

Announced Care Follow Up Inspection Report 7 January 2020



Parkanaur College Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 02887761272
Inspector: Michele Kelly

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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 report of an inspection of Parkanaur Supported Living Service which when operational will provide personal care to people who live in their own homes. Service users have a range of needs including, learning disability and autism.

The proposed accommodation is on two sites in the area within and around Parkanaur College.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual: Dr Maureen Crawford (acting)	Registered Manager: Mr Waldemar Mietlicki
Person in charge at the time of inspection: Mr Waldemar Mietlicki	Date manager registered: 25 July 2016

4.0 Inspection summary

An announced inspection took place on 7 January 2020 from 09.45 to 13.15 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order), Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

An inspection was arranged for 7 January 2020 and the inspector was satisfied on the day of inspection that conditions on registration could be removed and the agency could become operational as soon as administrative procedures were completed.

The agency was first registered on 14 December 2017. Since then the agency has not been operational. The responsible individual (acting) informed RQIA on 3 December 2019 of plans for the agency to become operational. This inspection was undertaken to ensure that the agency could provide a service that would comply with the regulations and standards and that the systems were in place to enable it to become operational.

The following areas were examined during the inspection:

- operational issues
- staffing issues
- service user experience

Areas of good practice were identified in relation to;

- Appropriate staffing arrangements were planned to ensure service users would be supported by staff that are familiar to them.
- Some of the agency's documentation was in easy read and accessible formats.

- The agency's policies and procedures had been presented in an alphabetically indexed manual and had been updated prior to the inspection.

No areas for improvement were identified. The evidence seen during the inspection confirmed that there were satisfactory procedures in place for the agency to become operational. The condition will be removed from the registration following due process and the service will become operational.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' 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 Waldemar Mietlicki, 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 care inspection dated 15 May 2018

As the agency has not been operational since its registration on 14 December 2017 we followed our enforcement procedures and placed a condition on the registration on 28 May 2019. This required the registered provider to notify RQIA eight weeks prior to the date the service would propose to become operational. At this point RQIA would undertake an inspection and seek assurances that the agency could provide a service that would comply with regulations and standards.

5.0 How we inspect

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

- previous pre-registration and primary reports
- enforcement documentation
- any correspondence sent and received by RQIA

During the inspection the inspector met with the registered manager the acting responsible individual and a Northern Health and Social Care Trust (NHSCT) professional.

The following records were examined during the inspection:

- service user agreement
- selection and recruitment policy
- referral/enquiry form
- draft care/support plan

- induction programme
- training policy
- adult safeguarding policy
- staff handbook
- statement of purpose
- service user guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 15 May 2018

The most recent inspection of the agency was an announced care inspection. Areas for improvement identified at the pre-registration inspection on 3 August 2017 were carried forward from 15 May 2018 and reviewed during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13, Schedule 3 Stated: First time	The registered person shall ensure that a statement is included by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.	Met
	Action taken as confirmed during the inspection: The inspector viewed evidence in proposed recruitment documentation that a statement is included by the registered provider, or the registered manager, as the case may be, that the staff are physically and mentally fit for the purposes of the work which they are to perform.	

Area for improvement 2 Ref: Regulation 17 Stated: First time	The registered person shall ensure that the staff handbook is further developed to include record keeping requirements.	Met
	Action taken as confirmed during the inspection: The staff handbook has been reviewed and includes a section on record keeping requirements.	
Area for improvement 3 Ref: Regulation 16 (5) (a) Stated: First time	The registered person shall ensure that the agency's induction programme specifies a structured induction lasting no less than three full working days.	Met
	Action taken as confirmed during the inspection: Induction policy and procedures specify the duration of the structured induction lasts no less than three full working days.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that each service user is provided with an individual service user agreement, as outlined in Standard 4.	Met
	Action taken as confirmed during the inspection: The inspector viewed a sample of a proposed agreement for future service users.	
Area for improvement 2 Ref: Standard 14.1 Stated: First time	The registered person shall ensure that the agency's safeguarding procedures specify the reporting requirements to RQIA, as appropriate and in accordance with Regulation 15 (12) (b).	Met
	Action taken as confirmed during the inspection: The Safeguarding Policy and procedures were reviewed by the inspector who noted compliance with procedures specifying the reporting requirements to RQIA, as appropriate and in accordance with Regulation 15 (12) (b).	
Area for improvement 3 Ref: Standard 12.8 Stated: First time	The registered person shall ensure there is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the	Met

	aims and objectives of the agency.	
	<p>Action taken as confirmed during the inspection:</p> <p>The agency has devised a written training and development plan. This plan reflects the training needs of individual staff and the aims and objectives of the agency.</p>	

6.3 Inspection findings

Operational

The agency's statement of purpose was examined and had been prepared in accordance with the standards and Regulation 5. The service user guide was also examined and was in accordance with the standards.

A service user agreement has been developed since the last inspection and the inspector also viewed proposed documentation for service user risk assessments and care and support plans

A range of policies and procedures were examined during the inspection and these had been arranged in an alphabetically indexed folder. The manager advised the inspector that these would be available to staff within the agency's registered premises and that copies of key policies and procedures would also be made available at the point of service delivery. The manager also demonstrated awareness of the need to keep the agency's policies and procedures under review and the inspector noted that many policies had been reviewed in January 2020.

The agency's recruitment policy and procedure was reviewed and was satisfactory. In addition the inspector viewed the policy in respect of safeguarding service users which had been appropriately updated following inspection on 3 August 2017. The arrangements in place for safeguarding service users and for staff to undertake training in safeguarding adults and children were discussed with the manager and acting responsible individual who advised that a system is in place to ensure that this training is provided at induction and on an ongoing basis through eLearning and staff supervision.

The agency has a policy on quality improvement and the manager advised the inspector that the responsible individual (acting) will undertake quality monitoring of the service when operational. The responsible individual (acting) confirmed that they had begun the process for applying for registration as responsible individual.

Areas of good practice

The agency's policies and procedures had been presented in an alphabetically indexed manual and had been updated prior to the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Staffing

The inspector was advised that no staff had been specifically recruited as yet however there were plans in place to commence recruitment. The agency's recruitment and selection policy was examined and was in accordance with the standards and regulations. The manager discussed how initial staffing would include existing members of staff within the residential home and described plans to ensure their training included mandatory training specific to supported living environments. These residential care staff currently work consistently with the service users who feel comfortable in their presence. Proposed arrangements for ensuring staff working with service users have access to on-call support at all times was discussed and it is envisaged that each service user would receive one to one support at all times.

The manager also emphasised that the ethos of supported living would be included within the content of training being delivered to future staff. A staff training and development plan setting out the areas for training and associated timescales has been developed.

The arrangements for staff induction and training were examined and a structured induction programme had been developed lasting between two to three weeks and including shadowing, online and office based training. The manager advised that he would be inducting all new staff initially and would be responsible for assessing their competency during this process. The manager and acting responsible individual spoke enthusiastically about their commitment to education and training of all staff.

A staff handbook has been prepared for all staff and is in compliance with Regulation 17.

The agency has in place a staff supervision policy which sets out the frequency of staff supervision and appraisal. Supervision will consist of formal and informal discussions, observations of practice, competency assessments (e.g. finance, medication) and appraisal. The manager explained that they will be responsible for all staff supervision and the notes of supervision meetings will be maintained in the staff members' files. The inspector viewed some staff supervision and appraisal recording templates.

The manager also discussed their understanding of the requirement for all staff to be registered with an appropriate regulatory body and described current processes in place for residential staff.

Areas of good practice

It was evident that the manager had made appropriate staffing arrangements to ensure service users would be supported by staff that are familiar to them.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Service users

The manager described a range of methods for ensuring that service users have access to information about the staff supplied to work with them in advance of service delivery. As previously described, the inspector was informed that due to the complex needs of the services users planning to move to the supported living accommodation, staff who were currently working with the services users in the residential setting would be supporting them.

A professional from NHSCT visited on the day of inspection and discussed aspects of transition planning with the inspector. It was evident that members of the multi-disciplinary team are fully involved and will support the agency to enable the service users' move to the supported living accommodation.

The agency's referral arrangements were discussed and a referral information form had been developed for this purpose. Specific referral documentation for the service users' concerned has yet to be received from the referring trust; this matter will be reviewed at the next inspection.

The inspector visited the accommodation areas where service users would live and the manager said service users would have choice in respect of furnishings and colour schemes where possible. At this point each area would be considered single occupancy.

Areas of good practice

The agency has prepared some documentation in easy read and accessible formats.

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.



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