

# Inspection Report

## 28 February 2022



## Parkmanor Oaks

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Macklin Group</p> <p><b>Responsible Individuals:</b> Mr Brian Macklin Mrs Mary Macklin</p>	<p><b>Registered Manager:</b> Miss Claire Black</p> <p>Date registered: 14 April 2016</p>
<p><b>Person in charge at the time of inspection:</b> Miss Claire Black</p>	<p><b>Number of registered places:</b> 81</p> <p>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.</p>
<p><b>Categories of care:</b> Nursing home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 76</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 81 patients. The home is divided in three units over three floors, each with its own living and dining areas.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 28 February 2022, from 8.30 am to 5.30 pm 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 inspection findings evidenced that there was safe, effective and compassionate care delivered in the home and that the home was well led by the management team.

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

Areas for improvement were identified in relation to the environment.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **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 the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, 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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

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

We spoke with twenty patients during the inspection, either individually or in groups. Patients were positive about their experiences living in the home, and told us they enjoyed the company of the other patients and that the staff looked after them very well. Specific comments included, "Staff are nice, in fact they are very nice. We are so well cared for and the food is good" and "It is a great wee spot but I still prefer Sandy Row".

The ten staff we spoke with reported they had no concerns about the care being provided. Staff described a caring, family atmosphere in the home, and stated they felt management were supportive and helpful, although at times the work was difficult due to staff shortages due to the pandemic.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Comments included: "Thank you from the bottom of my heart for looking after mum", and "Thank you all so much for the love you show to your patients".

Two relatives submitted questionnaire responses to RQIA. Both confirmed that they were very satisfied with the care at Parkmanor Oaks. Comments provided in the returned questionnaires included: "The care, kindness and compassion are second to none. Staff are approachable about any concerns" and "Incredible staff who look after my mother brilliantly".

No other feedback was received from staff or patients' relatives following the inspection.

## 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 09 February 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.5 <b>Stated:</b> First time	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.  Systems to ensure that correct setting is maintained must be implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of equipment, review of records and discussion with the manager confirmed that systems have been implemented to ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records confirmed 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.	

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota 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.

Staff told us that the needs and wishes of patients and their relatives were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, several patients enjoyed a lie in and breakfast in bed on the day of inspection. Some patients enjoyed listening to music, while others preferred to read or watch television.

Staff said there was good team work and that they felt well supported in their role. Staff were satisfied with the level of communication between themselves and management. Staff spoken with said that they were very happy at their work and take pride in their work. They told us that there is regular training and they receive supervision every three months. Comments included: "This is like my home. There is good communication between staff and patients. There is good input from the management. They are always there for you" and "I love working here. The management are great so they are".

Patients confirmed that staff knew them well and knew how best to help them.

## 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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 who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Meal times were a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review included the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any patient whose placement was not arranged through a Health and Social Care Trust.

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

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. However the shower/toilet rooms on the three floors all had damaged and discoloured corners and one had damage to a wall. This was identified as an area for improvement. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (DOH) and IPC guidance.



#### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV, or spend time in their bedrooms if they preferred not to use the communal areas.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Discussion with the activity therapist confirmed that there was a range of activities provided by staff and by visiting musicians to the home. As previously discussed patients had been consulted and helped plan the activity programme. The range of activities included theme events such as Valentine's day or Saint Patricks day, social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. It was pleasing to note that the home has an app which enables families to send photos and keep in touch with their loved ones. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Black has been the Manager in this home since 2016. Staff 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. Staff commented positively about the Manager and the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. Christine Thompson, area manager, was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the Manager would listen and sort out the concern if she could. There was evidence that the Manager ensured that complaints were managed correctly and that good



records were maintained. Review of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the Registered Provider 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 are available for review by patients, their representatives, the Trust and RQIA.

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Care Standards for Nursing Homes (April 2015)

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Glen Best, Director, Christine Thompson, Area Manager and Claire Black, Registered Manager, 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 Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2022	The registered person shall repair the damaged/discoloured areas in the shower/toilet rooms on three floors and repair the damage to the identified wall.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b>  Owner & Estates manager attended home to view the damage & have stated that panelling to walls will be repaired & floors will be lifted & new flooring put down.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

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