

Unannounced Care Inspection Report 6 June 2017



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 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 that provides care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Mr Wilfred Mitchell	Registered Manager: Mr 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 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 care inspection took place on 6 June 2017 from 10.30 to 16.30.

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 assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment and induction, supervision and appraisal, adult safeguarding, communication, the culture and ethos of the home and the management of complaints.

Areas requiring improvement were identified in regard to the environment, fire safety training, care plans and reviews, policies and accidents and incidents.

Residents' comments were:

- "I like it here, the staff are very kind to me"
- "I came here and I am very happy"
- "I like it here and the food is lovely. If I had a problem I would go to either Lisa or Waldemar. Lisa and Waldemar are great"

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	6

Details of the Quality Improvement Plan (QIP) were discussed with Waldemar Mietlicki, registered manager, 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 required to be taken following the most recent inspection on 6 December 2016.

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 previous inspection report and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 12 residents, four staff, two tutors from the college and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. There were no questionnaires returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- One induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule
- One staff recruitment file
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 6 December 2016

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 6 December 2016

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 21.5 Stated: First time	The registered person should ensure that the policy on adult safeguarding is reviewed to reflect the current regional guidance.	Met
	Action taken as confirmed during the inspection: A review of the policy on adult safeguarding dated December 2016 confirmed that it was updated to reflect the new regional guidance and included the operational procedures and the name of the safeguarding champion.	

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered provider should ensure the damp areas in one identified bathroom are addressed.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that there were no damp areas present in the bathrooms. In the identified bathroom above a new ventilation system was installed.	
Area for improvement 3 Ref: Standard 6.3 Stated: First time	The registered provider should ensure that care plans are signed by the resident or their representative. Where the resident chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: A review of four care records identified that two out of four care plans were signed by the resident. A further recommendation was made in regard to care plans as outlined in section 6.5. The registered manager agreed to ensure that all care plans would be appropriately signed when they were updated.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

There was a recruitment and selection policy and procedure in place. However this policy was not dated or signed off. This is further detailed in section 6.7. Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Staff were knowledgeable and had an understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that there were currently no restrictive practices undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced. Observation of equipment and aids supplied validated this.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap,

alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. However the décor in a number of bedrooms and communal areas was in need of modernisation in keeping with the service user group within the home. This was identified as an area for improvement. In addition there were stains identified on three sets of curtains in one identified bedroom. The registered manager agreed to ensure this was addressed as a matter of priority.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 30 June 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff had not completed fire safety training twice annually. This was identified as an area for improvement.

A fire drill was completed in May 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Areas for improvement were identified in regard to the environment and fire safety training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. However it was noted that two of the care records reviewed contained care plans dated in 2007 and 2011. These care plans had been reviewed by the registered manager in May and August 2016. This was identified as an area for improvement to ensure that care plans are reviewed and updated to accurately reflect the needs of the residents.

Care needs assessment and risk assessments (e.g. manual handling, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. A review of one care record identified that this resident did not have a care management review completed since February 2015. This was identified as an area for improvement. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced from staff knowledge and understanding of individual residents' needs.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in regard to care plans and reviews.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and a review of care records confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. One example of this was the Personal Emergency Evacuation Plan (PEEPs). These were completed in 2017 in picture format and were signed by the residents.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Care records contained further evidence of signed consent forms. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. One resident who was unwell during the inspection was checked and supported by staff during the inspection and a follow up appointment was made with the GP.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff, residents' meetings, annual reviews and the monthly monitoring visits.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the residents were engaged in their various classes. Discussion with the residents and review of residents meetings confirmed that outings take place at the weekends and Friday night is treat night when the residents get a take away of their choice.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that a number of the residents go on home leave over the weekend.

Some comments made by the residents during the inspection were:

- “I like it here, the staff are very kind to me”
- “I came here and I am very happy”
- “I like it here and the food is lovely. If I had a problem I would go to either Lisa or Waldemar. Lisa and Waldemar are great”

Some comments made by the staff members during the inspection were:

- “The staff all work well together and staff morale is grand. We all get on well and get everything done. The residents are all well looked after and they get to do lots of activities. The management are great”
- “There is good team work and we all work well together”
- “The staffing levels are fine and the staff morale is good”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. However two of the policies reviewed namely the recruitment policy and the complaints policy were not signed or dated. This was identified as an area for improvement.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA. However it was noted that the records of the accidents and incidents documented for March and April 2017 did not confirm that the trust were informed. This was identified as an area for improvement.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as they visit the home on a weekly basis.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

Areas for improvement were identified in regard to policies and accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	0	2

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, 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 to care.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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: section 6.4 Response by registered person detailing the actions taken: The environmental audit took place on Wednesday 19 th of July 2017 and a program of decoration is scheduled.
Area for improvement 2 Ref: Standard 29.4 Stated: First time To be completed by: 6 July 2017	The registered person shall ensure that staff working in the home undertake fire safety training twice every year. Ref: section 6.4 Response by registered person detailing the actions taken: Fire training has been completed by all staff. In addition, Fire safety refresher course is scheduled for September 2017.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 31 July 2017	The registered person shall ensure that care plans are reviewed and updated to accurately reflect the needs of the residents. Ref: section 6.5 Response by registered person detailing the actions taken: The care plans have been reviewed and updated as discussed during an inspection.
Area for improvement 4 Ref: Standard 11.1 Stated: First time To be completed by: 31 July 2017	The registered person shall ensure that contact is made with the Trust to undertake a care management review for one identified individual. Ref: section 6.5 Response by registered person detailing the actions taken: The care management review was carried out on 3rd July 2017.
Area for improvement 5 Ref: Standard 21.4 Stated: First time To be completed by: 31 July 2017	The registered person shall ensure that policies are signed and dated when issued, reviewed or revised. Ref: section 6.7 Response by registered person detailing the actions taken: All future policies will be signed and dated following review prior to any future issues.

<p>Area for improvement 6</p> <p>Ref: Standard</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2017</p>	<p>The registered person shall ensure that records of accidents and incidents confirm that the trust statutory worker was informed.</p> <p>Ref: section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The College's practice of informing the trust statutory worker has to be recorded.</p>
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