

Unannounced Care Inspection Report 2 February 2021



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 028 8776 1272
Inspector: Sharon McKnight

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 24 residents.

3.0 Service details

<p>Organisation/Registered Provider: Thomas Doran Trust</p> <p>Responsible Individual: Dr Maureen Crawford</p>	<p>Registered Manager and date registered: Waldemar Mietlicki – 25 July 2016</p>
<p>Person in charge at the time of inspection: Waldemar Mietlicki</p>	<p>Number of registered places: 24</p> <p>The home is approved to provide care on a day basis only to 1 person</p>
<p>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</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 8</p>

4.0 Inspection summary

An unannounced inspection took place on 2 February 2021 from 09:50 to 15:45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

Patients told us they were well cared for and were content in the home.

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

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with five residents and seven members of staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. Any verbal or written comments received are included within the report.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 December 2019.

There were no areas for improvement identified as a result of the last inspection.

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the residents' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. A number of residents required one to one supervision; these staff were rostered in addition to the planned staffing required for the day to day running of the home.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide support. The staff reported that there was enough staff to comfortably meet the needs of residents. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels. It was obvious from the relaxed interactions with the residents that the staff were familiar with them and knew them well.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

We examined the employment file of a recently recruited member of staff; we saw that all necessary pre-employment checks were completed to ensure that staff were safe to work in the home. We examined records which indicated that staff were provided with a comprehensive induction.

We spoke with seven members of staff, who displayed commitment and empathy towards the residents; they had a good knowledge and understanding of residents' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, residents and relatives. Staff spoke positively of the support provided by management and were confident that any issues raised with the manager would be responded to and addressed.

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. We saw that residents' were supported with their morning routine in response to individual need, for example the time they like to get up, have their breakfast and the activities they were involved with. Staff spoken with were aware of the need to support residents to socially distance. We saw that individual tables had been provided in the dining room to support social distancing at mealtimes. The residents spoken with were aware of the global pandemic, the restrictions on going out and the need to socially distance; however staff explained that they were challenged in maintaining social distance with residents due to their level of understanding.

A weekly activity programme was in place. Staff explained that the weekly programme was agreed with the residents on a Friday. Activities included an exercise regime. The residents have an established walking group which takes place Monday to Friday and is led by a member of staff. Staff explained that alongside the physical benefits for the residents this daily exercise had been vital in supporting their mental wellbeing throughout the pandemic. Additional opportunities for physical exercise have also been provided with the recent purchase of gym

equipment. A number of the residents were able to avail of classes, for example ICT and art via video communications. One resident spoken with was enthusiastic about their art class and how they used their electronic tablet to complete the tasks.

In addition to recreational activities residents were supported to be involved in the routine of the home. A number of residents were involved in household activities such as laundry and assisting with catering duties.

We discussed the arrangements for visiting with staff who explained that visiting was currently being facilitated in a dedicated room of Parkanaur Manor House. The room can be accessed directly from the outside without visitors having to come into the home. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

6.2.3 Care records

We reviewed two care records. Care records contained assessments of needs, care plans and associated risk assessments. Care records were individualised and written in a person centred manner and were regularly reviewed. Other healthcare professionals, for example speech and language therapists (SALT), dieticians and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

6.2.4 Infection prevention and control (IPC) measures including the use of personal protective equipment (PPE)

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about COVID-19. Staff and resident temperatures were being checked and recorded a minimum of twice daily. Staff and residents were tested regularly as part of the national testing programme for care homes.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. Records evidenced that regular hand hygiene and PPE audits were completed.

An information file with copies of the relevant DOH guidance was also available in the office for easy reference for staff.

At the request of the manager the Southern Health and Social Care Trust had completed an IPC audit following which the manager had developed an action plan. A review of the action plan evidenced that the improvement required had all been actioned.

6.2.5 Environment

The atmosphere in the home was relaxed, warm, comfortable and provided homely surroundings for the residents. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

As a result of the IPC audit by the SHSCT it was recommended that an additional staff room was created to support staff to social distance during their breaks. A vacant bedroom has been temporarily changed to be used as a staff tea room. Although this is a temporary measure in response to the current pandemic, we asked for written confirmation of the change of use of this room; this was received via e mail following the inspection. The manager was fully aware that this was a temporary arrangement and that the room would return to a bedroom when the pandemic allows.

6.2.6 Leadership and governance

There have been no changes to the management arrangements since the previous inspection. There was a clear management structure within the home and the manager was available throughout the inspection process. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. They were supported in their daily role by the acting Responsible Individual, deputy manager and a senior support worker.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We discussed the systems in place to monitor and report on the quality of nursing and other services provided. A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care; audits included environmental, PPE and hand hygiene audits.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report. Relatives' opinion had been sought via the telephone and their comments included in the reports. The following are examples of comments provided:

"Very happy with the wonderful care (relative) receives, he is like a new man since he started in Parkanaur." (September 2020)

"Staff have (relatives) best interest at heart at all times and nothing is too much trouble." (October 2020)

"I commend staff for the communication and the way the COVID-19 vaccination has been managed and delivered." (January 2021)

Areas of good practice

Areas of good practice were identified with regard to staff commitment to resident care, the provision of activities, use of PPE and effective team work throughout the home.

Areas for improvement

No areas for improvement were identified during the inspection.

6.3 Conclusion

The atmosphere in the home was relaxed with residents being supported by staff to meet their physical, psychological and social needs. Staff displayed a great understanding of each resident's needs and how they responded to each resident was individual to that patient.

The home was clean, tidy and fresh smelling and staff used PPE according to the regional guidance. Visiting was being facilitated in a designated room within the home with a range of safeguards in place to minimise the risk of the spread of infection.

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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