



# Unannounced Care Inspection Report 27 February 2020



## Parkdean

**Type of Service: Nursing Home**  
**Address: 44 Fortwilliam Park, Belfast, BT15 4AS**  
**Tel No: 028 90 370406**  
**Inspector: Michael Lavelle and Mandy Ellis**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 64 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Parkdean  <b>Responsible Individual(s):</b> Emer Bevan	<b>Registered Manager and date registered:</b> Lilibeth Moffett – registration pending
<b>Person in charge at the time of inspection:</b> Farah Vergara - Nursing Sister	<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> 63

### 4.0 Inspection summary

An unannounced care inspection took place on 27 February 2020 from 09.20 hours to 14.30 hours.

The inspection assessed progress 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 service was well led.

Evidence of good practice was found in relation to care documentation, staffing, teamwork, the culture and ethos of the home and liaison with other professionals.

Areas requiring improvement were identified in relation to the storage of food and fluid thickening agents, the use of 'net' pants and the provision of lockable spaces for all patients.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Farah Vergara, Nursing Sister and Rosie Gilbey, Care Co-ordinator, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 13 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 February 2020 and 24 February 2020
- incident and accident records
- one staff recruitment file
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits

- a sample of reports of visits by the registered provide from November 2019
- record of staff meetings and minutes
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 13 October 2019

Areas for improvement from the last care inspection		
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 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of records confirmed appropriate observations and action was taken for those patients' who had experienced a fall.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) 9b)  <b>Stated:</b> First time	The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of patients' care plans provided assurance that this area for improvement is met.	

<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p>	<p>The registered person shall ensure information about a patient's health and treatment is securely stored.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation and environmental review evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Examination of the care record audit and hand hygiene audit evidenced monthly completion and appropriate action planning to address any deficits identified.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that repositioning and daily progress records are completed consistently and accurately reflect the condition of the patient's skin.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Examination of patients' care plans provided assurance that this area for improvement is met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Examination of records evidenced the frequency of staff meetings, minutes of meetings which had taken place and a scheduled plan for future meetings.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

We arrived at the home at 09.20 hours and were greeted by the responsible individual. The foyer entrance to the home was welcoming with some patients' seated at the windows reading following their breakfast. Other patients were observed in the dining room having breakfast and the nurse was administering the morning medications.

### Staffing and staff recruitment

Observation of the care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Staff confirmed they received a comprehensive handover upon commencement of their shift. Staff told us that there was effective teamwork within the home and they enjoyed coming to work. Other comments from staff included:

"I love it here"

"I love my job"

"Everyone works well together"

"We have good teamwork"

"I had a good induction and there is good teamwork here. Management are good and everyone is approachable. It is the best job I have had. I like to help people."

We also sought the opinion of staffing via an online survey; no responses were received within the timeframe for inclusion in this report.

Examination of the duty rota provided evidence of staffing levels and the appropriate skill mix of staff for the current patient dependency within the home. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients'. Patients' spoken with felt staff were very attentive, although at times they may have to wait a while when they pressed their call bell, particularly evident at staff changeover time. This was discussed with the nurse in charge during inspection feedback. They agreed to monitor the nurse call bell response times. This will be reviewed at a future care inspection.

Other comments received from patients included:

"I love the staff and the staff love me!"

"The staff are brilliant"

"You can get a 'wee' laugh with the staff"

"It's alright, they are very friendly"

"You couldn't say a bad thing"

"I'm happy and content here, I can get out for a walk"

"It's grand. I like everything. There's plenty of staff."

"I am happy and content here. I can get out for a walk."

"It's alright. They are very friendly. In my estimation there are enough staff."

Visitors to the home spoke positively in relation to the care provision in the home. They said: "My relative is more confident in here than they were at home. I see that the staff are busy all the time."

"It's so bubbly in here and everyone is lovely."

Review of one staff recruitment file confirmed staff were recruited in accordance with the relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks were completed and recruitment processes followed to ensure they were suitable to work with the patients in the home.

## **Adult safeguarding**

The management of adult safeguarding was discussed with staff, staff were aware of who their adult safeguarding champion was within the home and knew how to respond to a safeguarding incident. The adult safeguarding policy within Parkdean was examined and provided staff with appropriate direction and guidance in adherence with regional policy and procedure.

## **Environment**

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and well decorated. Bedrooms were personalised with items meaningful to the patients.

Sluices and storage areas were found to be clean and tidy. Fire exits and corridors were observed to be clear of clutter and obstruction.

During the care inspection on 13 October 2019 the manager agreed to audit patient bedrooms to ensure they had access to a lockable space in their bedroom. Review of patient bedrooms confirmed lockable spaces were available in some patients' bedrooms but not all. Signage had been erected in bedrooms advising items could be stored for safe keeping. This was discussed with manager who agreed to review this again. We asked the manager to ensure if patients declined to have a lockable space in their bedroom to ensure this was appropriately care planned for. An area for improvement was made.

On our walk around the home we observed food and fluid thickening agents stored in areas accessible to patients. This was discussed with nurse in charge for action as required. An area for improvement was made.

The menu board in the main dining room was reflective of the planned menu; however the menu displayed in a smaller lounge did not. This was discussed with the nurse in charge who agreed to address this.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. We did observe two instances where identified staff did not adhere to IPC best practice guidance. This was discussed with the nurse in charge during inspection feedback for action as required. During review of the environment we saw 'net' pants in communal. This was discussed with the manager and nurse in charge who confirmed these should be for individual patient use. An area for improvement was made.

We discussed the decontamination of shower chairs after patient use and the storage of personal items in bathroom with the nurse in charge.



Following lunch patients' were observed enjoying activities in the dining room. The activities included draughts, connect four, knitting and arts and crafts. Patients' spoken with appeared to be enjoying the activities. One patient who wasn't participating in the activities programme on the day of inspection commented that the activities "can be childish"; this comment was shared with staff for consideration.

## **Care records**

A review of patients' care records evidenced appropriate and timely referral to members of the multi-professional team; this included timely dietician and speech and language therapy referral (SALT). Visiting professionals spoke admirably about the home and its engagement with a quality improvement project they are involved in whereby patients' weights are monitored and communicated regularly with the dietetic team for review.

We reviewed the management of falls in the home. Review of records for one identified patient evidenced appropriate post fall assessment, intervention and monitoring to include timely nurse clinical observation and onward medical referral as needed. The patient care plans and risk assessments were appropriately updated following the fall.

We reviewed the care records for a patient who was recently admitted to Parkdean. It was positive to note the patient had a pre admission assessment followed by a through holistic assessment on admission to the home. A comprehensive person centred suite of care plans based on the patients assessed needs were developed in a timely manner. Appropriate risk assessments had been completed in a timely manner and actions taken as necessary.

## **Governance**

A selection of audits were reviewed and evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits reviewed included falls, care plan and hand hygiene audits. Although the care plan audit was being completed, documentation in respect to the evidence of action planning on identification of an issue by the manager was absent. Further discussion with the registered nurses on duty on the day of inspection clarified the process, we suggested that clear documentation should feature in the audit to evidence this process. The hand hygiene audit was routinely done in the home but required further detailing to the documentation. This was discussed with the nurse in charge during inspection feedback.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005.

Staff commented positively about the home manager and found her very approachable. One staff member commented "The manager is a real inspiration and is so passionate about care, I am honoured to work with her".

## **Areas of good practice**

Areas of good practice were identified regarding staffing, communication, teamwork, admission assessment of patients and the home environment.

## Areas for improvement

Areas for improvement were identified in relation to the communal use of 'net' pants, storage of food and fluid thickening agents and availability of patient lockable spaces.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Farah Vergara, Nursing Sister and Rosie Gilbey, Care Co-ordinator, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (4)</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 prescribed thickening agents for food and fluids are securely stored at all times.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff are reminded that Residents with difficulty of swallowing must have their own prescribed and labelled thickening agents locked away for safe storage if not in use. Thickening agents in use have now been placed in a lockable cabinet into Wing 1 alcove area and Wing 2 dining area. Nursing staff hold the key and responsible for ensuring thickening agent is safely stored at all times.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 6</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 'net' pants are provided for each patient's individual use and are not used communally.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The use of incontinence fixing net pants used in the home has been reviewed. Next of Kin were reminded of the importance of providing residents with suitable underwear. If a resident has been assessed or prefers to wear incontinence fixing net pants, the home will provide a supply of these and they will be labelled individually so as they can be returned to the resident's room following laundering.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard E20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 August 2020</p>	<p>The registered person shall ensure that patients are provided with a secure lockable storage space.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> In compliance with Standard E20, the audit was updated to ascertain which residents wished for a lockable storage space so as to manage their own financial affairs. Several residents choose to use the Home's safe as they felt the responsibility was too great for them to manage their own cash etc. Those residents who did wish to manage their own cash etc have been furnished with a lockable cabinet. The allocation of cabinets will be kept under review. Residents who have a lockable cabinet are solely responsible for their personal items and Management do not overriding access to the cabinet.</p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care