



# Unannounced Enforcement Care Inspection Report 28 May 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](http://www.rqia.org.uk)

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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 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

<b>Organisation/Registered Provider:</b> Thomas Doran Trust  <b>Responsible Individual:</b> Maureen Crawford (acting)	<b>Registered Manager:</b> Waldemar Mietlicki
<b>Person in charge at the time of inspection:</b> Waldemar Mietlicki	<b>Date manager registered:</b> 2 August 2016
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 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 28 May 2019 from 10.30 to 15.15.

This inspection was underpinned by 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 two Failure to Comply (FTC) Notices issued on 14 March 2019. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of residents (FTC000026) and staffing (FTC000027). The date of compliance with the notices was 28 May 2019.

The following FTC Notices were issued by RQIA on 14 March 2019:

FTC ref: FTC000026E3

FTC ref: FTC000027E3

The inspection also sought to assess compliance with areas for improvement made at previous care inspections.

Evidence was not available to validate compliance with the Failure to Comply Notices. 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 29 May 2019 regarding the sustained non-compliance. A decision was made to extend the Failure to Comply Notices for a final time with compliance to be achieved by 14 June 2019. Given the sustained non-compliance and the continued potential impact on the health and welfare of residents, a meeting was held with the management of Parkanaur College on 9 May 2019 with the intention of issuing a Notice of Proposal to Impose Conditions on the registration of Parkanaur College. Following this meeting a notice of proposal was issued on 15 May 2019 to impose the following conditions on the registration of Parkanaur College:

1. Admissions to Parkanaur College will cease until compliance with the specific actions stated in FTC000026E3 and FTC000027E3 dated 14 March 2019 have been fully met.
2. The acting registered person must ensure that reports of the Regulation 29 visits and copies of any other monitoring reports are shared with the home manager, the acting registered person and RQIA within three working days of the visits/reports being completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards 2011.
3. The registered provider must appoint a permanent manager, with sufficient experience, competence and skill to work in the home on a day-to-day basis to ensure the quality and safety of care delivery to residents.
4. The acting registered person must ensure compliance with the specific actions stated in the notices FTC000026E3 and FTC000027E3 dated 14 March 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
<b>Total number of areas for improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Waldemar Mietlicki, registered manager and Maureen Crawford, acting responsible individual, 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
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- two failure to comply notices.

During the inspection the inspector met with 13 residents, seven staff, one resident's representative, the registered manager and the acting responsible individual.

The following records were examined during the inspection:

- staff duty roster
- staff competency and capability assessments
- staff sickness absence contingency plan
- Enhanced Access NI disclosure information
- Regulation 29 reports completed by the acting responsible individual
- Legionella Risk assessment

Areas for improvement identified at the last care inspection were reviewed and 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 30 April 2019

The most recent inspection of the home was an unannounced care inspection on 30 April 2019. The completed QIP is to be returned to RQIA by 20 June 2019.

### 6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time	The registered person shall ensure; <ul style="list-style-type: none"> <li>• All areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended.</li> <li>• Carpet within one bedroom is made good or replaced</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment identified that on the day of the inspection the home was unclean. This is discussed further in the report. This part of the area for improvement will be stated for the second time.  The carpet within the identified bedroom was replaced.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time	The registered person shall ensure that there is a designated adult safeguarding champion working in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that there was a designated adult safeguarding champion working in the home.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1)</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two new staff recruitment files confirmed that the Enhanced AccessNI disclosures were completed prior to their commencement in the home. This information was managed in accordance with best practice guidance.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure that the monthly monitoring reports completed outline clear action plans which are followed up on a monthly basis during each visit.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the monthly monitoring reports confirmed that there were clear action plans recorded which were followed up during each visit.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure the name of the acting manager is recorded on the duty rota.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the duty rota confirmed that the hours worked by the registered manager were recorded on the duty rota.</p>		
<p><b>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.2</p>	<p>The registered person shall ensure that soft furnishings within the home are fire retardant.</p>	



<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> This was discussed with the registered manager who was able to provide a certificate dated 17 January 2019 to confirm that the soft furnishings within the home were fire retardant.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.9</p> <p><b>Stated:</b> First time</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> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records confirmed that a new Legionella Risk Assessment was completed on 10 January 2019. The registered manager further provided disinfection certificates dated 30 January 2019 to confirm that all actions in this risk assessment were addressed.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

**FTC Ref: FTC000026E3**

#### **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.

On the day of the inspection the staff advised that there was adequate one to one provision in place for the identified residents. Observations during the inspection confirmed this to be accurate.

Review of the staff duty roster identified a deficit in one to one provision on the 20 May 2019 for one identified resident. This was discussed with the acting responsible individual who advised that this cover was provided. However this was not evidenced on the duty rota.

Discussion took place with the staff in relation to the reporting arrangements where a deficit in the staffing levels is identified. The staff stated that they would inform the registered manager of the deficit who would direct the action to be taken.

It was noted that some progress was made in relation to one to one provision. Arrangements were in place on the day of the inspection to ensure adequate one to one care. However it was concerning that this could not be clearly evidenced on an ongoing basis from the duty rotas provided.

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 the staffing arrangements for individual residents.

There was some progress with this failure to comply notice. A decision was made to further extend the compliance date in respect of this notice. Compliance must be achieved by 14 June 2019.

Given the sustained non-compliance and the continued potential impact on the health and welfare of residents, a Notice of Proposal to Impose Conditions on the Registration of Parkanaur College was issued on 15 May 2019.

**FTC Ref: FTC000027E3**

### **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 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.

On arrival to the home we met with the cook. The cook reported that he was pleased to return to work. Discussion with the cook confirmed that he was knowledgeable of the needs of the individual residents. Observations of interactions between the cook and the residents were very relaxed and positive. Concerns were identified at the previous inspection with the arrangements for the provision of the evening meal. The cook advised that he has reviewed the evening meal provision and has made arrangements so that this meal can be easily served, requiring minimal support from the care staff.

Discussion with the staff on duty confirmed that with the return of the cook and the registered manager, the staffing situation was more stable. We were advised that four new staff had commenced employment in the home and this had created further stability. The staff commented on the excellent support provided by the registered manager and that he is always available. Comments made by staff included:

- “The manager and the acting responsible individual are always at the end of the phone. They are excellent and very supportive.”
- “The staffing situation is much more stable and there are sufficient staff on duty. This is a great place to work and we all work well together.”
- “We are so glad that the cook and the manager are back to work. The residents are so much happier; it has really lifted the place.”
- “The staff are happier and there is a marked improvement. There is a better atmosphere with the return of the manager.”

We were provided with a staff sickness absence contingency folder. This folder contained a protocol regarding staff absence, a list of staff contact numbers and the telephone numbers for recruitment agencies. Discussion with the staff confirmed that they were knowledgeable in regards to action to be taken in regards to unplanned staff absence.

Review of the duty rota identified a gap in one to one provision on the 20 May 2019 for one identified resident. While the acting responsible individual confirmed that adequate cover was provided; this was not evidenced on the duty rota. However the duty rota did accurately reflect

the staff working in the home on the day of the inspection and the manager hours were recorded.

It was noted during the inspection that the home was unclean. Observations evidenced that there were no domestic staff on duty. Discussion with staff confirmed that the domestic was on planned leave and that the administrator was informed of this, four weeks earlier. Despite this there had been no domestic working in the home on the previous day or the morning of the inspection. A member of domestic staff had been organised to work in the home in the afternoon. We were not assured that the staffing arrangements were satisfactory. An area for improvement made at a previous care inspection in relation to the cleanliness of the home had not been met and has been stated for the second time.

Discussion took place with the registered manager in regards to the presentation of the duty rota. The registered manager was concerned that the current recording system could result in deficits in the staffing arrangements. The registered manager was referred to the Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (2011) to ensure that it meets legislative requirements.

Two staff competency and capability assessments were reviewed for the person in charge of the home, in the absence of the manager. It was noted that only one of these assessments determined competence in the absence of the manager.

There was significant progress toward compliance with this failure to comply notice. A decision was made to further extend the compliance date in respect of this notice. Compliance must be achieved by 14 June 2019.

Given the sustained non-compliance and our concerns with the staffing arrangements, a Notice of Proposal to Impose Conditions on the Registration of Parkanaur College was issued on 15 May 2019.

## **Additional areas inspected**

### **Residents views**

During the inspection we met with approximately 13 residents. The residents were happy and content in their environment. Discussion with the residents evidenced that they satisfied with the care provided to them and that they were pleased with the return of the cook and the registered manager to the home.

### **Environment**

An inspection of the environment was undertaken. This identified a number of bedroom and communal areas which would benefit from redecoration. Paintwork was tired and chipped, curtains were tired and not secured properly to the rail and parts of wooden flooring were chipped. This was discussed with the registered manager and identified as an area for improvement to provide an action plan for a programme of redecoration within the home.

### **Areas for improvement**

One area for improvement was identified in regards to redecoration within the home.

Regulations	Standards
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<b>Number of areas for improvement</b>	1	0
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## 6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notices. 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 29 May 2019 regarding the sustained non-compliance. A decision was made to extend the failure to comply notices for the final time with compliance to be achieved by 14 June 2019.

Given the sustained non-compliance and the continued potential impact on the health and welfare of residents, a meeting was held with the management of Parkanaur College on 9 May 2019 with the intention of issuing a Notice of Proposal to Impose Conditions on the registration of Parkanaur College. Following this meeting a notice of proposal was issued on 15 May 2019 to impose the following conditions on the registration of Parkanaur College:

1. Admissions to Parkanaur College will cease until compliance with the specific actions stated in FTC000026E3 and FTC000027E3 dated 14 March 2019 have been fully met.
2. The acting registered person must ensure that reports of the Regulation 29 visits and copies of any other monitoring reports are shared with the home manager, the acting registered person and RQIA within three working days of the visits/reports being completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards 2011.
3. The registered provider must appoint a permanent manager, with sufficient experience, competence and skill to work in the home on a day-to-day basis to ensure the quality and safety of care delivery to residents.
4. The acting registered person must ensure compliance with the specific actions stated in the notices FTC000026E3 and FTC000027E3 dated 14 March 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 Waldemar Mietlicki, registered manager and Maureen Crawford, acting responsible individual, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 2019</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> <li>• All areas within the home are maintained to a high standard of cleanliness at all times. Regular audit is recommended.</li> </ul> <p>Ref: 6.2</p> <hr/> <p>A full time cleaner has been employed, and suitable arrangements made to cover her annual leave and any unplanned absences</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall ensure that an action plan is completed in regard to redecoration within the home. This action plan should identify the planned work with timeframes and should be forwarded to RQIA.</p> <p>Ref: 6.3</p> <hr/> <p>An action plan has been completed to address deficiencies in the state of decor in the property. Work will start at end of July 2019 and be completed by end July 2020. It will be forwarded to RQIA within the next monthly report</p>

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





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