



Unannounced Enforcement Care Inspection Report 1 April 2019



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 028 8776 1272
Inspector: Laura O'Hanlon

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 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 residential care home registered to provide care and accommodation to 24 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual: Wilfred Johnston Mitchell	Registered Manager: Caroline Crawford (acting)
Person in charge at the time of inspection: Caroline Crawford	Date manager registered: Acting – no application required
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 24 The home is approved to provide care on a day basis only to 1 person

4.0 Inspection summary

An unannounced inspection took place on 1 April 2019 from 09.50 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003; The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess the level of compliance achieved in relation to three Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulations were in relation to management arrangements, health and welfare and staffing. The date of compliance with the notices was 1 April 2019.

The following FTC Notices were issued by RQIA:

FTC Ref: FTC000025 issued on 14 March 2019
 FTC Ref: FTC000026 issued on 14 March 2019
 FTC Ref: FTC000027 issued on 14 March 2019

Evidence was available to validate compliance with the Failure to Comply Notice FTC000025 in relation to the management arrangements. These findings are discussed further in section 6.3 of this report.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000026 in relation to health and welfare and FTC000027 in relation to staffing. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 1

April 2019 and a decision was made to extend the notices with compliance to be achieved by 15 April 2019.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*2

*The total number of areas for improvement includes four areas which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline Crawford, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

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

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received following the previous care inspection
- the previous care inspection report
- three failure to comply notices

During the inspection the inspector met with approximately ten residents, five staff and the acting manager.

The following records were examined during the inspection:

- staff duty roster
- staff competency and capability assessments
- staff induction records
- organisational structure chart for the home
- record of staff meeting on 27 March 2019

- out of hours contact arrangements

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 7 March 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP is to be returned to RQIA by 24 April 2019.

6.2 Review of areas for improvement from the last care inspection dated 7 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure; <ul style="list-style-type: none"> • all areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended. • Carpet within one bedroom is made good or replaced 	Carried forward to the next care management inspection
Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.		
Area for improvement 2 Ref: Regulation 14 (4)	The registered person shall ensure that there is a designated adult safeguarding champion working in the home.	Carried forward

Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	to the next care management inspection
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Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that soft furnishings within the home are fire retardant.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17/01/17 are addressed.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 14 March 2019. The areas for improvement from the last care inspection on 7 March 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

FTC Ref: FTC000025

Notice of failure to comply with regulation 8 of The Residential Care Homes Regulations (Northern Ireland) 2005

Appointment of manager

Regulation 8.–(1) *The registered provider shall appoint an individual to manage the residential care home where –*

(a) there is no registered manager in respect of the home.

In relation to this notice the following five actions were required to comply with this regulation.

- The responsible individual must appoint an individual with the necessary competence and skill to manage the residential home in accordance with legislative requirements of the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Minimum Standards for Residential Care Homes, 2011.

- The responsible individual must ensure that the Statement of Purpose for the home defines the organisational structure of the home and the relevant qualifications and experience of the manager.
- The responsible individual must ensure that the manager is fully aware of their role and responsibilities under the Residential Care Homes Regulations (Northern Ireland) 2005 and the Minimum Standards for Residential Care Homes, 2011.
- The responsible individual must ensure that the hours worked by the manager are accurately recorded on the duty rota.
- The responsible individual must ensure that the management arrangements are clearly communicated to the staff, particularly when the manager is not working in the home.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

The responsible individual notified RQIA on 20 March 2019 of the absence of the registered manager and the appointment of an interim manager for Parkanaur College. Review of records and discussion with the manager during the inspection confirmed that they have the relevant skill and competence to manage the residential care home. The manager provided evidence that the responsible individual is making reasonable efforts to recruit a manager on a permanent basis.

Discussion with the manager and review of induction records validated that an induction was provided upon commencement of the post. Review of the Statement of Purpose confirmed that it was updated to reflect the current organisational structure and included the relevant qualifications and experience of the manager. Discussion took place with the manager in regard to the need to ensure that they have complete oversight of the governance arrangements in the home.

Further discussion with the manager confirmed that they were knowledgeable in regard to the requirements and expectations of their role. The hours worked by the manager were recorded on the duty rota. However the name of the manager was not specified on the rota. This was identified as an area for improvement to ensure the name of the manager is recorded on the duty rota.

Discussion with the staff during the inspection verified that the manager was present in the home. The staff stated that they had a competent person in charge of the home to go to for advice and guidance. A comment made by a staff member was:

- “There is a definite managerial presence in the home; they are approachable and trying to get to know the residents.”

Discussion with the staff on duty identified that they were aware of the change in management arrangements. In regard to the managerial arrangements in the absence of the manager, the staff were provided with a list of out of hours contact details of relevant staff. This list was available for staff in the staff room. However this list does not directly inform the staff of the clear protocol for contact arrangements in the absence of the manager. This was discussed with the manager in regard to the need for further development into a procedural chart for contact arrangements.

FTC Ref: FTC000026

Notice of failure to comply with regulation 13 of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13.—(1) *The registered person shall ensure that the residential care home is conducted so as –*

- (a) to promote and make proper provision for the health and welfare of residents;*
- (b) to make proper provision for the care and where appropriate, treatment and supervision of residents.*

In relation to this notice the following two actions were required to comply with this regulation.

- The responsible individual must ensure that where one to one supervision is prescribed for residents that this is provided.
- The responsible individual must ensure that staff working in the home are knowledgeable in regard to the reporting arrangements should a deficit in the staffing levels be identified.

Evidence was not available to validate compliance with this Failure to Comply Notice, as detailed below.

Information was received by RQIA on 26 March 2019 that the cook in the home was on unplanned leave. As a consequence of this, a staff member was told by the administrator to work in the kitchen while providing one to one provision to a resident on that day. Therefore inadequate supervision was provided to the resident.

On arrival to the home we were informed by staff that there was insufficient provision of one to one supervision available for one resident. A staff member was on unplanned leave and a deficit was identified. Discussion took place with the staff in regard to the action taken to address this. The staff confirmed that they had informed the administrator of the home by text message, that morning. When questioned as to the rationale for not contacting the manager; staff advised that the administrator arrives in the home earlier. Therefore staff remained unclear as to the reporting arrangements where a deficit in the staffing levels is identified.

The staff later, advised that one to one provision for this resident would be provided by a tutor from the college. Observations during the inspection validated that one to one provision was provided by this staff member. During discussion with this staff member they confirmed that in addition to their role as tutor, they also work as a support worker and that they were providing one to one supervision for this resident. Review of the duty rota evidenced that this staff member's role could not be determined on the day of the inspection

The duty rotas were reviewed. These rotas did not provide a robust assurance that one to one provision was in place for the identified residents.

RQIA continue to liaise with the Southern Health and Social Care Trust (SHSCT) as the host Trust. The relevant Health and Social Care Trusts continue to offer frequent support to the home each week and are closely monitoring staffing for their individual residents. Given this assurance and the evidence of some progress toward compliance, a decision was made by RQIA to extend the compliance date in respect of this notice for a period of two weeks. Compliance with this notice must be achieved by 15 April 2019.

FTC Ref: FTC000027

Notice of failure to comply with regulation 20 of The Residential Care Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20.—(1) *The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents -*

- (a) *ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;*
- (2) *The registered manager shall ensure that persons working at the home are appropriately supervised.*
- (3) *The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.*

In relation to this notice the following seven actions were required to comply with this regulation.

- The responsible individual must ensure that at all times there are suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.
- The responsible individual must ensure that contingency arrangements are developed and implemented in response to unplanned staff absence.
- The responsible individual must ensure that evidence of these contingency arrangements are retained and made available for inspection.
- The responsible individual must ensure that a system is in place for contingency arrangements to be effectively communicated to the staff.
- The responsible individual must ensure that the duty rota accurately reflects the staff working in the home at all times.
- The responsible individual must ensure that the duty rota clearly identifies the person in charge of the home in the absence of the manager.
- The responsible individual must ensure that there is a competency and capability assessment completed for each staff member who is given the responsibility of being in charge of the home for any period of time in the absence of the manager.

Evidence was not available to validate compliance with this Failure to Comply Notice, as detailed below.

As advised earlier in the report information was received by RQIA on 26 March 2019 in relation to staffing deficits in the home on that day. At the beginning of the inspection we were informed by staff that there were three care staff on duty; one person in charge of the shift and two care staff allocated to two residents who required one to one provision. One member of the care staff was on unplanned leave; therefore a deficit was identified for a third resident who required one to one supervision. Following further discussion with the manager this was addressed later in the inspection.

Discussion with the staff evidenced that the staffing situation had not improved. Staff comments were:

- “The staffing is poor, things are no better.”
- “We are constantly trying to source cover.”

An example of this was provided on the day of the inspection where a staff member was trying to source cover for a shift later in the week whilst undertaking their work.

Discussion with the manager and staff confirmed that the residents were continuing to return from weekend leave on the morning of the inspection. It was anticipated that there would be four care staff on duty for 18 residents. Three of these residents required one to one supervision. Discussion took place with the manager in regard to these staffing levels. Concern was raised that in the absence of the manager, there was one staff member available to supervise 15 residents and manage the care home. We were not assured that staffing arrangements were satisfactory.

The only evidence available of contingency arrangements in regards to unplanned staff absence was a list of out of hours contact numbers for relevant staff. This did not provide a clear protocol for staff in relation to the management of unplanned absence.

There were several copies of the duty rota provided on the day of the inspection. Review of the most up to date copy provided by the manager confirmed that it accurately reflected the staff on duty during the inspection. However the duty rota does not clearly identify the person in charge of the home in the absence of the manager.

Following extensive review of this rota; it could not be determined if the appropriate staffing levels were being maintained. The duty rota was difficult to understand due to poor recording and did not always accurately reflect where staff worked and when. The presentation and layout of the duty rota as a legislative requirement was discussed with the manager

Competency and capability assessments should be undertaken for any person in charge of the home in the absence of the manager. Three of these assessments were reviewed and they were not completed. RQIA were not assured that these staff had the necessary skills to fulfil the role of person in charge when the manager was absent.

There was evidence available to confirm that some progress had been made toward achieving compliance. However following the inspection a decision was made by RQIA to extend the compliance date in respect of this notice for a period of two weeks. Compliance with this notice must be achieved by 15 April 2019.

Additional Areas Inspected

Residents Views

During the inspection we met with a number of residents in the communal areas. The residents confirmed that they were happy in the home and that they enjoyed attending the classes. The residents were observed to be comfortable within their environment and relaxed interactions were observed between the residents and the staff. Despite ongoing staffing pressures, the staff strived to provide a good standard of care to the residents.

Catering arrangements

The staff reported that the cook was off on unplanned leave and an agency cook was working in the home. During discussion with the cook he stated that he had not completed an induction. We were advised by the cook that they were working in the home on Monday, Tuesday, Thursday and Friday of that week. The staff advised that due to the situation with the catering arrangements; the residents were currently not being provided with the catering classes.

Following discussion with the manager, a record of induction completed by the cook, was provided. From this record there was no evidence of an enhanced AccessNI disclosure certificate number being retained. This was brought to the attention of the manager during the inspection and immediate follow up requested. Since the inspection the manager confirmed that this was not in place and alternative arrangements have since been made. This was identified as an area for improvement to ensure compliance with the regulations.

Areas for improvement

Two new areas for improvement were identified during the inspection in relation to the duty rota and Enhanced AccessNI disclosure information.

	Regulations	Standards
Number of areas for improvement	2	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC000025 in relation to the management arrangements.

Evidence was not available to validate compliance with the Failure to Comply Notices FTC000026 in relation to health and welfare and FTC000027 in relation to staffing. However, there was evidence of some improvement and progress made to address the required actions within the notices. Support is also ongoing from the relevant Health and Social Care Trusts. Following the inspection, RQIA senior management held a meeting on 1 April 2019 and a decision was made to extend the compliance date. Compliance with the notices must therefore be achieved by 15 April 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Crawford, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> • all areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended. • Carpet within one bedroom is made good or replaced <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure that there is a designated adult safeguarding champion working in the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: 8 April 2019</p>	<p>The registered person shall ensure the name of the acting manager is recorded on the duty rota.</p> <p>Ref: 6.3</p> <p>The name of the Registered Manager is recorded in the duty rota.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2019</p>	<p>The responsible individual shall ensure that Enhanced AccessNI disclosures are completed for all staff prior to their commencement in the home. This information should be managed in accordance with best practice guidance.</p> <p>The enhanced access NI disclosures are completed for all staff prior to their commencement in the home</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that soft furnishings within the home are fire retardant.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17/01/17 are addressed.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



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