

Announced Premises Inspection Report 28 June 2016



Parkanaur College

Type of Service: Residential
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 028 8776 1272
Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Parkanaur College took place on 28 June 2016 from 09.40 to 12.10hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Waldermar Mietlicki, Manager (Registration Pending), as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered provider: Thomas Doran Trust	Registered manager: Waldermar Mietlicki
Person in charge of the home at the time of inspection: Waldermar Mietlicki	Date manager registered: Registration Pending
Categories of care: RC-MP, RC-LD, RC-LD(E), RC-PH	Number of registered places: 24

3.0 Methods/processes

Prior to inspection the following records were analysed: previous estates inspection report, statutory notifications over the past 12 months, and the duty call log.

During the inspection the inspector met with: two residents; Mr Waldemar Mietlicki, Manager (Registration Pending), and Ms Marlene Marcus (Administration Manager).

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

The most recent inspection of Parkanaur College was an unannounced care inspection, IN024151 dated 12 February 2016. The QIP was approved by the care inspector on 11 April 2016, and will be validated at the next care inspection of the premises.

4.2 Review of requirements and recommendations from the last premises inspection dated 04 September 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1	Complete a BS7671 Periodic inspection of the electrical installation and implement any recommended controls in compliance with the Electricity at Work Regulations.	Met
Ref: Regulation 14. (2)(a),(b) &(c) Stated: First time	Action taken as confirmed during the inspection: Periodic Inspection Report IPN3/0268427 completed 25/09/14, valid for two years. All code 1 and 2 items listed as completed.	

<p>Requirement 2</p> <p>Ref: Regulation 14. (2)(a),(b) &(c)</p> <p>Stated: First time</p>	<p>Confirm that the passenger lifts are subjected to periodic (six monthly) thorough examinations by a competent engineer in compliance with Lifting Operations and Lifting Equipment Regulation (LOLER) 9.</p> <p>Action taken as confirmed during the inspection: Currently valid verification not presented for verification.</p>	<p>Partially Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14. (2)(a),(b) &(c)</p> <p>Stated: First time</p>	<p>Obtain assurance from Southern Trust that the mobile hoist provided by (Southern Health and Social Services Trust) SHSCT is subjected to a LOLER thorough examination regime implemented in accordance with LOLER Reg 9.</p> <p>Action taken as confirmed during the inspection: Currently valid verification not presented for verification.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 27.(4)(a)</p> <p>Stated: First time</p>	<p>“Consider installing “free-swing” devices on bedroom doors in compliance with NIHTM84”</p> <p>Action taken as confirmed during the inspection: Devices installed to suit resident needs.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.(4)(i),(ii),(iii),(iv) & (v)</p> <p>Stated: First time</p>	<p>Implement monthly fire safety inspections of :</p> <p>(1) Functional emergency lighting tests, compliant with BS5266;</p> <p>(2) Visual fire extinguisher check.</p> <p>Action taken as confirmed during the inspection: Control inspection checks implemented & recorded</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.(4)(a)</p> <p>Stated: First time</p>	<p>Commence implementation of the fire risk assessment recommended control measures, in accordance with action plan time scales.</p> <p>Action taken as confirmed during the inspection: Fire risk assessment measures implemented.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	Redecorate bedroom 35 wall surfaces.	Met
	Action taken as confirmed during the inspection: Redecoration works implemented.	
Recommendation 2 Ref: Standards 29.4 & 29.6 Stated: First time	Record staff fire safety awareness training on a Matrix format.	Met
	Action taken as confirmed during the inspection: Staff fire safety awareness training completed, and recorded	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The passenger lifts Lifting Operations & Lifting Equipment (LOLER) regulation 9 thorough examination certificates were not presented for examination.

Refer to Quality Improvement Plan recommendation 1.

2. LOLER regulation 9 thorough examination certificates for the mobile hoisting equipment supplied by the Western HSC Trust, was not presented for examination.

Refer to Quality Improvement Plan recommendation 1.

3. Legionella prevention control measures are completed. The controls include: sterilisation of hot and cold water storage and distribution systems, routine periodic sterilisation of shower heads, and running any infrequently used water outlets. The risk assessment document does not however evaluate the risk in accordance with good practice.

Refer to Quality Improvement Plan recommendation 2.

4. Lounge room 33 door does not have a self-closer device installed.

Refer to Quality Improvement Plan recommendation 3.

5. Lounge room 33 wallpaper decoration had sustained some superficial damage.

Refer to Quality Improvement Plan recommendation 4.

6. Bedroom 20 window frame decorative finish had deteriorated.

Refer to Quality Improvement Plan recommendation 4.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency breakdown repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Service users are consulted about decisions around decoration, and maintenance of the private accommodation where appropriate.

The service users consulted expressed satisfaction with the standard of the environment within the home.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Waldemar Mietlicki, Manager (Registration Pending) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27.10</p> <p>Stated: Second time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered provider should submit evidence to verify that Regulation 9 thorough examinations have been completed on the passenger lift installations, and the Western Trust owned mobile hoist.</p> <p>Response by registered provider detailing the actions taken: Evidence attached regarding Regulation 9 (see appendix 1 & 2) mobile hoist no longer required and has been removed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.10</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered provider should complete a legionella risk assessment document to verify that the legionella prevention control measures implemented are in accordance with the approved British Standard code of practice.</p> <p>Response by registered provider detailing the actions taken: Risk assessment in place (see appendix 3)</p>
<p>Recommendation 3</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered provider should ensure that a suitable self-closer device is installed on lounge room 33 door to protect the corridor means of escape route.</p> <p>Response by registered provider detailing the actions taken: Work has commenced and is planned to be completed by Monday 22nd August 2016</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered provider should complete a decoration condition survey of all rooms, and arrange to undertake prioritised decoration repairs.</p> <p>Response by registered provider detailing the actions taken: Work has commenced, decoration repairs and a prioritised schedule is in place.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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