The Regulation and Quality Improvement Authority

# Inspection Report

## 24 June 2024

# Parkview House

Type of service: Nursing Home
Address: Parkview Road, Castlederg, BT81 7XH
Telephone number: 028 8167 9192

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

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>Apex Housing Association<br><br>**Responsible Individual**<br>Miss Sheena McCallion | **Registered Manager:**<br>Mrs Marion Davina McAllister<br><br>**Date registered:**<br>01 April 2005 |
| **Person in charge at the time of inspection:**<br>Mrs Marion Davina McAllister | **Number of registered places:**<br>27<br><br>Maximum of 2 persons in category NH-LD (E) and 1 person in category |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>LD (E) – Learning disability – over 65 years.<br>PH – Physical disability other than sensory impairment. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>25 |
| **Brief description of the accommodation/how the service operates:**<br>This home is a registered Nursing Home which provides nursing care for up to 27 patients. Accommodation is over a ground floor level. | |

## 2.0 Inspection summary

This unannounced inspection took place on 24 June 2024, from 9.30am to 2.30pm. The inspection was conducted by a care inspector.

The inspection assessed progress with the one area of 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.

Patients said that they were very happy in the home and staff were kind and supportive. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke positively on their views on the provision of care, training, teamwork, morale and managerial support.

No areas requiring improvement were identified during this inspection.

RQIA were assured that the delivery of care and service provided in Parkview House was safe, effective, compassionate and that the home was well led.

## 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Mrs Marion Davina McAllister, Manager at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients said they were well cared for and happy with their life in the home and their relationship with staff. Two patients made the following comments; "I am treated very well here in every respect. I am very lucky to get a bed here. This home has a good name" and "The staff are all good to me here. I have no problems."

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good morale, team working, training and managerial support.

Two visiting relatives said that they were very happy with the care provided and the kindness and support received from staff.

No questionnaires were returned in time for inclusion to 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 14 November 2023 | | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Regulation 27(4) (e)<br><br>**Stated:** First time | The registered person shall ensure all staff are in receipt of up-to-date fire safety training. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>All staff were in receipt of up-to-date fire safety training. | |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment checklist received from the organisation's human resource department confirmed there was a robust system in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team.

It was noted at the time of this inspection that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided. A programme of induction is completed for all newly appointed staff, including any agency staff employed on a temporary basis.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. Expressions of consent were evident with statements such as "Are you okay with…" or "Would you like to …" when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

Care records were maintained which reflected the needs of the patients. Care records were held safely and securely.

The Manager undertakes a pre-admission assessment to all potential patients to determine whether the home can meet these assessed needs. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. One patient said; "I feel much better now for the care I got here. It has been very good."

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dinner time meal was attractively presented, with good provision of choice and portions were generous. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a subsequent recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The catering and laundry departments were tidy and organised.

The grounds of the home were well maintained with good accessibility for patients to avail of.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 27 November 2023 had corresponding evidence recorded of the actions taken in response to recommendations made as a result of it.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures.

### 5.2.4 Quality of Life for Patients

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive. One patient said; "This is the best place I have ever been to. They (the staff) are all very good here."

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff and one another. Patients were engaged in pastimes of choice, such as resting, watching television, reading or with family member(s).

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Marion Davina McAllister is the Registered Manager of the home.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The organisation's Housing Service Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin and their aligned named worker.

Discussions with the Manager confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits were maintained on an up-to-date basis and included audits of; care records, infection prevention and control and the environment.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in good detail, with action plans in place for any issues identified. These reports are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Marion Davina McAllister, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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