



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Care Inspection**

**Name of Establishment:** Park Manor  
**RQIA Number:** 11120  
**Date of Inspection:** 25 February 2015  
**Inspector's Name:** Loretto Fegan  
**Inspection ID:** IN018666

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Park Manor
<b>Address:</b>	6 Thornhill Road Dunmurry Belfast BT17 9EJ
<b>Telephone Number:</b>	02890307700
<b>Email Address:</b>	parkmanor@macklingroup.com
<b>Registered Organisation/ Registered Provider:</b>	Macklin Group Mr Brian Macklin Mrs Mary Macklin
<b>Registered Manager:</b>	Ms Elizabeth Thompson
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Elizabeth Thompson
<b>Categories of Care:</b>	RC-I, RC-PH, NH-DE, NH-I, NH-PH
<b>Number of Registered Places:</b>	78
<b>Number of Patients / Residents Accommodated on Day of Inspection:</b>	75 (69 nursing patients and 6 residential)
<b>Scale of Charges (per week):</b>	£544 – £574 (residential) £644 - £674 (nursing)
<b>Date and Type of Previous Inspection:</b>	12 March 2014 Secondary Unannounced Care inspection
<b>Date and Time of Inspection:</b>	25 February 2015 13.40 – 18.50 hours
<b>Name of Inspector:</b>	Loretto Fegan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with two relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	<b>12</b>
Staff	<b>9 in addition to the registered manager</b>
Relatives	<b>2</b>
Visiting Professionals	<b>0</b>

The registered manager agreed to distribute questionnaires during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

<b>Issued To</b>	<b>Number Issued</b>	<b>Number Returned</b>
Patients/Residents	<b>0</b>	<b>0</b>
Relatives/Representatives	<b>0</b>	<b>0</b>
Staff	<b>10</b>	<b>5</b>

## 6.0 Inspection Focus

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard.

### **Standard 19 - Continence Management**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Park Manor Home is situated on the Thornhill Road, Dunmurry in South Belfast. The home is owned and operated by the Macklin Group and the current registered manager is Ms E Thompson.

Accommodation for patients/ residents in this purpose built 78 bedded home is provided over three floors. Floor "B" provides care for 26 patients under the category of NH - DE (dementia care) with the remaining patients / residents located on floors "C" and "D".

There are two lounge areas on each floor, one of which opens onto the dining room. Patients have supervised access from Floor "B" to a small courtyard style garden area. The bedrooms are all single rooms with ensuite facilities. A number of communal sanitary facilities are also available throughout the home. Access to all floors is via passenger lift and stairs.

The lower ground floor (Floor "A") has a large reception area leading to administrative offices, private meeting rooms, hairdressing room, treatment room, kitchen, laundry and staff facilities.

Park Manor is convenient to Belfast and Lisburn with good local access to public transport and shopping, yet retains a semi-rural location.

The home is registered to provide care for a maximum of 78 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category to a maximum of 26 patients
PH	physical disability other than sensory impairment under 65 to a maximum of 26 patients
DE	dementia care to a maximum of 26 patients accommodated within the dementia unit on the ground floor.

### Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65

The registration for residential accommodation is not to exceed eight residents.

## 8.0 Executive Summary

The unannounced inspection of Park Manor was undertaken by Loretto Fegan on 25 February 2015 between 13.40 – 18.50 hours. The inspection was facilitated by Ms E Thompson, registered manager, who was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management.

Prior to the inspection taking place, the inspector reviewed the completed self –assessment and other information submitted by the registered manager as part of the pre-inspection process (refer to section 11 and appendix 1). The inspector also reviewed incidents submitted to RQIA from the home. As an enquiry relating to the provision of activities in the home was

made by an assistant care manager to RQIA in January 2015, this aspect of care provision was followed up during the inspection.

The inspector observed care practices; this evidenced that the quality of interactions between staff and patients / residents at the time of the inspection demonstrated courtesy, respect and engagement with the patients. Patients / residents including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed, relaxed and comfortable in their surroundings. The inspector observed the serving of the evening meal. The meal was well presented and patients/ residents confirmed that it was tasty. On the day of inspection, some patients were taking part in a painting activity. It is recommended that a record is maintained of all activities that patients/residents participate in. Refer to section 11.1 for further detail.

Patients/residents whom the inspector spoke with, confirmed high levels of satisfaction with the standard of care, facilities and services provided in the home. Two relatives also spoken with, were positive regarding the standard of care provided. The registered manager agreed to follow up an issue raised by one patient / resident; refer to section 11.7 for further details about patients, residents and relatives.

Five patients' care records were examined in relation to continence management and support. The care records evidenced that the standard of record keeping in relation to this aspect of care reflected an assessment, care planning and evaluation process which included the promotion of continence / management of incontinence, fluid requirements and patient dignity. It is recommended that information from communal records is consistently transcribed to individual patients'/residents' daily progress / evaluation records. It is also recommended that patient details including name and date of birth and information regarding the nature of any re- assessment being undertaken are recorded on the relevant documentation.

The inspector can confirm that policies and procedures were in place to support registered nurses and care staff in relation to continence management / incontinence management and catheter care. Evidence based documents were also available pertaining to this aspect of care for staff to reference. A recommendation is made to further develop / review these policies / procedures to include stoma care. It was also recommended that additional evidence based guidelines in relation to bowel / bladder care should be sourced and made available to staff.

There was evidence that that bowel / bladder care forms part of the induction training for new staff. All grades of staff demonstrated a person centred approach to individual patient / resident care needs in relation to the promotion of continence and the management of incontinence. The inspector ascertained that care staff are supported with appropriate training and guidance with regard to this aspect of care.

The registered manager confirmed that the majority of registered nurses have received recent training in relation to male and female catheterisation and stoma care and that the remaining nurses who have been more recently appointed will also undertake this training. A recommendation has been made that all the remaining registered nurses receive an update on male and female catheterisation and management of stoma care until 100% compliance is attained.

From a review of the available evidence and from discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

Discussion took place with the registered manager regarding the nursing and care staff duty roster for week commencing 23 February 2015. The registered manager informed the inspector that the home had a deficit of two whole time equivalent (WTE) registered nurses. The inspector acknowledged that the registered manager was managing the staffing situation pro-actively and that staffing levels and the standard of patient / resident care was deemed to be of a satisfactory standard at the time of inspection. However, as senior nursing staff management hours were significantly reduced to provide direct patient care, it is requested that confirmation regarding the recruitment of additional registered nurses is provided to RQIA when returning the quality improvement Plan (QIP).

During the inspection, the inspector spoke with a total of nine staff; three registered nurses, two senior care assistants and four care staff in addition to the registered manager. Five staff completed questionnaires. Staff responses in discussion with the inspector and in the returned questionnaires were positive regarding the standard of care provided to patients. Issues raised in relation to staffing levels and training on the management and use of restraint were discussed with the registered manager post inspection and clarification sought, see section 11.9 for further detail.

Additional areas were also examined including:

- Complaints records
- Patients under Guardianship

Details regarding these areas are contained in section 11 of the report.

The inspector undertook an observational tour of the internal environment of the home. All areas were maintained to an acceptable standard of hygiene and décor. On the day of inspection, the home's service lift was out of order and the door closure leading to the second floor stairway was not working properly. The registered manager provided notification to RQIA on the day following the inspection that these issues were addressed and in working order.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a satisfactory standard.

Ms E Thompson, registered manager received the feedback in relation to the inspection findings.

As a result of this inspection, four recommendations were made.

Details can be found in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the staff who completed questionnaires.



## **9.0 Follow-Up on Previous Issues**

There were no requirements or recommendations made during the unannounced care inspection on 12 March 2014.

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

RQIA is satisfied that the registered manager has dealt with Safeguarding of Vulnerable Adults (SOVA) issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

**10.0 Inspection Findings**

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
<b>Inspection Findings:</b>	
<p>Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken for all five patients. These assessments were recorded appropriately and reflected the identification of individual patient need in relation to continence / incontinence or if catheter or stoma care was required.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans evidenced patient / relative involvement regarding the agreeing and planning of nursing interventions and addressed the patients' assessed needs with regard to continence management.</p> <p>There was evidence of ongoing evaluation of nursing care taking place in relation to bowel and bladder care. The evaluation in relation to bowel function could be further enhanced by consistently transcribing information in a timely basis from well documented communally held records to patients' / residents' individual daily progress / evaluation records. Some patient records pertaining to re-assessment / evaluation were filed in sections relating to a specific activity, however they had only a review date and staff signature recorded. These records did not have patients' details such as name and date of birth recorded nor any detail regarding the nature of the specific re-assessment / evaluation. The registered manager advised that this issue has been corrected on the template for all new documentation. A recommendation is made in relation to these aspects of record keeping.</p> <p>There was evidence of appropriate referral to General Practitioner / other relevant specialist practitioner.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the home.</p>	<p>Substantially compliant</p>

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**COMPLIANCE LEVEL**

**Inspection Findings:**

The inspector can confirm that policies and procedures were in place in relation to continence management / incontinence management and that the following documents were available:

- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Discussion took place with the registered manager regarding further developing these policies / procedures to include stoma care and that the following additional guidelines would also be made be readily available for staff to reference:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- RCN continence care guidelines

A recommendation has been made in this regard.

The registered manager informed the inspector that bowel / bladder care forms part of the induction training for new staff, this was confirmed by the care assistants whom the inspector had the opportunity to speak with. While this was not documented in the induction records, it was well documented in the three care assistant supervision and competency assessment records examined by the inspector. These supervision and competency assessments were undertaken at the time of appointment and reviewed six months later.

Substantially compliant

All grades of staff demonstrated a person centred approach to individual patient / resident care needs in relation to the promotion of continence and the management of incontinence. The inspector ascertained from discussion with senior care assistants / care assistants and the registered manager that care staff are supported with appropriate training and guidance / support with regard to this aspect of care.

It was evident from speaking with staff and from documented evidence that the promotion of continence and management of incontinence is monitored by the registered manager, registered nurses and senior care assistants. Discussion took place with the registered manager how the document "Essence of Care" (2010) could further guide to this process.

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<p><b>Criterion Assessed:</b>                  19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Not applicable</p>	
<p><b>Criterion Assessed:</b>                  19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  The registered manager confirmed that the majority of registered nurses have received recent training in relation to male and female catheterisation and stoma care and that the remaining nurses who have been more recently appointed will also undertake this training within the next six months. A recommendation has been made that all the remaining registered nurses receive an update on male and female catheterisation and management of stoma care until 100% compliance is attained.</p>	<p align="center">Substantially compliant</p>

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p align="center"><b>Substantially compliant</b></p>
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## **11.0 Additional Areas Examined**

### **11.1 Care Practices including the Provision of Activities**

The inspector evidenced that the quality of interactions between staff and patients/ residents at the time of the inspection demonstrated courtesy, respect and engagement with patients/residents.

Patients including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed and their demeanour indicated that they were relaxed and comfortable in their surroundings.

The registered manager advised that following a re-advertisement an activities person has been appointed (subject to the relevant checks) to take up a full time post within the next ten days. The registered manager advised that the care assistants were offering activities to the patients during the past three months in addition to organised communal events. On the day of inspection some patients were taking part in a painting activity. Whilst the inspector acknowledged that a random selection of three patients' individual records evidenced a comprehensive assessment undertaken in relation to social activity, a record of activities undertaken was not maintained in the absence of a designated activities person. It is recommended that a record is maintained of all activities that patients/residents participate in.

The inspector observed the serving of the evening meal. A choice of meal was offered and the meal was well presented. Patients / residents confirmed that the meal was tasty. Patients requiring a pureed meal were served the meal in a manner that allowed different foods and flavours to be recognised.

### **11.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The response returned by the registered manager indicated that complaints received during the year ending 2013 were addressed. The inspector reviewed the record of complaints since the previous care inspection on 12 March 2014 which evidenced that complaints were managed in accordance with legislative requirements.

### **11.3 Records**

In accordance with Regulation 19 (2) Schedule 4, a number of records are required to be kept in a nursing home. Prior to this inspection the registered person completed and returned a declaration to confirm that all documents listed were available in the home. The inspector sampled a number to confirm this as follows:

- record of complaints
- record of accidents/ incidents
- record of visitors to the home
- care records

Records examined were found to be maintained in accordance with legislative requirements.

#### **11.4 Patient Finance Questionnaire**

Prior to the inspection, a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned response indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

#### **11.5 NMC Declaration**

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma to RQIA indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

#### **11.6 Patients under Guardianship**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

The registered manager confirmed that there were no patients accommodated at the time of inspection in the home, who were subject to guardianship arrangements.

#### **11.7 Patients/Residents and Relatives Comments**

During the inspection, the inspector spoke with twelve patients individually and to others in groups.

Patients spoken with confirmed high levels of satisfaction with the standard of care, facilities and services provided in the home.

Patients' comments included:

"it is very nice here, I am well pleased and the food is very good"

"Staff are very good, occasionally I don't like the choice of food; staff attend to the call bell promptly"

"I am happy and content here; food is alright – I get something I like; staff are caring and the buzzer is answered quickly"

During the inspection, one patient/resident indicated that they were generally dissatisfied especially with the dinner menu. The patient/resident agreed that the inspector would share their concern with the registered manager. This was discussed with the registered manager who advised that continuous efforts are made to make the patient/resident's care as person centred as possible in partnership with the patient, care management and family. The



registered manager agreed to speak with the patient/resident with regard to their specific concerns raised on the day of inspection.

The inspector spoke with two relatives during the inspection. The relatives informed the inspector that they were content with the care provided. No issues were raised.

### **11.8 Staffing levels**

Discussion took place with the registered manager regarding the nursing and care staff duty roster for week commencing 23 February 2015. The registered manager informed the inspector that the home had a deficit of two whole time equivalent (WTE) registered nurses. The registered manager explained that in order to maintain continuity of safe and effective care, the deputy manager and sister were providing direct nursing care for their entire weekly duty rota. The home were also employing registered nurses from a recruitment agency. In addition the registered manager was also providing direct nursing care on occasional shifts.

The inspector acknowledged that whilst staffing levels and the standard of patient / resident care was deemed to be of a satisfactory standard at the time of inspection, and that the registered manager was managing the staffing situation pro-actively, this arrangement impacted on senior nursing staffs' availability to undertake management responsibilities.

The registered manager confirmed that this was a short term interim measure, advising that discussion had already taken place with the regional manager regarding the recruitment of an additional 2 WTE registered nurses on a permanent basis. The registered manager informed the inspector that the request for the additional 2 WTE registered nurses will be considered by the company directors. It is requested that confirmation regarding the outcome of this decision is provided when returning the quality improvement Plan (QIP).

### **11.9 Questionnaire Findings/Staff Comments**

During the inspection, the inspector spoke with a total of nine staff which included three registered nurses, two senior care assistants and four care staff. Five staff completed questionnaires. Staff responses in discussion / in the returned questionnaires indicated that staff received an induction, completed mandatory and additional training. Staff were positive regarding the standard of care provided to patients/residents.

In the returned staff questionnaires, two staff indicated that they had not received training on the management or use of restraint. This was discussed post inspection with the registered manager who subsequently provided written confirmation to RQIA that all staff undertake training regarding restraint during their induction and as part of other mandatory training.

Examples of staff comments were as follows;

"I feel the training I receive on dementia helps me a lot to work on the dementia floor. I also feel that I get helped a lot by my work colleagues"

"sometimes understaffed or under pressure on the floor allocated doesn't give time to talk or listen to resident" this staff member went on to say " care staff in the home provide the highest standards of care that I have seen in any other nursing home I've worked in. I think the staff and quality of care is excellent but staffing levels could be looked at"

“Overall I would say the care home is very good to work in and we are provided with everything we need to do our work, but there are at times staffing issues and when we are short staffed it makes things difficult to manage”

“I think the care staff team really do their best to make the residents happy and comfortable in their home on the dementia floor. They always do their best for each resident and work good as a team”

Comments made by staff in relation to staffing levels were shared with the registered manager.

### **11.10 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and maintained to a high standard of hygiene.

On the day of inspection, the home's service lift was out of order and the door closure leading to the second floor stairway was not working properly. The registered manager provided notification to RQIA on the day following the inspection that these issues were addressed and are in working order.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Elizabeth Thompson, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Loretto Fegan  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**

**Appendix 1**

<b>Section A</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.1</b></p> <ul style="list-style-type: none"> <li>At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</li> </ul> <p><b>Criterion 5.2</b></p> <ul style="list-style-type: none"> <li>A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</li> </ul> <p><b>Criterion 8.1</b></p> <ul style="list-style-type: none"> <li>Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent.</li> </ul> <p><b>Criterion 11.1</b></p> <ul style="list-style-type: none"> <li>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</b></p>	
<b>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>On admission, the admitting nurse will draw up a care plan and complete initial risk assessments using the details from the care manager/ social worker/hospital staff details and nursing home preassessment form.</p> <p>Risk assessments include Braden Scale, MUST scale, bedrail risk assessment, continence risk assessment, manual handling risk assessment, fall risk assessment, challenging behaviour risk assessment (if applicable), wound care risk assessment/body mapping and any other risk assessment deemed relevant or necessary.. Assessments of daily living are completed as per Roper, Logan and Tiernay model of Nursing.</p>	Compliant

<b>Section B</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.3</b></p> <ul style="list-style-type: none"> <li>A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.</li> </ul> <p><b>Criterion 11.2</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.</li> </ul> <p><b>Criterion 11.3</b></p> <ul style="list-style-type: none"> <li>Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.</li> </ul> <p><b>Criterion 11.8</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.</li> </ul> <p><b>Criterion 8.3</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
The named nurse compiles the care plan and agrees the nursing interventions with the resident and /or their representative and a care plan agreement is drawn up. The recommendations from other health care professionals are taken into consideration and it is our policy to always promote independence and encourage rehabilitation as far as is	Compliant

<p>possible within the resident's capability. Where a resident is deemed to be at risk of developing pressure ulcers, a prevention programme is drawn up and documented. If a resident has a pressure ulcer on admission or develops a pressure ulcer while in the home, a referral is made to TVN or Podiatrist re advice. If a resident is at risk of malnutrition/weight loss due to poor dietary intake a referral is made to the dietician/ SALT in a timely manner.</p>	
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<b>Section C</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.4</b> <ul style="list-style-type: none"> <li>Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Assessment of resident's needs and progress are on going on a daily basis and are also assessed formally on a monthly-3 monthly basis according to the resident's condition and with their agreement. The outcome of all assessments are clearly documented in the resident care plan.	Substantially compliant

<b>Section D</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.5</b></p> <ul style="list-style-type: none"> <li>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</li> </ul> <p><b>Criterion 11.4</b></p> <ul style="list-style-type: none"> <li>A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</li> </ul> <p><b>Criterion 8.4</b></p> <ul style="list-style-type: none"> <li>There are up to date nutritional guidelines that are in use by staff on a daily basis.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
All nursing interventions are evidence based and within the guidelines of professional bodies from whom advice is gained as required. Staff work at all times within these guidelines and within the guidelines of NMC and NISCC. Pressure ulcers are graded according to the NICE 2005 guidelines and SE Trust guidelines, a copy of which is held on all 3 floors of the home. A copy of the updated PHA 2014 nutritional Guidelines and menu checklist are held in the for reference by staff.	Compliant



<b>Section E</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.6</b></p> <ul style="list-style-type: none"> <li>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</li> </ul> <p><b>Criterion 12.11</b></p> <ul style="list-style-type: none"> <li>A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</li> </ul> <p><b>Criterion 12.12</b></p> <ul style="list-style-type: none"> <li>Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 19(1) (a) schedule 3 (3) (k) and 25</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Records are kept of all interventions, procedures and activities undertaken in the home detailing the outcomes for each resident. A daily menu choice list is kept for all residents and specific choices for foods not on the menu are also recorded. If a resident's fluid intake or dietary intake are cause for concern or require more careful monitoring, a record is kept of all foods and fluids offered. This is discussed with the nurse manager, nurse on the unit, resident, relative and care staff. If there is cause for concern, advice is sought from a dietician and/or speech and language therapist and the necessary documentation kept in the resident file.	Substantially compliant

<b>Section F</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.7</b> <ul style="list-style-type: none"> <li>The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
All care is monitored on a daily basis, identifying desired outcomes. Care documentation is also monitored and reviewed on a monthly- 3 monthly basis. Named nurse liases with the relative/ resident on a regular basis to identify their views on care provided/to be provided.	Compliant

<b>Section G</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.8</b></p> <ul style="list-style-type: none"> <li>Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.</li> </ul> <p><b>Criterion 5.9</b></p> <ul style="list-style-type: none"> <li>The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Residents are always encouraged and facilitated to attend and contribute to reviewing outcomes of care whether in a formal or informal manner if this is relevant. If they choose not to attend, their decision is upheld in a professional manner.	Compliant

<b>Section H</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 12.1</b></p> <ul style="list-style-type: none"> <li>Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.</li> </ul> <p><b>Criterion 12.3</b></p> <ul style="list-style-type: none"> <li>The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Residents receive a nutritious and varied diet on a 3 weekly menu plan. Resident's individual dietary needs are met as per referral letters, speech and language therapists, dieticians, and GPs. The menu offers residents a choice at all meal times. A copy of the choices made are sent to the kitchen and a copy kept on each floor for reference. If a resident does not want the choices offered, they can choose an alternative meal and the kitchen staff will provide this according to the foods available in the kitchen.	Compliant

<b>Section I</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 8.6</b></p> <ul style="list-style-type: none"> <li>Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.</li> </ul> <p><b>Criterion 12.5</b></p> <ul style="list-style-type: none"> <li>Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</li> </ul> <p><b>Criterion 12.10</b></p> <ul style="list-style-type: none"> <li>Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:                             <ul style="list-style-type: none"> <li>risks when patients are eating and drinking are managed</li> <li>required assistance is provided</li> <li>necessary aids and equipment are available for use.</li> </ul> </li> </ul> <p><b>Criterion 11.7</b></p> <ul style="list-style-type: none"> <li>Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Nurses have up to date knowledge of feeding techniques for patients with swallowing difficulties and adhere strictly to recommendations from speech and language therapists ensuring that all staff do likewise. Any further problems are then referred to SALT. All meals are served at conventional times and if a resident wishes to have a meal outside of these times, the kitchen staff will always try to accomodate this. Fresh fruit is offered each day by various methods and a choice of juices is also available in each lounge throughout the day. Residents have a supply of fresh water in their bedrooms if they choose and can always receive a drink or snack when requested.	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Park Manor

25 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Thompson, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1 & 13.9	<p>It is recommended that the following record keeping issues are addressed:</p> <ul style="list-style-type: none"> <li>• information from communal records is transcribed to patients' individual records</li> <li>• every record (including loose pages) contains the patient's details and other relevant information regarding the purpose of the record</li> <li>• a record is maintained of all activities that patients/residents participate in.</li> </ul> <p><b>Ref – Section 10.0, (criterion 19.1) &amp; Section 11 (11.1)</b></p>	One	<p>Communal records information is now transcribed to individual resident records. Resident details are now being completed on all documentation pages of the care plan. Details regarding activities undertaken by individual residents are now being updated and recorded on a daily basis in their individual care plans.</p>	31 March 2015



2	19.2	<p>It is recommended that:</p> <p>additional evidence based guidelines in relation to bowel / bladder care are sourced and made available to staff</p> <p>that policies / procedures in relation to continence / incontinence management include stoma care and are further developed /reviewed to include additional evidence based references</p> <p><b>Ref – Section 10.0, (criterion 19.2)</b></p>	One	<p>Additional guidelines re bowel/bladder care, in addition to those held in the home have been made available for staff reference. Policies re continence care have been updated and further developed with reference to evidence bases documentation.</p>	31 May 2015
3	19.4	<p>It is recommended that:</p> <p>all remaining registered nurses receive an update on male and female catheterisation and management of stoma care until 100% compliance is attained.</p> <p><b>Ref – Section 10.0, (criterion 19.4)</b></p>	One	<p>A training programme for all nurses in relation to male/female catheterisation and stoma care has been commenced with the aim of all nurses having update training in this area by August 2015.</p>	31 August 2015
4	30.1	<p>Confirm the arrangements regarding the recruitment of additional registered nurses.</p> <p><b>Ref – Section 11, (11.8)</b></p>	One	<p>the company had increased a recruitment drive to recruit additional nurses and this will be continued until full nurse staffing levels are attained.</p>	When returning the quality improvement plan (QIP)

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Liz Thompson
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mary Macklin

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Loretto Fegan	27/04/15
Further information requested from provider			