

Inspection Report

16 July 2024



Parkside

Type of service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Telephone number: 028 9267 4943/028 9266 0662

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Ms Paulene Rogers, not registered
Person in charge at the time of inspection: Ms Paulene Rogers, Manager	Number of registered places: 43 The home is also approved to provide care on a day basis for three patients.
Categories of care: Nursing (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: 30
Brief description of the accommodation/how the service operates: Parkside is a nursing home registered to provide nursing care for up to 43 patients. The home is located over three floors with patients' bedrooms located on the first and second floors.	

2.0 Inspection summary

An unannounced inspection took place on 16 July 2024, from 10.20am to 4.00pm. This was completed by a pharmacist inspector. The inspection focused on medicines management within the home and assessed progress with two areas for improvement in relation to medicines management identified at the last medicines management and care inspections.

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.

The other areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. One area for improvement identified at the last medicines

management inspection in relation to medicines management audits has been stated for a second time. Three new areas for improvement were identified in relation to the management of insulin, thickening agents and cancelling and archiving obsolete personal medication records as detailed in the report and quality improvement plan (QIP).

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector in RQIA. It was agreed that the findings of the inspection would be discussed with the registered person and that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the 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. Discussions took place 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 inspector met with nursing staff, the clinical governance manager and the manager. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

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 care inspection on 30 May 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: <ul style="list-style-type: none"> choking risk assessments are in place for those patients at high risk of choking. All records are reflective of the current SALT advice. 	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 18 (2) (n) (l) (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.	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 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.	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.	

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that when a nursing intervention is required, a care plan is in place to direct the care required.</p> <p>This is made in reference to treatment of a skin condition.</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>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>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.</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>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>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.</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>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>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.</p> <p>Fluid intake should be monitored as part of the patient's daily evaluation of care.</p>	<p>Carried forward to the next inspection</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.	
Area for improvement 2 Ref: Standard 23 Stated: Second time	The registered person shall ensure the following in regards to repositioning records <ul style="list-style-type: none"> 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. 	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 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.	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 28 Stated: First time	The registered person shall implement a robust audit system which covers all aspects of medicines management.	Not met
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met and has been stated for a second time. See Section 5.2.3 & 5.2.5	

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.	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 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.	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 7 Ref: Standard 30 Stated: First time	The registered person shall ensure that fluid thickening agents in the home are stored within a secure place when not in use.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 mostly accurate and up to date. 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 minor discrepancies were highlighted to nurses for immediate remedial action.

A significant 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. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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. 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.

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 was reviewed. Speech and language assessment reports and care plans were in place. However, some records of prescribing and administration did not include the recommended consistency level. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. However, one care plan required an update to reflect the correct prescribed insulin preparation. In addition, in-use insulin pen devices were not always individually labelled and the date of opening was not recorded to facilitate audit and disposal at expiry. An area for improvement was identified.

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. Management had already identified that there was significant overstock of some medicines in the medicine storage area; plans were in place to review the ordering process to ensure this is managed efficiently. Temperatures of medicine storage areas were 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. The records were found to have been fully and accurately completed. Nurses were reminded that two staff must check and sign hand written medicine administration records to verify that they are accurate.

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. There were satisfactory arrangements in place for the management of controlled drugs, records were maintained in a satisfactory manner.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. These were discussed with the manager for ongoing close monitoring. A review of the monthly management audits indicated that the issues raised at this inspection were either not being identified or that actions plans were not being addressed. As identified at the last medicines management inspection the registered person should implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was stated for the second time.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed

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.

As detailed in Section 5.2.3 the manager should implement a robust audit to ensure that any discrepancies are identified and reported in a timely manner.

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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

It was agreed that the findings of this inspection would be shared with staff for ongoing improvement.

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	6*	9*

* The total number of areas for improvement includes one that has been stated for a second time and eleven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Paulene Rogers, Manager, and Mrs Emer Bevan, Registered Person, 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 13(1) (a) (b) Stated: Second time To be completed by: 1 September 2024	<p>The registered person shall ensure for those patients who require a modified diet:</p> <ul style="list-style-type: none"> • choking risk assessments are in place for those patients at high risk of choking. • All records are reflective of the current SALT advice.
	<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>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 18 (2) (n) (l) (ii) Stated: First time To be completed by: 30 March 2024	<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>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>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 20 (1) Stated: First time To be completed by: From the date of inspection 30 May 2024	<p>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.</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>Ref: 5.1</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that when a nursing intervention is required, a care plan is in place to direct the care required.</p> <p>This is made in reference to treatment of a skin condition.</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>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 30 May 2024</p>	<p>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.</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>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>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.</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>Ref: 5.1</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: 16 July 2024</p>	<p>The registered person shall implement a robust audit system which covers all aspects of medicines management.</p> <p>Ref: 5.1, 5.2.3 & 5.2.5</p> <p>Response by registered person detailing the actions taken: A new suite of weekly and monthly audits have been collated and are being managed by the Acting Manager. This includes; a weekly audit, a monthly audit and daily spot checks to monitor all aspects of medication management.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>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.</p> <p>Fluid intake should be monitored as part of the patient's daily evaluation of care.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure the following in regards to repositioning records</p> <ul style="list-style-type: none"> • 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.
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that the daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that nutritional risk assessments are completed monthly for all patients.</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>Ref: 5.1</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 30 May 2024</p>	<p>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.</p> <hr/> <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>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 July 2024)</p>	<p>The registered person shall ensure that obsolete personal medication records are cancelled and archived.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Manager will carry out a weekly and monthly audit on medications which will include auditing Kardex and Mars sheet ensuring they are up to date. Nurses will be trained and accountable for their respective residents. Monthly supervisions of staff will be carried out and any area of concern will be addressed immediately.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 July 2024)</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The homes pharmacy have provided labels for the insulin pens and this has been immediately rectified.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 July 2024)</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All residents who require thickening agents have the type of thickening agent and the speech and Language Level required on the residents Kardex and Mars Sheet. There will be a weekly nursing audit carried out to ensure this is in place and there will be a further monthly audit carried out by the manager which will monitor this area of concern</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care