Inspection Report

11 September 2024

Parkside

Type of service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Telephone number: 028 9267 4943

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: Amstecos Ltd **Responsible Individual:** Mrs Emer Bevan	**Registered Manager:** Mr Ariel Biacolo - not registered
Person in charge at the time of inspection: Mr Ariel Biacolo	**Number of registered places:** 43 The home is also approved to provide care on a day basis to 3 persons.
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:** 32
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 43 patients. The home is located over three floors with patients' bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 September 2024 from 9.20am to 4.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

Considerable improvements were observed since the last care inspection. All areas for improvement identified at the previous care inspection were met. Two areas for improvement identified at the previous medicine's management inspection were carried over for review at the next inspection. No new areas for improvement were identified.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, relatives and staff. Patients told us that they were happy living in the home and were offered choice in how they spent their day. One patient said, "The staff are very good. There are activities on downstairs. I enjoy the bingo; always good craic." A relative consulted was very positive in their opinion of the care provision in the home.

Staff told us that there were enough staff on duty to provide good care and that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from patients or relatives and we received no feedback from the online survey.

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 16 July 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(1) (a) (b) **Stated:** Second time	The registered person shall ensure for those patients who require a modified diet: • choking risk assessments are in place for those patients at high risk of choking. • All records are reflective of the current SALT advice.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 18 (2) (n) (I) (ii) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 20 (1) **Stated:** First time	The registered person shall ensure that the planned staffing levels are met as far as practicably possible. Evidence is to be retained of action taken to address any deficits. This is stated in reference to, but not limited to the night time staffing levels.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 4 **Ref:** Regulation 16 (1) **Stated:** First time	The registered person shall ensure that when a nursing intervention is required, a care plan is in place to direct the care required. This is made in reference to treatment of a skin condition.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that the wearing of wrist jewellery and gel nails or nail polish ceases with immediate effect in accordance with best practice guidance on infection prevention and control measures.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 6 **Ref:** Regulation 10 (1) **Stated:** First time	The registered person shall ensure that robust audits and governance arrangements are put in place to ensure that the deficits identified during the inspection are addressed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 28 **Stated:** First time	The registered person shall implement a robust audit system which covers all aspects of medicines management.	**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 4 **Stated:** Second time	The registered person shall ensure that any patient at risk of dehydration has a daily fluid target and this is included within the patient's care plan to include the action to take and at what stage if the target is not met. Fluid intake should be monitored as part of the patient's daily evaluation of care.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 **Ref:** Standard 23 **Stated:** Second time	The registered person shall ensure the following in regards to repositioning records • that pressure relieving equipment required, and any equipment setting, are included in the relevant care plan • repositioning charts are accurately maintained with legible entries to evidence care delivery.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 **Ref:** Standard 4 **Stated:** Second time	The registered person shall ensure that the daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that nutritional risk assessments are completed monthly for all patients.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 6 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that robust arrangements are in place with regards to maintaining the temperature of all meals served to patients when dining in their bedrooms.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that obsolete personal medication records are cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 8 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that the management of insulin is reviewed to ensure that care plans are in place to direct staff and that in use insulin pen devices are individually labelled with the date of opening recorded as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 9 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that the management of thickening agents is reviewed to ensure that the recommended consistency level is accurately detailed on records of prescribing and administration.	**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

Staff were satisfied that the planned staffing levels were sufficient in meeting patients' needs. Observation of care delivery raised no concerns. Care was provided in a caring and compassionate manner. Patients and relatives spoke positively in relation to interactions with staff. One patient did feel that they had to wait for long periods of time when they used the call bell for assistance. This was shared with the manager for their review and action as appropriate.

A new clinical lead nurse had been employed to assist the manager in managerial tasks such as auditing care provision. In addition, a new role of Senior Care Assistant had been developed. Staff confirmed that they felt this role has made a significant positive difference in care delivery.

Several new nursing and care staff had recently been recruited. The manager confirmed that all new staff received inductions and training to help them become more familiar with the home's policies and procedures. The manager and staff confirmed that the use of agency staff had been reduced. Where agency staff were utilised, it was the same agency staff used, where possible, for consistency in care delivery. New agency staff profiles and agency staff inductions had been developed.

All staff had completed recent training on fluid management which included the signs of dehydration. Staff received additional training on entering information onto the electronic record keeping system. Nursing staff had received training on completion of risk assessments and care plan development. The nurses had also received a recent supervision on wound care.

Minutes of meetings with care staff and nursing staff had been maintained. Discussions included completion of patients' care records and activity provision.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they received a handover at the commencement of their shift. All staff were given a handover sheet containing pertinent patient information to assist them in providing care. The handover sheets were updated daily to ensure that they contained up to date information.

Pressure management risk assessments were completed monthly to monitor any risks to patients' skin integrity. Where a risk was identified, a skin care plan was in place identifying the measures to take to prevent skin damage. Care plans were detailed and identified the specific equipment required to maintain skin integrity. They included, where applicable, the frequency of repositioning when a patient has to be assisted in changing their position or given pressure relief. Records of repositioning had been well recorded and included skin checks made on patients at the time of the repositioning. Additional ways of enhancing this recording was discussed with the manager.

When a nursing intervention was required, such as, treatment of an injury or wound; a care plan was in place to direct staff on the actions to take. Wound care records had been maintained well and wound evaluations, completed at the time of wound dressings, clearly monitored the progress of the treatment.

Nutritional risk assessments were completed monthly on each patient to monitor for weight loss or weight gain. The manager confirmed that staff had received training on completing these assessments and additional training had been requested for the new staff.

Where a patient was assessed at risk of choking, a care plan was in place to direct staff on how to safely manage this aspect of care. Speech and language therapists (SALT) would review patients, where required, and make recommendations as part of their assessments. Patients' care plans were consistently reflective of these recommendations.

A system was in place to monitor patients' fluid intakes to ensure that they remained hydrated. Risk of dehydration care plans contained the patients' normal intakes and the signs of dehydration. Staff had daily meetings to quickly identify if patients were not eating or drinking well. Staff were aware of actions to take if a patient's intake was low.

Food was prepared and transferred from the adjoining care home's kitchen. The manager confirmed that plans were in progress to re-establish food preparation from the kitchen in Parkside Nursing Home.

Each day a 'Mealtime Champion' was allocated to oversee the mealtime and ensure that patients were served the appropriate meals in accordance with their care needs. Food was served from a heated trolley. The food served appeared appetising and nutritious. Some patients preferred to have their meals in their bedrooms. Food was transferred from the dining room one tray at a time and brought to patients' bedrooms when they were ready to eat. Food was covered on transfer to maintain the temperature.

Nursing staff recorded daily evaluations of the care provided to patients. These evaluations were personalised and included details of supplementary care provision, such as, personal care provided, continence management, food and fluid intakes, skin care and/or any issues identified during the shift. The evaluations also included when care was offered but refused by patients.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable for patients to live in. One patient commented on the heat during the night as being too warm. This was shared with the manager for their review and action as appropriate.

All staff on duty were observed to be bare below the elbow with no wrist jewellery worn or nail polish on. This would impede on effective hand hygiene. Staff were observed to wear the correct personal protective equipment and to perform hand hygiene at the appropriate times.

5.2.4 Quality of Life for Patients

Patients confirmed that activities were ongoing in the home and that they had the opportunity to be involved when they wished. Two activity therapists were employed to oversee the activities. A seven day programme of activities was on display with the activity of the day highlighted on a noticeboard. Planned activities included bingo, spa days, arts and crafts, music, games, exercises, quiz, sing songs and Sunday services. External entertainers were also arranged to attend the home and entertain patients.

Records were maintained daily of all activity engagements with patients. Records included the patients involved; the activity and whether they enjoyed it or not. These included group activities and one to one engagements. A 'Fun File' was created with multiple resources available which staff could share with patients at any time. Activity provision was discussed at the most recent staff meeting.

A relative consulted spoke very positively in regards to the care in the home. They confirmed that they had no concerns with care or service provision and that they felt that they would be listened to if they raised any concerns with staff.

5.2.5 Management and Governance Arrangements

Since the last inspection the management arrangements have changed. Mr Ariel Biacolo has been managing the home since 29 July 2024. The manager was supported by a newly employed Clinical Lead Nurse.

The manager confirmed the governance arrangements currently in place to monitor the quality of care and service provision. Weekly and monthly audits were conducted on a range of topics including patients' care records, staff handover, staff training, medicines management, infection control, activity provision, wound care and staff training. The manager confirmed that progress with the RQIA Quality Improvement Plan had been monitored on a weekly basis.

The senior management team were working through an action plan which had been developed following the last care inspection. The senior management team met on a fortnightly basis to monitor progress with the action plan.

A recorded 'daily walkabout' the home was completed to review the environment, patient/staff interactions, supplementary care record completion, food provision, infection control and safe working practices.

A 'daily huddle' was conducted with staff to quickly identify any emerging issues with patients, such as, personal care, nutrition/hydration and/or skin integrity.

A 12 hour shift report was recorded by nursing staff and reviewed by the manager. This report identified any issues faced during the shift including staffing, accidents, medication issues, care records, complaints/compliments and/or any environmental concerns. The reports included the actions taken in response to the issue.

Senior care assistants completed a shift report to evidence checks that they had made during the shift on, for example, completion of supplementary care records, ensuring doors not propped open, any concerns with patients, equipment faults and/or completion of an allocation chart for staff to see in which area they are working in the home.

6.0 Quality Improvement Plan/Areas for Improvement

No new areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

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

Findings of the inspection were discussed with Mr Ariel Biacolo, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** Second time **To be completed by:** 16 July 2024	The registered person shall implement a robust audit system which covers all aspects of medicines management. Ref: 5.1
	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 29 **Stated:** First time **To be completed by:** Immediate and ongoing (16 July 2024)	The registered person shall ensure that the management of thickening agents is reviewed to ensure that the recommended consistency level is accurately detailed on records of prescribing and administration. Ref: 5.1
	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.

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