



# Unannounced Care Inspection Report 9 January 2020



## Parkmanor Oaks

**Type of Service: Nursing Home**  
**Address: 6 Thornhill Road, Dunmurry, Belfast BT17 9EJ**  
**Tel No: 028 9030 7700**  
**Inspector: Heather Sleator**

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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 registered nursing home which provides care for up to 81 patients. The home is divided into three units each accommodating 27 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Macklin Group  <b>Responsible Individuals:</b> Brian Macklin Mary Macklin	<b>Registered Manager and date registered:</b> Claire Black 14 April 2016
<b>Person in charge at the time of inspection:</b> Claire Black	<b>Number of registered places:</b> 81
<b>Categories of care:</b> Nursing home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 80

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 09.55 hours to 16.20 hours.

The inspection assessed progress with all areas for 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.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients. The activities programme was full and varied.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified in relation to two aspects of the environment and were; repairing the flooring in one identified bedroom and establishing a system to monitor the safe use of bedrails which were not integral to the bed.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the homewith the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Claire Black, Registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 17 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 9 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- staff training records
- incident and accident records
- staff recruitment and selection procedures including induction records
- three resident care records
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- a sample of reports of the monthly quality monitoring reports
- RQIA registration certificate
- selected policy documentation

Areas for improvement identified at the last 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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered person shall ensure that a full employment history, including an explanation of any gaps, is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two staff recruitment and selection records were selected for review. The records evidenced that the required information was present and that the references present in the records were as per stated on the individuals application form.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered person shall ensure that an audit is undertaken to identify which bedrails require to be replaced and a plan developed to ensure the bedrails are replaced within a meaningful timeframe.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A preplacement programme in respect of the identified bedrails is due to commence in the near future. The manager stated that there had been difficulty getting the replacement bedrails and have now secured the replacement of the bedrails through a different supplier.</p>	
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## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “Staff are very caring.”
- “Staff are fantastic.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspectors: “What makes this home good.....the staff...the management....good teamwork.”

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Five staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- “Management are good here, you see them a lot and they help out.”

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One agency staff member confirmed they had received induction training when they commenced in the home and that it was effective and commented:

- “Induction was very good, shown all around including fire safety, felt confident following this otherwise I wouldn’t have stayed.”

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further

noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to patients and visitors. We observed that two bedrails on patients' beds were not integral to the bed. This was discussed with the registered manager who was advised that the guidelines for the use of this type of bedrail needed to be implemented. We also observed that the flooring in one bedroom required attention as it was not level. These aspects of the environment have been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire risk assessment had been reviewed and was dated June 2019. Recommendations made as a result of the assessment had been actioned by the registered manager.

In relation to medicines management the most recent medicines management inspection was 8 October 2018 and no areas for improvement were identified at the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

## Areas for improvement

Areas for improvement were identified regarding implementing the guidelines for the safe use of the identified bedrails and addressing the flooring in the identified bedroom.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. A staff member commented, "This place works so well, everyone knows what they're doing so good teamwork, I love it here."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

The management of a patient's weight loss was reviewed. It was good to note that appropriate and comprehensive care documentation including risk assessments, had been completed which clearly indicated the involvement of other professionals and the regular review of the patient's wellbeing. The patient's history was clearly noted along with an appropriate and person centred care plan that reflected the patient's changing needs

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management and wound care management confirmed the registered nurse's clear understanding and responsibility in respect of both of these areas.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the patients. The dining rooms were warm bright and well ventilated. Condiments and place settings were appropriately to the needs of the individuals and the environment was pleasant for patients to eat their meals. There was a wide range of choices available for patients to choose from, portion size was good and the meals were well presented. Individual dietary needs



including modified diets were catered for. One patient commented, “I really enjoy my meals....I’ve put on weight.”

Two completed questionnaires were returned to RQIA from patients’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied. Refer to 6.5 for additional comments from patients’ representatives.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care practice, the dining experience and record keeping, audits and reviews, communication between patients, staff and relatives/visitors.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.55 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, “In my estimation Parkmanor Oaks is very good, if you ask for anything you never have to ask twice.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients are supported by two activities coordinators who develop the social and recreational activities in conjunction with the patients’ preferences. Staff have developed strong links with the wider community including intergenerational activities with local schools and nurseries and also local voluntary organisations, for example Age NI.

Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. One patient commented, “There’s a good team here with a good attitude.”

There were numerous thank you cards and compliments available regarding the home; comments included:

- “Just to say a huge thank you to you and all the staff at Parkmanor Oaks....the love, care and kindness shown to (patient) will always be remembered.” – Relative, December 2019.

- “Express my sincere thanks and gratitude to all staff, especially those on the first floor, for the dedicated care given to (patient)...your kindness and compassion, caring for the most vulnerable people is invaluable and admirable.” – Relative, October 2019.

We spoke to staff during the inspection and comments included:

- “Very approachable managers no matter the issue, both deputies and manager Claire, are excellent.”
- “We get to know the patients very well, know to look at them how they’re feeling, I love it here.”
- “Very good training here, especially dementia training, theory and experiential training...what it’s like to be fed when you don’t want to eat, really good.”

There were no questionnaires completed and returned to RQIA from staff.

Comments received from patients included:

- “They’re alright here.”
- “I’m very fond of the staff, they’re very caring.”
- “I like Parkmanor Oaks, its human; it’s more to the person.”
- “When you say anything to them (staff), they take it on board.”

There were two questionnaires returned from patients’ representatives. The respondents were very satisfied that the care afforded in Parkmanor Oaks was safe, compassionate and effective and that the service was well led. An additional comment was made:

- “Parkmanor Oaks is a brilliant care home and all the staff are wonderful and very caring towards my (relative) who is a resident.”

We spoke with two relatives during the inspection. The relatives expressed their satisfaction with the care afforded by staff and management. One relative suggested that it would be a good idea if the bedroom doors had locks, locks that staff could override, to give their relative peace of mind. The registered manager was made aware of the suggestion. Additional comments included:

- “Quite attentive (staff), I would recommend this home.”
- “It’s very good here, staff are great.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2016 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The registered manager reported that they were well supported by two deputy managers and an administrator who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Support is also provided by the owners and operation manager.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

In addition, the owners of Parkmanor Oaks are required to check the quality of the services provided in the home monthly and complete a report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Black, Registered 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 providers 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 February 2020</p>	<p>The registered person shall ensure that procedures are implemented for the safe use of bedrails which are not integral to the bed and the flooring in the identified bedroom is repaired.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Bed to be changed to bed with different bedrails, awaiting new bed extender arriving for bed, &amp; then bed will be changed.</p> <p>Carpet world visited &amp; stated floor needs replaced, awaiting then coming back to replace same.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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