THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

| Name of Registered Establishment: | Name of Registered Person: |
|--|-----------------------------|
| Parkview Care Home (1254) | Beaumont Care Homes Limited |
| | Mrs Ruth Burrows |
| | Responsible Individual |
| Address of Registered Agency: Parkview Care Home, Glencairn Road, Forthriver | |
| Road, Belfast. BT13 3PU. | |
| | |
| Issue Date: 5 November 2024 | FTC Ref: FTC000229 |

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005

Regulation. 16. — (1) The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.

Specific failings to comply with regulations:

During the inspection on 22 October 2024 significant concerns regarding the planning of care were identified. Care records reviewed evidenced that nursing staff failed to ensure that care plans, risk assessments and evaluations were reflective of the assessed needs of the patients. For example, one patient's manual handling care plan stated "1-2 staff for bed mobility", however, the care plan evaluation stated "2 staff at all times". This patient's risk assessment also stated that a slide sheet was required for turning in bed; this too was not recorded in the patient's care plan. Another patient had a repositioning care plan which stated that they required to be nursed on an airflow mattress; the patient was observed to be nursed on a foam mattress.

One patient's nutrition care plan advised they required full assistance and supervision with eating and drinking. The patient was observed to not have any assistance from staff during the lunch time meal. This was concerning as staff were either unaware of the patient's plan, not adhering to it, or the patient's needs had changed and the care plan had not been updated to reflect the changes. The patient was potentially placed at risk of harm.

During a previous care inspection in August 2023 the care plan, for specialised one to one care, was noted to not be patient centred and lacked sufficient details to direct staff on the care required. In April 2024 we reviewed this patient's care plans again and the actions needed to address the area for improvement had not been met and was stated

for a second time. During this inspection it was evident that, despite assurances recorded in the returned QIP by the registered persons, this area for improvement remains unmet.

Amendments made to records by registered nurses were not in keeping with professional guidance as stated in the Nursing and Midwifery Council (NMC) The Code, section 10. These amendments were not attributed to the person making them nor signed or dated and some entries to records were illegible.

The care record audit in place did not include a review of how nursing staff evaluated the care recorded on patients' supplementary care records; such as food intake or fluid intake.

Action required to comply with regulations

The Responsible person must ensure that:

- risk assessments and care plans are up to date and accurately reflect the assessed needs of the patients, including but not limited to care plans in relation to nutrition, one to one care, moving and handling and repositioning
- there is a system in place to review risk assessments and care plans on a regular basis and as patients' needs change
- care plans are sufficiently detailed to direct staff on how to meet the patients' needs
- supplementary care records are reviewed by registered nurses on at least a daily basis and used to update the daily progress notes. The daily progress notes should include the actions taken where required.
- care records are legilble and amendments to the care records are made in keeping with professional guidance
- the care plan audit is reviewed to ensure it identifies deficits in record keeping
- when an audit identifies deficits or concerns a time bound action plan is developed to address these
- the care record audit includes an overview of the daily and monthly evaluation of care to ensure registered nurses evaluations of the delivery of care and treatment are meaningful and evidence oversight of supplementary care records such as food and fluid intake charts.

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 6 January 2025

FTC6: FTC Notice

Claire Carroly

Signed

Director of Adult Care Services

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.