



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 17 September 2019



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

3.0 Service details

| | |
|--|---|
| 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. | Number of patients accommodated in the nursing home on the day of this inspection: 79 |

4.0 Inspection summary

An unannounced inspection took place on 17 September 2019 from 09.00 hours to 18.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

The culture and ethos of the home supported patient dignity and privacy. There were systems in place to provide patients and relatives with a say in the day to day running of the home. Activities provided had a positive impact on patients.

Areas for improvement were identified in relation to the recording of employment history and the replacement of bedrails.

Areas requiring improvement were identified in relation to the recording of employment history and the replacement of bedrails.

We spoke with patients throughout the day who confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Claire Black, Registered Manager, Laura Campbell and Nicola Smyth, Deputy Managers, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 February 2019

No further actions were required to be taken following the most recent inspection on 25 February 2019.

5.0 How we inspect

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

During our inspection we:

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

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 9 - 22 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of the monthly visits made on behalf of the responsible person
- RQIA registration certificate.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 9 - 22 September 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team on the delivery of activities.

We asked patients, relatives and staff about staffing levels. Patients told us that staff attended to them promptly and came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. The following comments regarding staff were received:

“Staff are well organised.”

“There is always someone there to help you.”

“I only have to say I need and it appears.”

We spoke with the relatives of three patients who told us they were happy with how staff supported their loved ones with personal care and with their appearance. They were confident that staff responded to changes in their relatives' condition and that timely advice/attention was sought for medical issues.

Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients.

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Improvements were required with the recording of employment history in one file; this was identified as an area for improvement. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Staff receive training annually on the safeguarding and protection of patients and how to report any concerns they have; this is also included in the induction programme for staff.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment in Parkmanor Oaks was warm and comfortable. The home was clean and fresh smelling throughout. The veneer on a number of bedrails was worn with the underlying wood exposed; this affects the ability for them to be effectively cleaned. An audit should be undertaken to identify which bedrails require to be replaced and a plan developed to ensure the bedrails are replaced within a meaningful timeframe. Patients bedrooms had been individualised with pictures, family photographs and ornaments brought in from home. We discussed the purpose and the effectiveness of information displayed on a number of bedroom doors. It was agreed that the manager would review these notices and consider their continued use. This will be reviewed at the next inspection. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed.

Areas for improvement

Areas for improvement were identified in relation to the recording of employment history and the replacement of bedrails.

| | Regulations | Standards |
|--|-------------|-----------|
| Total numb of areas for improvement | 0 | 2 |

6.4 Is care effective?

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

We spoke with patients individually all of whom were generally happy in the home. We spoke with the relatives of three patients who confirmed that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

As previously discussed a range of assessments, to identify each patient’s needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient’s notes. We spoke with one healthcare professional who was visiting a patient. They confirmed that patients were referred in a timely manner and that, following assessment, any recommendation were actioned appropriately by staff. The nurse was complimentary regarding staff knowledge of their patients. They told us: “The staff really care – they have great compassion.”

We reviewed how 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).

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed.

Patients told us the food was good and that there was always choice and plenty to eat. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery and a choice of condiments. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal.

We reviewed the prevention and management of falls. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice as required. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

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

We arrived in the home at 09:00 hours and were met immediately by staff who offered us assistance. We walked round the home mid-morning; some patients were walking around the units, some were present in the lounges or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious we observed staff offer patients a range of interventions in an attempt to find out what the patients needed; for example staff asked if the patient was hungry, thirsty or in pain or if they wanted to go to their bedroom or the bathroom. This is good practice.

We spoke with patients throughout the day who confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. They said:

“There is always someone there to help.”

“You only have to say ‘I need’ and it appears.”

“The best staff ever.”

“You get well fed.”

“If you ask the staff they are very obliging.”

“The accommodation is very comfortable.”

We spoke with the relatives of three patients; they were very happy with the way their relatives were being looked after. They told us:

“The staff have great initiative, very caring.”

“They (the management) are very good at providing activities.”

“I would give the home 99 out of 100.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“It is such a comfort for us to know that his last years were secure, content and supported so well...we will always appreciate your acts of kindness and his symptom control in the terminal phase of his life” May 2019.

“You did your very best to make him comfortable and keep his spirits up and for that I am so grateful” June 2019.

“When I visit I have seen your staff treat my ... with patience and kindness. You are all a credit to your professional” June 2019.

We discussed if patients opinion was considered in the day to day running of the home. The manager explained that ideas for activities, venues for outings and the type of entertainers who are invited to perform in the home are decided by the patients. Questionnaires are provided annually to relatives in an attempt to gain their opinion on behalf of their loved one; these were provided in December 2018 and will be repeated again this year.

There is varied range of activities provided within the home. The programme for the month of September was displayed in the foyer of the home to inform families and visitors of the events throughout the month they may wish to attend. A musical afternoon took place on the afternoon of the inspection. A member of staff was raising money for charity by shaving their head; this event was the focus of the musical afternoon and was attended and enjoyed by numerous patients and their relatives. Patients, relatives and staff spoke positively regarding the activities provided and the enthusiasm by staff for activities.

The manager explained that the home work closely with organisations in the voluntary sector, for example Partnership Age NI and the Alzheimer’s Society. The home have recently participated in a promotional video for Partnership Age NI to launch a programme of training for carers. A number of staff are working with the Alzheimer’s Society to achieve dementia friendly status for the home. Staff told us that participation with these organisations has provided them with additional learning opportunities to further their knowledge and understanding of dementia. This engagement was commended.

Areas of good practice

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

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

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

There are well established management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been registered with RQIA since 2016 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by two deputy managers and an administrator who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Support is also provided by the owners and operation manager.

Patients, relatives and staff reported that the manager was very approachable and available regularly to speak to. It was obvious from the interactions with the patients as the manager showed us around the home that she was familiar to the patients and knowledgeable of their needs.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included wound care, accidents and incidents and infection prevention and control.

The owners of Parkmanor Oaks are required to check the quality of the services provided in the home monthly and complete a report. This was done through a visit by the quality governance manager. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Black, Registered Manager, Laura Campbell and Nicola Smyth, Deputy Managers, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p> | <p>The registered person shall ensure that a full employment history, including an explanation of any gaps, is recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Personal files checked & administrator & manager going forward will ensure the above is carried out as stated.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2019</p> | <p>The registered person shall ensure that an audit is undertaken to identify which bedrails require to be replaced and a plan developed to ensure the bedrails are replaced within a meaningful timeframe.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Bedrails audit complete. S&E contacted & quote requested for number of bedrails required. Awaiting quote & then order & replacement will commence.</p> |

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



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