

Unannounced Follow Up Care Inspection Report 29 January 2018 and 1 February 2018



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
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Inspector: Laura O'Hanlon

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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 with 24 beds registered to provide care for residents under the categories as detailed within section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Parkanaur College Responsible Individual(s): Wilfred Mitchell	Registered Manager: Waldemar Mietlicki
Person in charge at the time of inspection: Waldemar Mietlicki	Date manager registered: 2 August 2016
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 24

4.0 Inspection summary

An unannounced inspection took place on 29 January 2018 from 13.45 to 18.30. Jo Browne, Senior Inspector joined this inspection from 15.30 to 18.30. A further unannounced inspection was undertaken on 1 February 2018 from 9.45 to 10.45.

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 was undertaken following information received by RQIA in relation to inadequate heating provision at Parkanaur College and that no action was taken to address this matter.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- environment
- on call contact arrangements
- fire safety
- staffing arrangements

Residents said that they were happy in the home and that they were well looked after.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Waldemar Mietlicki, Registered Manager and Wilfred Mitchell, Registered Provider, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 2017.

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 information provided in relation to the complaint, the previous inspection report and QIP.

During the inspection the inspector met with 22 residents, four staff, the registered manager and the registered provider.

The following records were examined during the inspection:

- Elements of six care records
- The home's record of named residents accommodated within the categories of care

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 28 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 6 December 2017	The registered person shall ensure that a programme of decoration is undertaken within bedrooms and communal areas. 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. Ref: 6.2	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the nature of this inspection this area for improvement was not reviewed. This area for improvement is carried forward for review at the next care inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 28 November 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Environment

On arrival to the home an inspection of the environment was undertaken. The home was found to be cold and there was no heat from the radiators. Discussion with the staff on duty and the residents confirmed that the heating pump had broken on 27 January 2018. It was noted that

there were four heaters in use at this time; one in the staff room, one in a resident's bedroom and two in the computer room.

The staff confirmed that when the heating had broken down, there were six residents present in the home. The remaining 16 residents had returned to the home on 29 January unaware of this situation. One resident advised that when they returned to the home on 29 January their bedroom window was open which made the room much colder.

Discussion with the six residents identified that they were cold over the weekend but the staff had provided additional blankets and duvets at night. This was validated during the inspection as there was evidence of additional blankets and duvets. During the inspection approximately half of the residents said they were cold, however the staff found the working environment to be extremely cold.

Despite the cold environment the residents were content and relaxed. Positive interactions were observed between the staff and the residents. The residents were fully informed of the situation and were satisfied with the action taken.

It was noted on three of the six care records reviewed where these residents had expressed concern about the cold temperature in the home on 27 January 2018. At the beginning of the inspection the temperature was randomly checked in bedrooms and communal areas. In one communal area the temperature was 13 degrees. Overall the temperature ranged between 13 and 15 degrees. There were two thermometers present for the whole building. This was identified as an area for improvement to ensure that all bedrooms and communal areas occupied by the residents contain a thermometer.

Discussion with the registered manager confirmed that he was only made aware of this situation on the morning of the 29 January 2018. The registered manager advised that a new part for the pump was ordered but there was no guarantee that this would be repaired the following day.

Discussion with the registered provider and the registered manager confirmed that an additional 20 heaters were being supplied to the home and the heaters would remain in the home until the heating was repaired. This was actioned during the inspection and the inspectors remained in the home until the heaters were working and the environment was warmer.

During the inspection undertaken on 1 February 2018 the home was found to be warm and the radiators were working. Discussion with the staff confirmed the heating was repaired on 31 January 2018.

On call arrangements

Discussion with the staff confirmed that they had notified the correct person in accordance with the on call arrangements. However the registered manager had not been informed. It was noted that there was no on call policy in place. This was identified as an area for improvement to ensure that a policy and procedure in relation to the on call contact arrangements is devised to provide clear guidance for staff on duty.

In addition no immediate measures were implemented by the on call contact person to address the inadequate heating arrangements for the residents. The registered manager advised that had he have been notified earlier he would have taken steps to address this matter. This was

identified as an area for improvement to review the contingency arrangements in the event of an adverse incident.

Fire safety/Staffing arrangements

In view of the additional heaters provided to the home, the registered manager was asked to review the fire safety risk assessment. The registered manager was also asked to inform the fire risk assessor of this change. The registered manager agreed to undertake this.

In addition the registered manager was asked to review the staffing arrangements for the home to assist with the management of the additional heaters in the home. The registered manager agreed to provide additional staff on duty. Discussion with the registered manager on 1 February confirmed that additional staff were provided.

Areas of good practice

Areas of good practice were observed in the culture and ethos of the home and the communication between the residents and the staff.

Areas for improvement

Three areas for improvement were identified in regards to the need for thermometers in bedrooms and communal areas occupied by the residents, the need to devise a policy and procedure in relation to the on call contact arrangements and review the contingency arrangements in the event of an adverse incident.

	Regulations	Standards
Total number of areas for improvement	0	3

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 Wilfred Mitchell, Registered Provider, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 6 December 2017	The registered person shall ensure that a programme of decoration is undertaken within bedrooms and communal areas. Ref: 6.2 Response by registered person detailing the actions taken: This has been completed within given time frame.
Area for improvement 2 Ref: Standard 27.2 Stated: First time To be completed by: 15 February 2018	The registered person shall ensure that bedrooms and communal areas occupied by the residents contain a thermometer. Ref: 6.3 Response by registered person detailing the actions taken: The thermometers have been displayed in the bedrooms and communal area.
Area for improvement 3 Ref: Standard 21.1 Stated: First time To be completed by: 1 March 2018	The registered person shall ensure that a policy and procedure in relation to the on call contact arrangements is devised to provide clear guidance for staff on duty. Ref: 6.3 Response by registered person detailing the actions taken: The on call policy has been issued in order to provide essential information to support workers.
Area for improvement 4 Ref: Standard 20.10 Stated: First time To be completed by: 1 March 2018	The registered person shall ensure that a review of the contingency arrangements in the event of an adverse incident is undertaken. Ref: 6.3 Response by registered person detailing the actions taken: The contingency arrangements and generic risk assessment have been reviewed.

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



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