The Regulation and Quality Improvement Authority

Inspection Report

15 December 2023

Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park,
Belfast, BT15 4AS
Tel no: 028 9037 0406

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Parkdean **Registered Person:** Mrs Emer Bevan	**Registered Manager:** Ms Clare McBride – not registered
Person in charge at the time of inspection: Ms 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:** 45
Brief description of the accommodation/how the service operates: Parkdean 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 floor.	

2.0 Inspection summary

An unannounced inspection took place on 15 December 2023, from 10.15am to 2.30pm. This was completed by two pharmacist inspectors and focused on medicines management in the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

At the last care inspection on 14 November 2023, full compliance with the Failure to Comply notice (FTC Ref: FTC000215(E)), originally issued on 14 August 2023 and extended on 16 October 2023 was not achieved. As a result, a Notice of Proposal (NOP) to place conditions on the registration of Parkdean was issued on 29 November 2023 (NOP Ref: NOP000107).

Subsequently, a Notice of Decision (NOD Ref: NOD000107) placing conditions on the registration of Parkdean was issued on 3 January 2024.

Details of FTC000215(E), NOP000107 and NOD000107, including the current conditions imposed on the registration of Parkdean and actions required to achieve compliance can be found in the current enforcement activity section on the RQIA website available at

https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection, and the actions detailed in FTC000215(E) and NOD000107 would be followed up at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. Medicine records were maintained to a satisfactory standard and there were effective auditing processes in place to ensure patients were administered their medicines as prescribed. Two new areas for improvement were identified in relation to the management of thickening agents and care plans on occasions when medicines are crushed prior to administration. Details of the areas for improvement can be found in the report and quality improvement plan (QIP).

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the management and staff for their assistance throughout the 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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with nursing staff, the lead clinical nurse and the manager.

Staff expressed satisfaction with how the home was managed. They said they had worked hard to improve the systems for medicines management and continue to monitor the management of medicines through the home's internal audit processes to ensure that the recent improvements are embedded into practice and sustained.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 14 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** Second 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 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second 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 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that patient equipment is effectively decontaminated between each use.	**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 Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 **Ref:** Standard 35 **Stated:** Third 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. Adequate supervision is evidenced for those patients unable to use the call bell effectively.	**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.	

Details of FTC000215(E), NOP000107 and NOD000107, including the current conditions imposed on the registration of Parkdean and actions required to achieve compliance can be found in the current enforcement activity section on the RQIA website available at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity.

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general 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 largely accurate and up to date. A small number of minor discrepancies were highlighted to staff on the day of the inspection. 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. A small number of obsolete personal medication records had not been cancelled and archived.

This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the patient. The manager gave an assurance that this would be rectified immediately following the inspection and ongoing adherence monitored through the audit process.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc. The manager advised that patient care plans and risk assessments, including those in relation to medicines, were currently being updated to ensure that they contain sufficient detail to direct the care required to meet the patient's needs.

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 distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Some of the care plans reviewed required updating to include the name of the prescribed medicine. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

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. A number of care plans reviewed did not include the name of the prescribed pain relief medicines; this was discussed with the manager who provided assurances the care plans would be updated immediately following the inspection.

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 and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. However, records of prescribing did not always include the recommended consistency level. On occasions where care assistants administered thickening agents, records of the administration were not maintained. This is necessary to provide evidence that patients are being administered the correct consistency of fluids. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. One care plan reviewed required updating to reflect the patient's current prescribed insulin regime. This was highlighted to the manager for action following the inspection.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily available for audit/review.

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. Prior to the inspection, RQIA received two statutory notifications involving discrepancies in controlled drugs. As a result, RQIA requested and received assurances that the processes for the safe management of controlled drugs had been reviewed and shared with staff. Satisfactory arrangements for the management of controlled drugs were observed at the inspection.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent was in place when this practice occurred, however, care plans were not in place to direct staff. An area for improvement was identified.

Management and staff had recently implemented a robust auditing system within the home to ensure that any shortfalls in the management of medicines were identified and addressed. 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.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

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.

At the time of the inspection, Parkdean were closed to the admission of new patients. Review of medicines for patients who had a recent hospital stay and were discharged back to this home, showed that hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

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. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to the manager for ongoing close monitoring.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

The manager advised that medicines management training provided by the community pharmacy was planned in the near future. In addition, new nurse supervision sessions in relation to medicines management had been implemented.

Medicines management policies and procedures were currently under review; the manager advised that once finalised these would be disseminated to all staff with responsibility for medicines management.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

* The total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Claire 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** Second time **To be completed by:** 1 February 2024	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. **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.** Ref: 5.1
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 1 February 2024	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**.** **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.** Ref: 5.1
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required (14 November 2023)	The registered person shall ensure that patient equipment is effectively decontaminated between each use. **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.** Ref: 5.1

Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 35 **Stated:** Third time **To be completed by:** 1 February 2024	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. Adequate supervision is evidenced for those patients unable to use the call bell 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. Ref: 5.1
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** Ongoing from the date of inspection (15 December 2023)	The registered person shall ensure records of prescribing of thickening agents include the recommended consistency of fluids. Records of the administration of thickening agents by care assistants should be accurately maintained and readily available for review. Ref: 5.2.1
	Response by registered person detailing the actions taken: Care records have been updated to include recommended diet and fluid levels. The Home is currently working with the Systems Administrator of the Goldcrest system to allow for staff to record the thickening agent administered when recording fluids served to residents.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** Ongoing from the date of inspection (15 December 2023)	The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. Ref: 5.2.3
	Response by registered person detailing the actions taken: Care plans have been updated to include detail whereby medication needs to be crushed to allow for administration including the rationale for why the medication needs to be crushed.

Details of FTC000215(E), NOP000107 and NOD000107, including the current conditions imposed on the registration of Parkdean and actions required to achieve compliance can be found in the current enforcement activity section on the RQIA website available at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity.

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