



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow-up Care Inspection Report 25 February 2019



## Park Manor

**Type of Service: Nursing Home**

**Address: 6 Thornhill Road, Dunmurry, Belfast BT17 9EJ**

**Tel No: 02890307700**

**Inspector: Lyn Buckley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 81 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Macklin Group  <b>Responsible Individuals:</b> Brian Macklin Mary Macklin	<b>Registered Manager:</b> Claire Black
<b>Person in charge at the time of inspection:</b> Claire Black – registered manager	<b>Date manager registered:</b> 14 April 2016
<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.	<b>Number of registered places:</b> 81 comprising: 27 – NH-DE on the first floor 02 – named residents receiving residential care (RC) in category RC- I.

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2019 from 10:40 to 14:50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Park Manor which provides nursing care and currently residential care for two named patients.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the day to day management and leadership of the home; the delivery of care and the staffing arrangements.

There were no areas for improvement identified as a result of this inspection.

Patients described living in the home as being a good experience/ in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 10 and 11 September 2018

The most recent inspection of the home was an unannounced care inspection. No further actions were required to be taken following this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection we spoke with eight patients individually and with other in small groups, two family members and nine staff. Questionnaires and 'Have We Missed You' 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 electronic questionnaire.

The following records were examined during the inspection:

- duty rota for nursing and care for week commencing 18 February 2019
- staff training records
- staff training planner and system for monitoring compliance with staff mandatory training
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- report of visit undertaken in January 2019.on behalf of the registered provider
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 10 and 11 September 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 10 and 11 September 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We also asked staff, patients and their visitors about staffing levels. All those spoken with confirmed that there were enough staff on duty and that calls for assistance were responded to quickly.

One patient said, "Staff are lovely". One family member said they could not speak highly enough of the staff or the care delivered to their loved one.

As part of the inspection we also asked patients, family members and staff to comments on staffing levels via questionnaires. We receive no responses from patients or staff. One family member did record their comments on staffing as follows:

"Should be more staff employed especially at meal times. The staff are all excellent but always working under pressure which makes life difficult for them and residents."

A second family member commented; "We are extremely happy with every aspect of the care our mother receives."

We saw that staff were available in the lounges and in the dining rooms during the serving of the lunchtime meal. We saw staff responding to nurse call bells and assisting patients in their bedroom with their mid morning tea or coffee and during the lunchtime. We saw patients being offered the choice of having their meal in the dining room or in their own bedroom.

We also reviewed the nursing and care staff duty rota which showed that the planned staffing levels were met each day and that if a staff member was unable to work their planned shift then 'cover' for them was sought.

We also saw that fire safety measures and infection prevention and control measures were in place 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. For example, a wooden bench had been moved near to a fire exit door; the nurse in charge moved this wooden bench away from the fire door when this was brought to their attention and they also made sure it could not be moved back again.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We spoke with patients and their family members regarding the delivery of care. All those spoken with confirmed that they received the right care at the right time. For example, one family member said that they knew that the staff would do the right thing and was very confident that staff would contact them when they needed to.

Staff spoken with were aware of how to respond to patients nursing care needs, for example, what to do when a patient had a fall, and how to manage care of a wound. In addition, we heard a nursing sister explaining to a student nurse the details of the effectiveness and potential side effects of a particular medication.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned for all staff.

Staff also confirmed that there continued to be effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns about patients' care or a colleagues' practice, they could raise these with the registered manager, one of the nursing sisters or with the nurse in charge of their floor.

We also review two patients' care records in relation to the management of falls and wounds. The records confirmed that nursing staff ensured that patients' records were up to date and reflective of patients' nursing care needs. For example, when a patient had a fall the nursing staff reviewed the falls risk assessment and the care plan to ensure these were still appropriate and that any additional support available, from other healthcare professionals or from the use of equipment, had been considered or sought.

It was evident that staff knew their role and responsibilities; and how to provide the right care at the right time.

## Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

When we arrived in the home we saw that patients were enjoying their morning tea/coffee with scones or biscuits, in one of the lounges, dining rooms or in their own room. Staff were providing support to patients as they needed it. It was clear that from watching the interactions between staff and patients that they knew each other well.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred their jackets on. There was also a number of magazines/newspapers available as well as the television on low in the main lounge on each floor.

Patients told us that they were receiving good care from friendly, caring, respectful staff. Comments made included:

“Staff are great.”

“Staff are kind and caring.”.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Family members told us that they were confident that their loved ones were well cared for. One family member told us, “We were made to feel part of the Park Manor family. All staff top to bottom and bottom to top – I can’t say enough about them... I haven’t the words to describe the care and love they give.”

We reviewed letters received from family members about the care provided to their loved ones. Comments recorded included:

“Hardly a day has gone by when I have not thought of the love and kindness...all the wonderful care and attention that you and your staff gave him.”

“After visiting many homes we were all in agreement that Park Manor provided the warmest welcome and the friendliest staff along with staff who really cared for residents and knew them individually...”

We also provided questionnaires for patients and family members; four family members returned theirs and indicated that they were very satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There have been no changes in the management arrangements within the nursing home since the last care inspection in October 2018.

Patients and family members spoken with confirmed they knew who the manager was and referred to her by her first name. They also confirmed that they saw the registered manager “out and about” the nursing home “very regularly”.

The registered manager advised us that she had just returned from leave on the morning of the inspection. The two nursing sisters had been left in charge of the nursing home in her absence. From a review of records it was reassuring to know that the systems and processes, required by the regulations, had been maintained and updated during the registered manager’s leave.

Nursing and care staff spoken with confirmed that they were well trained and supported by the management team. Staff were confident in their roles and with their responsibilities.

Two of the home’s care staff were in their final year of nurse training through the Open University. Also, two staff had been nominated for regional care awards organised by the Royal College of Nursing (RCN).

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

#### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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