

Inspection Report

Name of Service: Parkmanor Oaks
Provider: Macklin Group
Date of Inspection: 2 September 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:	Macklin Group
Responsible Persons:	Mr Brian Macklin Mrs Mary Macklin
Registered Manager:	Miss Claire Black
Service Profile: This 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 located on the second and third floor respectively; provide general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 2 September 2025 from 09.10 am to 5.00 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 3 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 patients, 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 to them. Patients described staff as "very good", "kind", and "nice." Patients told us that they felt safe living in Parkmanor Oaks; one patient said, "They are all good to me", another patient told us that they "love" the staff.

Some patients talked about enjoying the company of staff and joining in with social activities. Patients said that they were happy with the food and one patient told us "we get plenty of tea and nice food."

Relatives spoken with said that they were very satisfied with the care and services provided to their loved ones. Relatives told us that they were "more than happy...care is excellent", "my (loved one) is very well looked after", "my (loved one) always looks well", and "exceptional care...its person centred".

Relatives described staff as "lovely", and "clearly very happy working here", and told us that staff keep them well informed about any changes in their loved one's needs. One relative described how the support from staff and management extends beyond the patients to include the wider family as a whole. This is good practice.

No questionnaire responses were received following the inspection.

Staff told us that they were happy working in the home. No staff survey responses were received following the inspection.

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 teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

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.

At various points throughout the day, staff were seen to brief each other about patients' needs. For example, staff held a safety pause at the beginning of mealtimes to ensure patients received the correct meals and modifications where required.

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. For example, staff were seen to successfully use distraction techniques to reduce early signs of agitation with a patient.

Staff were observed to be respectful and warm in their interactions with patients, and patients told us that they enjoyed the company of staff.

Throughout the day, staff were seen to offer choice to patients. For example, what they had to eat or drink, where they spent their time in the home, or how they wished to participate in activities. Some patients were seen to move freely around the communal areas of this home.

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. Observation and discussion with staff indicated that these patients were assisted by staff to change their position regularly. Review of records evidenced that records were completed contemporaneously. However, records also showed that some patients were not assisted to reposition within the timeframe recommended in their care plans. A previously identified area for improvement was partially met and stated for a second time.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and there was appropriate onward referral when required. For example, patients were referred to their GP or specialist services such as 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 and discussion with staff confirmed that they conducted safety pauses prior to mealtimes to ensure good communication across the team about changes in patients' needs.

The serving of the lunchtime meal was observed on each floor. Patients on the first and third floor were offered a choice of where to sit for their meal, and patients were encouraged to use the communal dining rooms.

It was noted on the second floor that the majority of patients had their meals in the same location that they had been sitting all morning. It was unclear if patients had been encouraged to use the dining room. A change in location for meals can help orientate those patients who are disorientated to time and stimulate appetite. It is also an opportunity for repositioning for those patients who are not mobile. This was discussed with the management team and the manager informed RQIA that they were in the process of reviewing the mealtime arrangements on that particular floor. This will be reviewed again at the next inspection.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Staff wore the correct personal protective equipment (PPE) and handled food safely.

The importance of engaging with patients was well understood by the manager and staff. Observation of planned activities throughout the day included, ball games, piano practice, and musical entertainment. Staff were seen to encourage and support patients who wished to participate in the activities, and there was a relaxed and fun atmosphere.

Staff, patients, and relatives described a sense of community and belonging through the various social events that were organised in the home. For example, the home hosted a range of family celebrations for patients, including weddings, anniversary, and birthday parties. There was also a range of communal areas that patients and visitors could avail of.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

The weekly programme of social events was displayed on notice boards. Events included, but not limited to, reminiscence sessions, baking, pizza making, pampering, men's shed, bingo, fitness classes, and cooking. There was evidence of regular visits to the home from external entertainers.

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 and generally well maintained. Review of a sample of records pertaining to wound care, evidenced inconsistency in relation to clear documentation of how to manage the wound. For example, frequency of dressing changes. An area for improvement was identified.

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. Communal toilets and bath/shower rooms were clean and accessible.

In the dementia unit it was observed that the kitchenette was not routinely secured appropriately when not in use. A previously identified area for improvement was stated for a second time.

In addition, in the dementia unit, it was observed that toiletries were not stored securely for this category of care. An area for improvement was identified.

Fire safety measures were reviewed. The most recent fire risk assessment was undertaken on 26 July 2025. The risk assessment document evidenced that any recommendations made by the assessor were addressed.

Maintenance records evidenced that fire doors were checked weekly. It was observed during the inspection that the fire door to the main kitchen was wedged open. Discussion with staff and observation evidenced that the door was catching on raised flooring. An area of improvement was identified. Prior to the end of the inspection, the manager confirmed that arrangements had been made to repair the kitchen flooring.

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.

Patients, relatives, and staff spoke highly of the manager and the wider management team. Staff said that the manager was approachable and easily available for support or guidance.

Relatives told us that they knew how to raise a complaint or concern and that they had faith the any concerns would be managed appropriately. One relative said about management, "any issues get sorted as soon as possible...they are open to hear our views and help and support us as a family, not just our (loved one)."

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 two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Claire Black, Manager, 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 Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2025</p>	<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: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff informed to ensure kitchen door in dementia unit is locked, regular checks by nurses and management throughout day to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2025</p>	<p>The registered person shall ensure that a review of storage in the dementia unit is carried out and that systems are in place for the safe storage of toiletries and other items that could potentially cause harm.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Toiletries now stored securely in residents bedside lockers and safety locks applied to doors.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2025</p>	<p>The registered person shall ensure that fire doors are not wedged open and that issues preventing fire doors from closing automatically in the event of a fire are addressed without delay.</p> <p>Interim safety measures should be implemented when deficits are identified.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Tiles to kitchen floor that were preventing door from closing replaced. Doors checked daily by management to ensure free from obstruction and closing properly.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 10 September 2025</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <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 <p>Ref: 2.0 and 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have undergone supervisions in repositioning recording. Management carrying out daily audits on repositioning to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2025</p>	<p>The registered person shall ensure that records pertaining to wound care management clearly state the details of how to manage the wound. This is with specific reference to the frequency and details of dressing changes.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: All nurses informed of issues with recording. Management carrying out daily wound audits to ensure compliance.</p>

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