

# Inspection Report

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| <b>Name of Service:</b>    | <b>Parkside</b>     |
| <b>Provider:</b>           | <b>Amstecos Ltd</b> |
| <b>Date of Inspection:</b> | <b>2 June 2026</b>  |

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

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                                                | Amstecos Ltd        |
| <b>Responsible Individual:</b>                                                                                                                                                                                                                          | Mr Stuart Johnstone |
| <b>Registered Manager:</b>                                                                                                                                                                                                                              | Mr Ariel Biacolo    |
| <b>Service Profile:</b><br>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 2 June 2026, from 9.45 am to 3.45 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 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 established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Some staff expressed concerns about the running of the home. More detail can be found in section 3.2 of this report.

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.

While there were a few minor issues identified during the inspection, these issues did not impact on patient care and the management team were responsive in addressing these matters. 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 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 told us that they were very satisfied with the care and services provided. Patients were complementary about staff, saying, "Staff are great", "Wonderful", and "The best thing is the staff." All patients said that staff are responsive to their needs and that the care was good. One patient said, "The staff are wonderful...I'd love to see more of them but they are so busy...I get what I need."

Patients confirmed that they could exercise choice throughout the day. For example, one patient told us about how they use the communal spaces but can also spend time in the privacy of their bedroom when they wish. Another patient talked about having choice about what organised activities they took part in. All patients spoken with said that they had at least two meal choices at each sitting and that they could also get an alternative meal if they didn't like the menu. One patient spoke with delight about the chef making them one of their favourite sauces.

Some patients told us that they enjoyed taking part in activities. For example, "The art class is relaxing." Another patient said that they were aware of the activities available but preferred to occupy their own time with watching television, but also said, "The girl from activities calls in all the time to see if I want to join in." This patient said that while they preferred not to join in with groups, they appreciated the offer.

Due to the nature of some conditions associated with aging which can impact a person's cognition and/or sensory perceptions, some patients were unable to voice their full opinions about the home. However, these patients looked clean and comfortable, and some gave non-verbal indicators of their satisfaction levels. For example, smiling when asked how they felt.

Patients spoken with said that they knew how to raise concerns and knew members of the management team by name.

Relatives spoken with said that they were happy with the care and services provided to their loved one. One relative said, "Staff are so kind and good", and another said, "I'm very happy with the care...more than happy."

No questionnaires were returned following the inspection.

Staff spoken with gave mixed opinions about what it was like to work in the home. Staff told us that they were well trained and there were no issues with supplies or equipment. While all staff demonstrated a good understanding of their roles and spoke positively about the care provided in the home, some staff were reluctant to speak openly about the overall running of the home. Staff were encouraged to share their views either in person or via the online survey.

Following the inspection, RQIA received eight completed survey responses from staff. Respondents were asked if they felt that the care and services provided in Parkside were safe, and delivered with compassion. One staff member was dissatisfied and the remaining seven were either satisfied or very satisfied.

When asked if they felt care and treatment was effective, all respondents were either satisfied or very satisfied.

When asked if they felt the service was well led, all eight respondents indicated that they were either dissatisfied or very dissatisfied.

Some staff included additional comments, which helped RQIA determine the nature of their concerns. The primary concern related to the communication style between the manager and staff. Details of staffs' comments were shared with the responsible individual (RI) and RQIA requested feedback regarding same. RQIA received a written response from the RI who provided assurances in relation to the concerns raised. Some matters were addressed and some matters continue to be addressed by the RI. RQIA will continue to monitor progress on these matters through regulatory work.

### **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 commented that staff were busy but that staff were available to help when needed. Staff said that they worked well in their teams. Staff also said that they were provided with adequate training to carry out their roles in a safe and effective manner.

It was observed that patients who preferred to stay in their bedrooms had call bells within reach and that staff responded in a timely manner. Staff were seen to be polite and respectful in manner. For example, addressing patients by their preferred names and asking how they could help.

### 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, 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 used distraction techniques to help a patient regulate after becoming emotionally heightened.

Observation and discussion with patients and staff confirmed that patients were offered a range of choices throughout the day. For example, where they spent their time, what they had to eat and drink, or if they wished to participate in organised activities.

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 regularly and care records accurately reflected the patients' assessed needs.

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.

Breakfast and lunch time meals were observed. Patients were offered choice and said that they enjoyed the food. One patient at breakfast was observed to ask for seconds and this was accommodated by staff without question. Staff were seen to wear the appropriate personal protective equipment (PPE) and to handle food safely.

A menu board displayed the choices for that day. It was noted that a list containing patient information about fortified meals was on display. This was brought to the attention of the management team and removed immediately. Discussion with staff confirmed that patient information relating to eating and drinking requirements was available in a folder held securely, and staff referred to this throughout the day to ensure patients received the correct requirements.

Discussion with catering staff confirmed that they were updated daily in relation to patients' nutritional needs. The chef demonstrated good knowledge of individual patients' preferences and said that there was never a problem accommodating 'off menu' requests. The chef also confirmed that staff have access to the kitchen out of hours and there is always a range of snack foods available, including modified foods.

Observation and discussion with staff confirmed that drinks and snacks trolley rounds were completed at intervals between main meals.

The importance of engaging with patients was well understood by the manager and staff. Observation of a planned art activity confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

One patient told us about how the activities coordinator made sure they had adapted art and crafts equipment to help with worsening dexterity problems, which helped the patient continue to enjoy creative activities. This is good practice.

### **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, apart from a sheet with dietary information which was displayed in the dining area. This was removed immediately when brought to the attention of the management team.

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. Communal toilets and bathrooms were clean and accessible. An enclosed courtyard was noted to be clean and suitably furnished.

No infection prevention and control issues were observed during the inspection. Staff had been provided with relevant training and there was evidence of regular monitoring of staff practice in relation to hand hygiene and use of PPE.

Fire safety measures were in place. Staff had been trained in fire safety and participated in practice fire drills. While records were maintained in relation to staff training and participation in fire drills, it was suggested that this record system would be more robust and enhance manager oversight if a tracking system was in place. The management team agreed to review this and add fire drills to the overall staff training matrix. This will be reviewed again at the next care inspection.

Fire doors and exits were free from obstruction and fire extinguishing equipment was accessible. The most recent fire risk assessment was undertaken on 27 January 2026. Seven recommendations had been made by the assessor and it was confirmed during the inspection that six had been addressed. One recommendation had remained incomplete. Following the inspection, the responsible individual provided RQIA with evidence to show that this had been addressed and signed off by the organisation's estates manager.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Ariel Biacolo has been managing the home since 3 April 2025 and was registered with RQIA on 10 December 2025.

Patients and relatives knew the management team and said they knew how to raise any concerns or complaints.

As discussed in section 3.2 of this report, some staff expressed dissatisfaction in relation to the management of the home. Although, while some specific concerns relating to the manager were being addressed with the support of the RI, it was positive to note that the majority of staff felt that the care provided to patients was safe, effective, and delivered with compassion. Staff who were dissatisfied with some aspects of management, did say that they would approach the deputy manager or RI if they had any concerns about patient care.

It was clear from the records examined that the manager and wider management team had processes in place to monitor the quality of care and other services provided to patients.

The home maintained a record of compliments received about the service. Comments from cards and/or other correspondences included, "Thank you for the love, compassion, and dignity shown...nothing was ever too much trouble", "Thank you of the excellent care you provided to my (loved one)...they were always treated with compassion, dignity and respect", and "Thank you for everything...you have made an incredibly hard time that little bit easier and we are eternally grateful."

## 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 Stuart Johnstone, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
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Authority

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