

Inspection Report

31 August 2023



Parkdean

Type of Service: Nursing Home

**Address: 44 Fortwilliam Park,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Parkdean Responsible Individual: Mrs Emer Bevan	Registered Manager: Clare McBride - Not registered
Person in charge at the time of inspection: Claire McBride - Manager	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: 53
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 31 August 2023, from 7.30 am to 2.20 pm by care inspectors.

RQIA had undertaken an unannounced care inspection of Parkdean on 1 August 2023. As a result of this inspection significant concerns were evidenced in relation to the governance and oversight in the home and the lack of progress with the areas for improvement identified during previous care inspections conducted on 23 November 2021, 26 April 2022 and 13 April 2023.

Prior to the inspection, RQIA were informed that a performance notice had been issued to the home by the Belfast Health and Social Care Trust (BHSCT) on 20 July 2023. This was due to concerns in relation to reporting of adverse incidents to the BHSCT, internal reporting, compliance with adult safeguarding procedures and staffing arrangements relating to roles and responsibilities.

Enforcement action resulted from the findings of the inspection on 1 August 2023.

Following the inspection on 1 August 2023, a Failure To Comply (FTC) notice (FTC Ref: FTC000215) was issued under Regulation 10 (1) relating to the management and governance arrangements, with the date of compliance to be achieved by 16 October 2023.

RQIA received further information from the BHSCCT raising concerns about the provision of care and services in relation to an adult safeguarding referral. In response to this information, RQIA decided to undertake an inspection which focused on staffing arrangements and care delivery.

The quality improvement plan (QIP) was not reviewed as part of this inspection and the areas for improvement have been carried forward for review at the next inspection.

The outcome of the inspection identified concerns in relation to the oversight by registered nurses of the provision of care in the home and the systems in place to demonstrate this oversight had not yet been embedded into practice. This was discussed with the manager and Responsible Individual (RI).

Following the inspection, on 1 September 2023, an updated action plan was submitted to RQIA providing assurances as to how the concerns regarding the oversight by the registered nurses of care delivery would be addressed. Progress in this area will be reviewed 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.

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 nurse in charge Lyra Velosa 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 “friendly.” Patients said that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

No patient / relative questionnaires were returned within the specified timescale. 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 1 August 2023		
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: <ul style="list-style-type: none"> • Access to thickening agents • Unnamed toiletries in communal bathrooms / toilets • Access to the fridge in the unit 	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 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	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none">care plans contain the frequency of repositioningrepositioning 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	<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>	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 Ref: Regulation 18 (2) (n) (i) (ii) Stated: First time	<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>	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.		
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	<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>	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 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 Stated: First time	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
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Since the inspection on 1 August, a new manager had been appointed. The manager told us that progress with the deficits identified at the last inspection was being prioritised. The manager told us that further senior nursing support was in place along with support from senior care staff from sister homes. A representative from the BHSCT was also providing daily support to the home.

The oversight of the care provision by the registered nurses was discussed with the manager as this had previously been lacking. Since the last inspection, on 1 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. On the day of inspection, the handover was observed but there was a lack of consistency in the level of detail provided by the nurses. It was also observed that not all staff were fully engaged during the handover process. Methods to further enhance the handover were discussed with the manager.

The manager told us twice daily safety huddles were to be completed. These were implemented on the day of inspection. The nurse in charge and the care team met during their shift to discuss any changes to patients' needs or planned care, any changes to staffing arrangements, and any concerns arising from the shift. The senior nurse explained the reason and format of the safety huddles to staff and they engaged well during these meetings. These had only just commenced and will need to be fully embedded into practice with careful monitoring by the manager.

A review of staff allocation indicated that, whilst staff had been allocated to specific floors in the home, the gender and skill mix of staff was not fully taken into consideration. This was discussed with the manager who advised that a new system for allocating staff duties would be implemented and allocations would be completed by the senior nurse. RQIA were concerned about the approach, experience and quality of leadership of the registered nurses. The manager and RI responded robustly by addressing the skill mix and deployment of the registered nurses.

In addition, office space had been allocated on each floor so staff were visible and available. Staff spoke positively about this change and how they felt it benefited patients and their visitors.

Following the inspection, the manager confirmed a meeting was being arranged with the staff team to discuss and reinforce the roles and responsibilities of all staff, including the nursing staff.

Patients made positive comments about staff and said they were "very good" and "they are great". Some patients spoken with discussed delays in call bells being answered appropriately. These comments were passed to the manager to review and address as needed.

5.2.2 Care Delivery

During the inspection 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 mealtime 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 in a caring manner. The patients commented positively about the food.

Observation of a sample of bedrooms identified that a small number of mattresses required attention; one mattress had not been effectively cleaned and the cover of another mattress was compromised. This was brought to the attention of the senior nurse who confirmed that these were addressed on the day. The manager provided assurances that an audit of all mattresses would be carried out to ensure they were in good condition. Progress in this area will be reviewed at the next inspection.

5.2.3 Management and Governance Arrangements

A new manager had been appointed since the last inspection. Clare McBride was appointed as manager on 21 August 2023. 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 concerns identified regarding the oversight and knowledge of the registered nurses 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
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.

Areas for improvement and details of the Quality Improvement Plan were discussed with Clare McBride, 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	
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.

<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 (April 2015)</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>

<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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