



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Parkside
Provider: Amstecos Ltd
Date of Inspection: 14 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Amstecos Ltd
Responsible Individual:	Emer Bevan
Registered Manager:	Ariel Biacolo – not registered
Service Profile: This home is a registered nursing home which provides general nursing care for up to 43 patients under and over 65 years of age. Patient accommodation is located over three floors and there is a range of communal spaces.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2025 from 9.40 am to 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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. Refer to Section 3.2 for more details.

This inspection resulted in no areas for improvement being identified.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said that they were happy with the care and services provided. One patient said that they were not happy but declined to provide any further information and asked for a senior manager by name. This was passed to the named manager for his attention.

Patients described the care as good and told us that staff were "kind", and "polite and friendly." Patients said that staff were always available when they needed anything, "they come when I buzz", and said that staff knew them well. For example, one patient said "they know what I like and what I don't like."

Patients confirmed that they had choice throughout the day. For example, where they spent their time in the home, or what activities they engaged in.

Patients' comments about the food can be found in section 3.3.2 of this report.

Relatives spoken with said that they were satisfied with the care and services provided by the home. One relative said that they were not always happy with certain aspects of the service but said that they were working with the home and their loved one's Trust key worker to resolve some issues. This was also discussed with the manager who was aware of the matter and provided assurances in relation the actions taken by the home.

All relatives said that the staff were welcoming and friendly.

One professional visitor to the home told us that they experienced no issues with the home and commented that staff knew the patients well and always followed specialist recommendations.

Staff said that they were happy working in the home and commented positively about the new management arrangements. More details about this can be found in section 3.3.5 of this report.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day staff attended safety briefings, such as flash meetings or 'safety pauses' prior to mealtimes/etc to ensure good communication across the team about changes in patients' needs.

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.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive such as bed rails. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Some patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and/or support with mobility, low positioned beds, or the use of specialist equipment such as bedrails.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. 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 and their diet modified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager indicated that there were robust systems in place to manage patients' nutrition and mealtime experience.

Patients expressed mixed feedback in relation to the food. Some patients said that they were happy; that they got choices of food and drinks, and that portions sizes were generous. A small number of patients and a relative said that they were unsure or couldn't remember if they got a choice at mealtimes or said that the food was "not good." Discussion with staff, including catering staff, evidenced that they knew individual patient's food preferences and would offer alternatives if a patient did not like what was on the menu. Patient feedback was also discussed with the management team for their consideration and action where required.

The importance of engaging with patients was well understood by the manager and staff.

Staff understood that meaningful activity was not isolated to the planned social events or games.

The home had a full time activity co-ordinator and arrangements were in place to meet patients' social, religious and spiritual needs within the home. A programme of events included visits from external entertainers or religious services.

Patients were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

Activities for patients were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to reduce the risk of harm to patients, staff, and visitors to the home. For example, fire exits were free from obstruction and fire extinguishing equipment was accessible. The most recent fire risk assessment was undertaken on 27 November 2024 and resulted in no recommendations being made by the assessor.

3.3.5 Quality of Management Systems

There had been a change in the management of the home since the last inspection. Mr Ariel Biacolo took up post as manager on 3 April 2025. RQIA had not yet received an application to register the manager with RQIA and this was discussed with the management team.

Patients, relatives and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.



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