



Unannounced Care Inspection Report 22 September 2020



Parkdean

Type of Service: Nursing Home
Address: 44 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 028 9037 0406
Inspector: Heather Sleator

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 nursing home registered to provide nursing care for up to 64 persons.

3.0 Service details

Organisation/Registered Provider: Parkdean Responsible Individual(s): Emer Bevan	Registered Manager and date registered: Lilbeth Moffett - registration pending
Person in charge at the time of inspection: Lilbeth Moffett	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: 59

4.0 Inspection summary

An unannounced inspection took place on 22 September 2020 from 09:30 to 17:30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements

Evidence of good practice was found in relation to maintaining patients' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards service users.

Three areas for improvement were identified regarding the monthly quality monitory visit and report, staffs attendance at fire drills and the availability of the current fire risk assessment.

Patients said that they felt they were well cared for by staff and commented, "They're (staff) very good, arrange for visitors and I go downstairs, it's good to get out of this room sometimes. "

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
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lilibeth Moffett, Manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients individually and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 September to 22 September 2020
- three staff competency and capability assessments
- four patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that prescribed thickening agents for food and fluids are securely stored at all times.	Met
	Action taken as confirmed during the inspection: Staff confirmed that they have had training regarding the use of thickening agents from the date of the last inspection. Thickening agents were viewed on tea trolleys and the medication trolley during the day and were subsequently stored appropriately when not in use.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that 'net' pants are provided for each patient's individual use and are not used communally.	Met
	Action taken as confirmed during the inspection: We did not observe the use of communal pants during the inspection. Trolleys and storerooms viewed did not evidence a stock of communal net pants.	

Area for improvement 1 Ref: Standard E20 Stated: First time	The registered person shall ensure that patients are provided with a secure lockable storage space.	Met
	Action taken as confirmed during the inspection: There is a lockable space in all patients' bedrooms. The manager stated that from the date of the last inspections patients were met with and/or next of kin written to regarding the use of the lockable space.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's a very good home to work in, staff are well supported here."
- "It's a very 'homely' home; you can go to any of the staff about anything."
- "Management are great, they supported us through Covid and took away a bit of the fear."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the need for an annual review of the assessments. The manager stated that these would be revalidated at the annual appraisals which were due to be completed shortly.

We reviewed the minutes of staff meetings which confirmed that staff meetings were recently held in July 2020 for day staff and September 2020 for night staff. Records of those in attendance were not always being maintained. This was discussed with the manager who agreed to ensure that, in future, the names of staff attending would be listed.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that a sharper focus was needed to ensure all staff had attended the required number of fire drills. This has been identified as an area for improvement. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and handover reports alongside the scheduled training date. Induction training records were reviewed and were signed and dated by the supervisor and the staff member. The manager stated that they rarely need to use agency staff.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that information was recorded. Records were available at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented; "We get our temperature; pulse and blood oxygen levels checked and recorded when we start duty."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We discussed PPE procedures with staff and they were able to describe the correct procedures for 'donning' and 'doffing' of their PPE.

Visiting arrangements were pre-arranged with staff and a room had been designated for visiting. The location of the room meant that visitors were not walking through the main home and access was at the side of the home.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

Due to the current pandemic environmental work in the home was either suspended or prioritised to essential maintenance. We observed a shower chair which was in need of repair and the flooring in a shower room required attention. The manager was informed of this and stated that this would be viewed as a priority and actioned/reviewed immediately.

The fire risk assessment was dated March 2017 a comment had been written that it was reviewed in 2018, 2019 and 2020. However, it was unclear if there were any recommendations made at the time of review and a full report of the assessment was not available. Evidence should be present that any recommendations made as a result of the fire risk assessment had been actioned. This has been identified as an area for improvement.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by patients included:

- “It’s not bad here.”
- “They’re good to me here; let me lie down on my bed anytime I want.”
- “There’s good nurses here to help me out.”
- “They’re really very good to me, I couldn’t complain.”
- “They do everything they possibly can for me, good staff.”
- “When the weather’s good staff take us outside to the courtyard, round table and a broly, just lovely.”

There was one questionnaire completed and returned to RQIA by a patient. The patient indicated that they were very satisfied with the standard of care and quality of service available in the home. Additional comments received have been detailed below.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

We observed patients engaged in activities. This is presently provided by care staff as there is no designated activities coordinator. There was an activities programme displayed throughout the home however a patient commented via a returned questionnaire:

- “A good activities programme would be enjoyable, even though only a few would be able to take much part.”

We observed the serving of the lunchtime meal and found this to be a pleasant and unhurried experience for patients. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients’ dietary preferences. The evening meal preparations began at 16:45 hours as the main dining room now has minimal capacity due to maintaining social distancing. A patient made the following comments regarding meals and mealtimes by returned questionnaire:

- “Would like to see the tea time a little later in the day at 5PM, sometimes 4PM is too early after lunch.”
- “Bigger selection on the menu would be nice.”

The manager was advised of the comments regarding activities and meals and mealtimes by telephone prior to the issue of the report and agreed to review the current arrangements.

6.2.4 Care records

We reviewed four care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. The records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes and evaluations of care confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting patients' needs, as required.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. The manager had submitted an application for registration with RQIA. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. One comment from staff was: "Very good home to work in, staff are well supported."

There were numerous 'thank you' cards displayed and comments included:

- "We can't thank you enough for all the care , support, love and kindness shown to our ..."
Relative April 2020
- "We are so incredibly grateful for your patience, attention and devotion to Thank you so much, you really are our hero's"
Relative April 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The name of the designated staff member was displayed in the home. The manager stated that there was one adult safeguarding investigation on-going and that strategy meetings with the adult safeguarding team of the relevant Trust were being held by video conference calling. Discussion with the manager identified that this had been managed appropriately.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately with the exception of one complaint where it was unclear if the complainant was satisfied with the outcome of the action taken to address the issues raised. This was brought to the attention of the manager who agreed to provide the clarification in the written record.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for June, July and August 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action. However, the reports did not state the starting and finishing time and if staff had been met with and the outcome of any meeting with staff. It would be of benefit if the guidance on RQIA's website, www.rqia.org.uk was referenced regarding the information required to be within the monthly monitoring report. This has been identified as an area for improvement.

Areas of good practice

Evidence of good practice was found in relation to maintaining patients' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified in relation to fire safety training (drills), the availability of the current fire risk assessment and the monthly monitoring visit and report.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Three areas for improvement were identified in relation to fire safety training (drills), the availability of the current fire risk assessment and the monthly monitoring visit and report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lilibeth Moffett, Manager, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 48.6 and 48.8 Stated: First time To be completed by: 31 October 2020	<p>The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: In relation to standard 48.6, the Fire Safety training programme has recommenced and is nearing completion. The Fire Drill programme commenced week beginning 9th November.</p>
Area for improvement 2 Ref: Standard 48.1 and 48.9 Stated: First time To be completed by: Immediate	<p>The registered person shall ensure that there is a current fire risk assessment and management plan available in the home.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: In relation to standard 48.1, there is a current fire risk assessment and fire management plan within the home. These documents are reviewed annually and will be changed if and when the fire risk within the home has changed. In respect to standard 48.9, All records with respect to fire safety are maintained and available for inspection.</p>
Area for improvement 3 Ref: Standard 35.7 Stated: First time To be completed by: 31 October 2020	<p>The registered person shall ensure that the monthly monitoring reports reflect that staff have been consulted during the visit and their comments noted. The commencing and finishing times of the visit should also be in evidence.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: In accordance with Standard 35.7, a Director monitors the quality of services in accordance with the home's written procedures, and completes a monitoring report on a monthly basis. This report contains consultation with staff in the body of the report. No reference is made within the standard to start and finish times and as such these are not recorded in this report.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)