

Inspection Report

Name of Service: Parkmanor Oaks

Provider: Macklin Group

Date of Inspection: 3 October 2024

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:	Macklin Group
Responsible Persons:	Mr Brian Macklin Mrs Mary Macklin
Registered Manager:	Miss Claire Black
Service Profile: This home 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. The Catney unit on the first floor provides care for patients living with dementia. The Connolly and Clifford units provide general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2024, from 9:40 am to 4:20 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 told us they were happy with the care and services provided. Comments made included "staff treat me very well" and "I love it here; I enjoy the company".

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.

Patients told us 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support. Questionnaires returned from staff included comments such as "Fantastic team to work with, we are one big family, proud to be part of our team" and "I have never felt more accepted or fitted in with a team better within a workplace".

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "the staff are brilliant, I have no complaints".

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "the carers and staff are amazing and are always willing to help" and "the care given at Park Manor Oaks is second to none".

A GP who was visiting the home at the time of this inspection told us that “the home is pristine, it is well run and I always leave with a smile on my face”.

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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

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 or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of the repositioning records evidenced gaps in the recording of repositioning and entries were not always contemporaneous. This was identified as an area for improvement.

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.

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.

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. It was clear evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. 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. Activities planned for the week included wine and cheese tasting, nail salon, baking and pet therapy. Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

Recent fundraising events which had been organised in the home involved both patients and staff such as a "pyjama party pub quiz" and "end of summer party and bake sale".

Questionnaires returned from relatives stated "the in-house entertainment and special celebrations are superb and greatly appreciated by our family" and "the activities are fantastic, they give 100% at every event and everyone gets involved".

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, 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.

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.

Observation of the environment identified that a small number of fire doors were not closing effectively into their frames. This was discussed with the manager and assurances were given that remedial action would be taken immediately. An area for improvement was identified.

Observation of the environment identified concerns that had the potential to impact on patient safety; a kitchenette was left unlocked with access to food and fluids. This was identified as an area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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

Relatives and staff commented positively about the management team and described them 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 manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* the total number of areas for improvement includes one regulation and one standard which are carried forward for review at the next inspection.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 13 October 2022	<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: 2.0</p>
	<p>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.</p>
Area for improvement 2 Ref: Regulation 27 (4) (d) Stated: First time To be completed by: 31 October 2024	<p>The registered person shall ensure there is a robust system in place of regular periodic maintenance checks of fire doors.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All fire doors are checked weekly, the issue with the fire doors in question had been noted but maintenance were unable to fix as a new door closer was required. Same arrived the following day & doors were fixed immediately. Weekly fire door checks remain ongoing.</p>
Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: 3 October 2024	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in specific reference to the storage of food and fluids.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All staff informed verbally & via email to ensure that the kitchen door in the Dementia unit remains locked at all times & reminded of risks. Management are checking frequently to ensure compliance with instruction.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 13 October 2022	The registered person shall review the management of medicines prescribed for distressed reactions to ensure: <ul style="list-style-type: none"> • A care plan is in place for all patients prescribed these medicines. • The reason for and outcome of each administration is consistently recorded. • Medicines administration records are accurately completed. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 23 Stated: First Time To be completed by: 31 October 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> • the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. • Recordings are contemporaneous
	Response by registered person detailing the actions taken: All staff reminded verbally & via email of the importance of accurate recording of repositioning. Management also reviewing Touch care system used to record repositioning. No current pressure related wounds in the home, other than those present on admission to the home.

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