



Unannounced Care Inspection Report 10 September 2018



Park Manor

Type of Service: Nursing Home (NH)
Address: 6 Thornhill Road, Dunmurry, Belfast, BT17 9EJ
Tel No: 028 9030 7700
Inspector: Lyn Buckley

www.rqia.org.uk

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 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 registered nursing home which is registered to provide nursing care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Group Responsible Persons: Mr Brian Macklin and Mrs Mary Macklin	Registered Manager: Claire Black
Person in charge at the time of inspection: Claire Black – registered manager	Date manager registered: 14 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Home (RC) I – Old age not falling within any other category.	Number of registered places: 81 comprising: 3 – RC-I 27 – NH-DE accommodated on the first floor.

4.0 Inspection summary

An unannounced inspection took place on 10 September 2018 from 09:25 to 14:00 hours; and on 11 September 2018 from 10:45 to 13:50 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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Park Manor which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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 staffing arrangements, recruitment, staff training, staff knowledge of adult safeguarding, infection prevention and control measures and the home's environment. We also evidenced good practice in relation to record keeping, governance arrangements, effective communication between patients, staff and other key

stakeholders, the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

There were no areas for improvement identified.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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
Total number of areas for improvement	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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 November 2018. There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the registration status of the home.

During the inspection we met with 18 patients individually and with others in groups and 13 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also provided for display inviting staff to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018
- incident and accident records from 1 July 2018
- one staff recruitment and induction file
- five patient care records
- four patients' reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 April 2018.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

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 24 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 20 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4) Stated: First time	The registered person shall ensure that fire doors are not wedged or propped open.	Met
	Action taken as confirmed during the inspection: Observations and discussion with staff evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 27(4) Stated: First time	The registered person shall review the use of keypad locks within the nursing home in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLS); and the home's registered categories of care.	Met
	Action taken as confirmed during the inspection: Observations and discussion with staff and the registered manager evidenced that this area for improvement has been met.	

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 the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 to 16 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. We received nine staff responses regarding staffing, confirming they were either satisfied or very satisfied.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Park Manor; patients stated they were either satisfied or very satisfied with the care they received.

We did not have the opportunity to consult with relatives/representatives during the inspection. We did seek relatives' opinion on staffing via questionnaires. Eight out of 10 were returned within the timescale. All indicated that they were very satisfied or satisfied with staffing arrangements.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to the staff member commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) and the Northern Ireland Adverse Incident Centre (NIAIC) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained. The registered manager monitored training to ensure compliance with mandatory training levels. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 July 2018 in comparison with the notifications submitted, by the home, to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends

were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with nursing and care staff and the registered manager there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. Discussion with housekeeping staff confirmed that they were knowledgeable regarding infection prevention and control measures and had received training in use of cleaning chemicals and the moving and handling of equipment. Housekeeping staff also said they felt supported by the registered manager and nursing staff.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. Systems were in place to monitor the incidents of Health Care Acquired Infections (HCAI) and the registered manager understood the role of Public Health Authority (PHA) in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails or alarm mats. These risk assessments also informed the care planning process, were kept under regular review and there was evidence of consultation with relevant persons such as other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, staff knowledge of adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections, pressure area care and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), SALT and dieticians. Supplementary care charts, such as reposition records, evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed when changes were made to recommendations made by healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with relatives/representatives within the care records reviewed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff and/or management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, governance arrangements to monitor effective care delivery and effective communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We arrived in the home at 09:25 hours on 10 September 2018 and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in one of the dining rooms, or lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Discussion with the home's activity person evidenced that staff ensured patients were enabled to enjoy their chosen activity; and that the activity program delivered was patient centred and reflected themes and events planned. Particularly commendable was the efforts made by staff to enable patients to engage in the activity programme within the dementia unit.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the second floor unit and in the dementia unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse or senior care assistant was overseeing the mealtime service. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for the kindness you showed to ...during her time in Park Manor."

"Thanks for looking after Dad so well and making his stay so pleasant and enjoyable."

"I just wanted to tell you how grateful I am for Park Manor ... Thank you all for creating a welcoming and warm environment..."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 18 patients individually, and with others in smaller groups, confirmed that living in Park Manor was a positive experience. Comments from patients included:

“I haven’t a bad word about them.”

“This is the place I want to stay.”

“I wouldn’t have any complaint.”

“I’m well settled here...”

“The staff that are here do their best.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; eight were returned within the timescale. All indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

“The staff who care for my...are very kind and extremely pleasant.”

“The care is brilliant for my ...here; very pleased, the staff are very polite and helpful...”

“Park Manor is a real home from home were residents are treated with great dignity by all staff. So much love and understanding. So reassuring to relatives.”

Comments made by staff consulted during this inspection are included throughout this report. Staff were also invited to complete an on line survey: we had 10 responses returned before the issuing of this report. Not all sections of the survey were completed but staff did indicate their satisfaction regarding staffing, delivery of safe, effective and compassionate care and that the service was well led. Additional comments were recorded as follows:

“I am confident in the knowledge that our residents are well protected from harm and abuse, and are treated with dignity and respect at all times.”

“The home is very well run and the service users are looked after and cared for to the highest degree.”

“Happy enough.”

“Park Manor is a great home to work in and the standard of care given to residents is the very best.”

“I am very happy in my job here.”

Any comments from patients, patient relatives and staff in returned questionnaires, or online responses, received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded on the duty rota. Discussion with staff and patients confirmed that the registered manager's working patterns supported effective engagement with them and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and infection prevention and control practices (IPC). In addition robust measures were in place to provide the registered manager with an overview of the management of falls, infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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