was made for further guidance to be sourced and made available to staff.

Discussion with staff and the registered manager confirmed that staff had received training in 2014 relating to the management of the urinary and bowel incontinence.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff and a review of the training records confirmed there were three registered nurses trained and assessed as competent in urinary catheterisation.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

#### Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's urinary continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence pads the patient required was recorded. However, continence assessments need to be further developed to include a baseline bowel assessment. A recommendation was made.

There was evidence in two patients' care records that continence assessments had not been reviewed consistently on a monthly basis. Further information on assessments can be found in section 5.3.3. A requirement was made. Three continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with the registered manager confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes would be respected and this would be documented into the patient's care plan.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

### **Areas for Improvement**

A baseline bowel assessment must be carried out on all patients to include Bristol Stool Score and normal bowel habit.

Continence assessments should be reviewed monthly as a minimum.

Further continence guidelines should be sourced and made available to staff for reference.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations</b>	<b>2</b>
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## **5.4 Additional Areas Examined**

### **5.4.1. Consultation with Patients, Representatives and Staff**

During the inspection process, 19 patients, eight staff, and two patient representatives were consulted with to ascertain their personal view of life in Parkdean Nursing Home. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Parkdean Nursing Home.

Some patients' comments received are detailed below:

"It's lovely here."

"It's very friendly here. The girls take care of us well."

"The boss notices if you are not well."

"We are well taken care of here."

"The care is very good."

The patient representatives consulted with were very positive about the care provided.

The general view from staff was that they took pride in delivering safe, effective and compassionate care to patients.



Some staff comments received are detailed below:

“We work well as a team here.”

“I love it here.”

“It’s a very very good home.”

“I like it here. It’s a good company.”

#### **5.4.2. Infection Prevention and Control and the Environment**

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified furnishings in disrepair
- pull cords require covering or replacement
- unidentified shampoo and hairbrush in shower room cupboard
- unidentified topical preparation on top of shower room cupboard.

The above issues were discussed with the deputy manager on the day of inspection. An assurance was provided by the deputy manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

#### **5.4.3. Documentation**

As previously stated in section 5.3 a requirement was made to ensure bowel assessments were reviewed monthly or more often as required. This requirement is extended to include the review of Malnutrition Universal Screening Tool (MUST) and Braden assessments. Of the three care records reviewed, two MUST assessments were not up to date. One was last reviewed in June 2015 and one was last reviewed in August 2015. In the same two care records the Braden assessment monthly reviews evidenced an inconsistent approach by nursing staff with some complete months missing a review.

Fluid targets, the amount of fluid that the patient should drink within a 24 hour period, had been calculated for patients. However, the actual fluid targets had not been included in the patients’ assessment or care plan. The fluid target was not recorded on fluid intake documents reviewed. A recommendation was made.

Continence product requirements were identified in the three continence assessments reviewed. However, the continence care plans did not make reference to the product requirement in two of the three care records reviewed. A recommendation was made.

#### **5.4.4. Staff Duty Rota**

Two weeks of staff duty rotas were reviewed. The dates reviewed were 16<sup>th</sup> to 29<sup>th</sup> November 2015. The duty rotas did not consistently indicate the nurse in charge on every shift. The registered manager’s hours did not reflect on hours worked in a nursing capacity and hours worked in a managerial capacity. The duty rotas were not signed as approved by the registered manager. A recommendation was made.

### 5.4.5. Staff Induction

A review of staff induction documentation in the home evidenced the same booklet was used to induct registered nursing staff and care assistants. The booklet includes a phrase 'understand your role as a care assistant'. A recommendation was made for separate role specific induction booklets to be developed reflective of the roles and responsibilities of the registered nurse and the care assistant.

#### Areas for Improvement

All patient care assessments are subject to a minimum of monthly review.

Management systems must be in place to ensure best practice compliance with infection prevention and control.

Fluid targets should be recorded in the patients' continence assessment, care plan and fluid intake chart.

The continence product requirement identified in the continence assessment should also be recorded within the continence care plan.

The staff duty rota should clearly indicate the nurse in charge, the hours worked by the registered manager in the capacity they are worked. The duty rota should be signed as approved by the registered manager.

The staff induction booklet should be role specific to meet the roles and responsibilities of registered nursing staff and care assistants.

<b>Number of Requirements:</b>	<b>1*</b>	<b>Number of Recommendations:</b>	<b>5</b>
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\*The requirement stated above is an addition to the requirement stated in section 5.3

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager, Llilybeth Moffett, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 December 2015</p>	<p>The registered person must ensure that patient' care needs assessments are reviewed and updated appropriately.</p> <p><b>Ref: Section 5.4.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All residents risk assessments are updated and reviewed monthly and reflects any changes identified in residents care plan.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>End of life arrangements for patients should be discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.</p> <p><b>Ref: Section 5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Terminal illness assessment template is in place and staff will discuss with family on an individual basis and then document in careplan notes.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<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"> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence</li> <li>• RCN catheter care guidance for nurses</li> </ul> <p><b>Ref: Section 5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy for continence is in place. Guidelines have been downloaded and available for staff to use appropriately.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<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> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Bowel assessment has been reviewed and in place reflective of Bristol Stool Chart as a baseline measurement for staff to assess residents on</p>

	admission and to monitor daily progress.
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 5.4.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Infection Control Audits are done monthly. Daily walk around the home and spot checks on a regular basis to ensure best practices in infection prevention which was identified during the recent inspection is adhered to.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>The registered person should ensure that fluid target calculations are recorded consistently on patients' continence assessments and care plans. The fluid target should also be recorded on fluid intake charts.</p> <p><b>Ref: Section 5.4.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All fluid targets are indicated on fluid balance charts for each resident including patient identifier no. H&amp;C.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 4 Criteria (1) (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>It is recommended that specific continence products required by the patient as identified in the continence assessment, is also included in the patients' continence care plan.</p> <p><b>Ref: Section 5.4.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Specific continence products are specified in continence assessment for each resident and also reflected on residents continence careplan.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>Duty rotas should identify the name of the nurse in charge of the home.</p> <p>The registered manager or designated representative should also sign the duty rota.</p> <p><b>Ref: Section 5.4.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Nurse in charge is identified on the rota with a red dot. Rota has been signed by Manager.</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 39 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>It is recommended that role specific induction booklets for registered nursing staff and for care staff are developed and completed as part of the induction programme.</p> <p><b>Ref: Section 5.4.5</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> .Induction booklets have been re designed to outline specific rolls of care staff and Nurses.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Magaretha Erasmus</p>	<p><b>Date Completed</b></p>	<p>18/01/2016</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Emer Bevan</p>	<p><b>Date Approved</b></p>	<p>19/01/2016</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Dermot Walsh</p>	<p><b>Date Approved</b></p>	<p>22/10/2016</p>

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rgia.org.uk](mailto:nursing.team@rgia.org.uk) from the authorised email address\**