

# Inspection Report

## 14 & 15 November 2023



## Parkmanor Oaks

Type of service: Nursing  
Address: 6 Thornhill Road, Dunmurry, Belfast, BT17 9EJ  
Telephone number: 028 9030 7700

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <p><b>Organisation/Registered Provider:</b><br/>Macklin Group</p> <p><b>Registered Person/s OR Responsible Individual</b><br/>Mr Brian Macklin<br/>Mrs Mary Macklin</p>  | <p><b>Registered Manager:</b><br/>Miss Claire Black</p> <p><b>Date registered:</b><br/>14 April 2016</p>                                   |
| <p><b>Person in charge at the time of inspection:</b><br/>Miss Claire Black</p>  | <p><b>Number of registered places:</b><br/>81</p> <p>A maximum of 27 patients in category NH-DE to be accommodated on the First Floor.</p> |
| <p><b>Categories of care:</b><br/>Nursing Home (NH)<br/>I – Old age not falling within any other category.<br/>DE – Dementia.<br/>PH – Physical disability other than sensory impairment.</p>  | <p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br/>81</p>                                    |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>Parkmanor Oaks is a registered nursing home which provides nursing care for up to 81 patients. The home is divided into three units over three floors, each with its own living and dining areas.</p> |  |

## 2.0 Inspection summary

An unannounced inspection took place on 14 November 2023 from 9:45am to 4:30pm and 15 November 2023 from 9:40am to 12:20pm by a care inspector.

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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Patients told us they were happy with the service provided. Comments included; "I love it here, the staff are wonderful" and "everybody is nice to me". Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires or staff questionnaires following the inspection

Compliments received about the home were kept and shared with the staff team

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 9 February 2023                               |   |   |
|---|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance                      |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (4)<br><b>Stated:</b> First time     | The registered person shall review the management of medicines for patients newly admitted to the home to ensure that an accurate list of medicines is obtained from the prescriber at or prior to admission and that personal medication records and medicines administration records are accurately completed.  | <b>Carried forward to the next inspection</b> |
|   | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  |   |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)     |   | Validation of compliance                      |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 18<br><b>Stated:</b> First time           | The registered person shall review the management of medicines prescribed for distressed reactions to ensure: <ul style="list-style-type: none"> <li>• A care plan is in place for all patients prescribed these medicines.</li> <li>• The reason for and outcome of each administration is consistently recorded.</li> <li>• Medicines administration records are accurately completed.</li> </ul> | <b>Carried forward to the next inspection</b> |
|   | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  |   |

|  |  |                       |
|--|--|-----------------------|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure that references are completed in full before staff commence working in the home and the induction records are retained in the staff file on completion of the induction.</p>       | <p><b>Not met</b></p> |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. This has been stated for a second time. This is discussed further in Section 5.2.1.</p> |                       |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p>  | <p><b>Met</b></p>     |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>   |                       |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime.</p>                                  | <p><b>Not met</b></p> |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. This has been stated for a second time. This is discussed further in Section 5.2.2.</p> |                       |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> | <p>The registered person should ensure that identified patients' bedrooms are decorated to an acceptable standard.</p>   | <p><b>Met</b></p>     |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>   |                       |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that one employee had only one reference and the induction record was not available. This was discussed with the management team and this area for improvement was stated for a second time.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). A record was maintained by the manager of any registrations pending with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others. Training records evidenced that a small number of staff required their yearly mandatory fire training update, confirmation was given by the management team that dates had been arranged. This will be reviewed at the next inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a "handover" at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments had been developed in a timely manner to direct staff on how to meet the patients' needs

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Although care plans reflected the patients' needs regarding the use of pressure relieving mattresses. The system in place to monitor and ensure that the mattress settings were being correctly maintained was not identifying inconsistencies between the mattress setting and the patients' weight. This was discussed with the management team and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food was attractively presented and smelled appetising, and portions were generous. The daily menu displayed did not reflect the meal choices for that day and was not displayed in a suitable format. Staff confirmed that meal options were always available if the patients did not like the meal served, however, there was no second option listed for patients who required to have their meals modified, this was discussed with the management team and this area for improvement was stated for a second time.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Review of records confirmed that variations to the menu were not consistently recorded. This was identified as an area for improvement.

There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. A small number of walls required painting, this was discussed with the management team and confirmation was received after the inspection that this was being addressed. This will be reviewed at the next inspection.

The majority of patient equipment was well maintained and clean. However, the underside of a number of raised toilet seats and shower chairs had not been effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 15 August 2023 with no actions required. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last care inspection. Miss Claire Black has been the manager since 14 April 2016.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.



The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 2*          | 5*        |

\* the total number of areas for improvement includes one regulation and standard which are carried forward for review at the next inspection and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>On-going from the date of inspection (13 October 2022)</p> | <p>The registered person shall review the management of medicines for patients newly admitted to the home to ensure that an accurate list of medicines is obtained from the prescriber at or prior to admission and that personal medication records and medicines administration records are accurately completed.</p> <p>Ref: 5.1</p> |
|   | <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>   |

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|--|--|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>   | <p>The registered person shall ensure that a system is in place to ensure raised toilet seats and shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.</p> <p>Ref: 5.2.3</p>  |
| <p><b>Response by registered person detailing the actions taken:</b><br/>Senior carers &amp; House keepers instructed to check these during shift, all care &amp; nursing staff instructed to ensure cleaned following each use.</p>             |  |
| <p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>   |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>On-going from the date of inspection (13 October 2022)</p>  | <p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure:</p> <ul style="list-style-type: none"> <li>• A care plan is in place for all patients prescribed these medicines.</li> <li>• The reason for and outcome of each administration is consistently recorded.</li> <li>• Medicines administration records are accurately completed.</li> </ul> <p>Ref: 5.1</p> |
| <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>  |  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>  | <p>The registered person shall ensure that references are completed in full before staff commence working in the home and the induction records are retained in the staff file on completion of the induction.</p> <p>Ref: 5.1 &amp; 5.2.1</p>   |
| <p><b>Response by registered person detailing the actions taken:</b><br/>New check list put in place for personnel files, administrator receiving training by HR department. Induction forms are put straight into file following induction.</p> |  |

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|---|--|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime.</p> <p>Ref:5.2.2</p>   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>31 December 2023</p>       | <p><b>Response by registered person detailing the actions taken:</b><br/>New digital menu boards have been sourced &amp; should be erected in the next 2 weeks, they will display the menu on a large screen in the dining room visible to all residents.</p> <p>The registered person shall ensure that there is a system in place to monitor and ensure that mattress settings are being correctly maintained and reflective of the patients' weight.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Senior care assistants informed to carry out daily checks on mattresses. Random checks carried out daily by management &amp; monthly mattress audit undertaken by management.</p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>  | <p>The registered person shall ensure that variations to the planned menu are recorded.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>New file put together &amp; stored in kitchen to document date &amp; reason for variation to planned menu, should it occur.</p>   |

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



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