

Inspection Report

5 October 2021



Parkanaur College

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Thomas Doran Trust	Registered Manager: Mr Waldemar Mietlicki
Responsible Individual (RI) Ms Maureen Crawford (Acting)	Date registered: 25 July 2016
Person in charge at the time of inspection: Mr Waldemar Mietlicki	Number of registered places: 24 The home is approved to provide care on a day basis only to 1 person.
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 residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 24 residents with a learning disability. The home is located within Parkanaur Manor House. Each resident has their own bedroom and there is a dining room and range of lounges throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2021, from 09.45am to 5.00pm by a care Inspector.

The inspection was undertaken to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that residents were well supported by staff to meet their physical, psychological and social needs. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Residents were happy to engage with the inspection process and share their experiences of living in the home and provided numerous examples of what they liked about it.

As a result of this inspection one area for improvement was identified with regard to adherence to best practice with effective hand hygiene.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

Eight residents and six staff were spoken with. The residents provided numerous examples of what they liked about living in the home. One resident told us they liked being in the company of other young people; an opportunity they didn't have while living at home. A number of residents had responsibility for jobs which contributed to the day to day running of the home; their expressions clearly identified that they viewed this responsibility with pride.

It was obvious from the interactions between residents and staff that they were familiar with each other; residents smiled when they talked about staff. Residents confirmed that they would talk to staff if they were worried; many referred to the staff they would choose to speak with by name. Residents said they enjoyed the food and we saw that the dining experience was unhurried and social.

Staff told us there was good team work between staff and that they felt well supported by the manager. Staff spoke compassionately about residents' needs and demonstrated a good understanding of patients' individual wishes, routines and preferences and the importance of respecting patient autonomy. Staff also undertook a conciliatory role in assisting residents to cope with each other's behaviours.

Eight completed questionnaires were returned from residents following the inspection; all of the responses were positive. The residents confirmed that they felt safe in the home, that staff were kind, that their care was good and that the home was well organised.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Parkanaur College was undertaken on 2 February 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the residents. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when. The range of training provided was relevant to the needs of the residents. Staff received regular supervision and an annual appraisal to further develop their skills.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live. Recently recruited staff were supported to complete their registration within the appropriate timeframe.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The staff required to provide one to one support to identified residents were rostered in addition to the core staff team.

Staff were confident that the current staffing provision was sufficient to meet the needs of the residents. They demonstrated a good understanding of residents' individual wishes and preferences. Staff providing one to one support were knowledgeable of the individual needs and behaviours of the resident in their care. They confirmed that, as far as was practically possible, the structure of the day was determined by the individual residents' preferences and likes.

Residents told us that the staff were kind and helped them with everything they needed during the day. Residents knew the staff by name; their interactions were familiar, comfortable and unhurried. Residents shared their experiences of living in the home freely in the company of staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff interactions with residents were warm and friendly; they supported residents to be as independent as possible with their day to day needs. We observed that residents looked well cared for; they were nicely dressed with good attention to the detail of their personal appearance. Residents were content and settled in their surroundings and in their interactions with staff.

Meals were served in the dining room, or at residents' request in a quiet area of the home. The dining room was nicely set with a range of cutlery and condiments provided on each table. The serving of lunch was organised and social. The menu was displayed and residents were well informed of what meals to expect. The meals served were home cooked and smelt and looked appetising. Residents were complimentary regarding the quality and selection of meals provided. One main dish was provided at each meal with alternative options available. Many of the residents in the home were prone to weight gain; the Chef spoke of the necessity of providing healthy meals and supporting residents with good choices regarding nutrition. They were enthusiastic about the variety and choice of foods.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain.

If a resident was involved in an incident or accident a report was completed. The circumstances of each incident and action taken following the event were recorded. Residents' next of kin and the appropriate health and social care trust were informed of all accidents.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. Residents' bedrooms were personalised with items important to them and reflected their likes and interests. It was obvious from their conversations that they were proud of their bedrooms and the personal touches used to define it as their individual space. One resident took great pride in showing off their room.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

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 been placed at the entrance to the home which provided advice and information about Covid-19.

There was an adequate supply of personal protective equipment (PPE) and no issues were raised by staff regarding the supply and availability. Staff spoken with were knowledgeable of

the correct use of PPE, wore face masks and carried out hand hygiene. However a number of staff were not bare below the elbow which has the potential to compromise effective hand washing; this was identified as an area for improvement.

Arrangements were in place for residents to receive visitors. Precautions such as a booking system, temperature checks and completion of a health declaration were in place. Residents and staff were enthusiastic to have families visiting again. Arrangements for home visits had also recently been reinstated; each was carefully risk assessed by management.

Residents and staff participated in the regional monthly COVID 19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Residents

Staff supported residents to be actively involved in making positive decisions about their care, for example how to spend their day, participation in activities, positive and respectful interactions with fellow patients and with food choices for their physical well being.

Some residents were able to structure their day independently whilst others required support from staff to enable them to enjoy an orderly structure to their day. A number of residents had responsibility for jobs which contributed to the day to day running of the home. Residents were proud of the role they had in the home and it was obvious from discussions with them the sense of fulfilment this responsibility gave them.

Training courses were available for residents to participate in. A number were attending a catering programme facilitated by the Chef. One resident had previously completed this programme and, with support from the Manager, was now receiving payment for the work they undertook in the home; this remuneration provided the resident with a great sense of self-worth. Other trainings being undertaken included an IT course, gardening and lessons to play musical instruments. Residents spoke enthusiastically about the training opportunities.

Social activities such as movie or musical nights were provided. There is also an active walking group who walked each day after lunch and at the weekends; this group is co-ordinated by the Chef in an attempt to introduce a healthy lifestyle alongside healthy eating.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day. They were observed to be prompt in recognising residents' needs, any signs of distress and, where possible, to pre-empt behaviours. Staff were skilled in communicating with residents and were respectful of their needs and wishes.

Staff confirmed that there was good support from residents' key workers in the relevant health and social care Trusts and residents needs were reviewed regularly by them.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported daily by the Deputy Manager who was available throughout the inspection and was knowledgeable of the day to day running of the home. Management support is also provided by the acting RI and members of the Board of Trustees.

Residents were familiar with the both the Manager and Deputy and many of them referred to them by name. It was obvious from their interactions with the residents that they were well known to them.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the residents.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of the environment, accidents and incidents and care records.

There was a system in place to manage complaints and to record any compliments received about the home.

A member of the Board of Trustees undertook an unannounced visit each month, on behalf of the Responsible Individual, to consult with residents, their relatives and staff and to examine all areas of the running of the home. Due to the global pandemic opportunities to consult with relatives as part of the monthly visit has greatly reduced. The Manager agreed to discuss with the Board of Trustees how relatives opinion could be sought as part of these visit.

The reports of the visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. As required the reports were available in the home for review by residents, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with residents and staff, observations and a review of resident and management records evidenced that care in Parkanaur College was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Staff supported residents to be actively involved in making positive decisions about their care. Residents knew the staff by name; their interactions were familiar, comfortable and unhurried. Residents shared their experiences of living in the home freely in the company of staff.

Observation of practice confirmed that the routine of the home were planned around the needs and interests of the residents and provided them with positive outcomes.

As a result of this inspection an area for improvement was identified with adherence to IPC best practice to support effective hand hygiene. Compliance with this area will further improve the services provided in the home.

7.0 Quality Improvement Plan/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.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Waldemar Mietlicki, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>The Registered Persons must ensure that staff adhere to the IPC principle of bare below the elbow to support effective hand washing.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: On the 5th of October, support staff were reminded of the importance of following at all times the infection control procedures. The communication on this matter was reissued on 11th of November. Effective management systems were implemented to ensure staff engagement and compliance.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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