

Unannounced Care Inspection Report 9 February 2021



Parkmanor Oaks

Type of Service: Nursing Home

Address: 6 Thornhill Road, Dunmurry, Belfast BT17 9EJ

Tel No: 028 9030 7700

Inspector: Sharon McKnight

www.rqia.org.uk

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 nursing home registered to provide nursing care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Group Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager and date registered: Claire Black 14 April 2016
Person in charge at the time of inspection: Claire Black	Number of registered places: 81
Categories of care: Nursing home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. A maximum of 27 patients in category NH-DE to be accommodated on the First Floor. There shall be a maximum of 2 named residents receiving residential care in category RC-I.	Number of patients accommodated in the nursing home on the day of this inspection: 73

4.0 Inspection summary

An unannounced inspection took place on 9 February 2021 from 09:05 to 17:35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

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

The term 'patients' is used to describe those living in Parkmanor Oaks which alongside nursing care provides residential care for two residents .

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with the majority of patients and with 14 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 1 and 8 February 2021
- care records for three patients
- supplementary care charts including fluid intake and repositioning records
- accident and incident reports
- record of complaints and compliments
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- records of audits
- monthly monitoring reports for the period June 2020 - January 2021.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 February 2021.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.10 Stated: First time	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. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Observation confirmed that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

On the day of the inspection we reviewed the staff rotas for the weeks commencing 1st and 8th February 2021. This review confirmed that the staffing numbers identified had been consistently provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with fourteen members of staff, who displayed great commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. All of the staff spoken with were satisfied with the current staffing and spoke positively of the support provided by the management team within the home.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; two were returned by relatives both of whom were very satisfied with the staffing arrangements. The following comment was provided:

“The care and attention from staff has been incredible. Staff are so attentive and the communication is excellent.”

6.2.2 Care delivery

We spent time in all of the units during the day. The atmosphere throughout the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. The number of chairs in the lounges had been reduced to allow for them to be appropriately spaced. Staff were knowledgeable of the importance of social distancing but at times were challenged in maintaining it with the level of understanding many of their patients had.

A number of patients were being nursed in bed; these patients were warm and comfortable. Some patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. Patients told us:

“Staff are very attentive – I’ve no complaints.”

“Everyone is very good.”

“Staff are very approachable.”

We saw the serving of lunch in two of the units. Patients had their lunch served either in the lounge, the dining room or in their bedroom depending on their personal choice or their dining needs. The number of patients in the dining was dependant on the space available to support social distancing. Everyone was assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime. Patients’ nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients’ weights were kept under review and checked monthly to identify any patient who had lost weight.

We spoke at length with one of two activity co-coordinators employed in the home. There was recognition of the increase support patients required as a result of the pandemic and the reduction in contact and visits from their loved ones. In response to this the provision of activity leader hours had been increased. We discussed the provision of activities and the challenges of delivering a programme in the current pandemic. They explained that the musical afternoons continued but that they were now held on each individual floor rather than in the group setting in the foyer of the home. Other activities include supporting patients with walks outside, crafts, quizzes and pamper days. The activity co-ordinators also support the patients with video calls to their loved ones and with posts on the private social media page entitled “I’m ok campaign”.

Posts on this page include photos of everyday life in the home to reassure relatives in the absence of visiting in each unit. Patients were supported to write messages on white boards and photos of these were sent to their loved ones. One returned questionnaire was very complimentary regarding the support provided by the activity co-ordinators. The detail of the specific compliment was shared with the manager.

We discussed the arrangements for patients to receive visitors. Visiting for all patients was facilitated in a designated room located off the foyer area. The room had been adapted to include a perspex screen and the furniture was positioned to support social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Patients could also receive window visits from their loved ones. Separate arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones. Care partner arrangements were in place for a number of patients; the care partner arrangements were being managed in accordance with the Public Health Agency (PHA) guidance.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

“...Please pass on my sincere thanks to all staffthey became her family and it has been so reassuring to know that the care and personal attention she received was of the highest level.”

“It was so reassuring and comforting to know ...(relative) was lovingly cared for by the staff at Parkmanor Oaks.”

“The care she received was exceptional to say the least and she always remarked to us about how well she was looked after.”

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SLT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

We reviewed systems in place to ensure compliance with the deprivation of liberty (DOLs) safeguards. The manager confirmed that written confirmation was received from the relevant health and social care trust regarding the completion of capacity assessments and panel decisions. We were informed that DOLs was also discussed as part of the pre-admission assessment. It was recommended that the outcome of these discussions are recorded in the pre-admission assessment as evidence that DOLs has been considered as part of the admission process. This was identified as an area for improvement.

Staff were well informed with regard to patients' needs, what areas patients required support with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed patients' needs in relation to wound prevention and care. Records confirmed that wounds were dressed in keeping with the care plan instructions. Records also evidenced that

where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 IPC measures and the use of personal protective equipment (PPE)

Signage had been placed in the foyer of the home which provided advice and information about COVID-19; hand sanitiser and PPE were also available. On arrival staff checked and recorded our temperature and we completed a health declaration. The manager confirmed that staff and patient temperatures were being checked twice daily and recorded. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. We spoke with two members of housekeeping staff; both were well informed regarding the use of PPE, enhanced cleaning arrangements; they confirmed that the rooms of patients were self-isolating would be cleaned last.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout.

6.2.6 Leadership and governance

There was a clear management structure within the home. The manager retained oversight of the home and was supported in her daily role by the deputy manager and nursing sister all of whom were readily available throughout the inspection. Staff commented positively about the management team and described them as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care for example hand hygiene, use of PPE, environment hygiene audits, accidents care records and were also carried out monthly. Where deficits were identified records evidenced that areas had been re-audited to confirm the required improvements were made.

Records were available of any complaints and compliments received. Complaints records included the detail of the complaint, the outcome of any investigations and the action taken.

We examined the reports of the visits made on behalf of the registered provider for the period June 2020 to January 2021. Where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE, the provision of activities and effective team work between staff and management.

Areas for improvement

Two areas for improvement were identified with regard to the settings on pressure relieving mattresses and the recording of pre-admission discussions re DOLs.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs. Staff had a good knowledge and understanding of patients' individual needs, wishes and preferences and spoke confidently of the importance of supporting patients throughout the current pandemic.

Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare 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 provider 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>Area for improvement 1</p> <p>Ref: Standard 23.5</p> <p>Stated: First</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Resident weight to be documented daily on repositioning chart & staff to check daily against setting on pump. All staff undergoing update training in the importance of ensuring correct setting on mattress.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that the outcome of the DOLs discussions are recorded in the pre- admission assessment as evidence that DOLs has been considered as part of the admission process.</p> <p>Ref 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Section added to pre-admission assessment to discuss & record conversation around DOLS that has taken place during assessment.</p>

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



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