

Inspection Report

6 December 2022



Parkanaur College

Type of Service: Residential Care Home
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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	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 6 December 2022 from 10:05am to 3:50pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean, tidy and there was a welcoming atmosphere. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "I am happy here, it is super". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "I like the food" and "I can always let the Cook know if I want something different".

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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Comments made by residents and staff were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaire.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

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

Areas for improvement from the last inspection on 5 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate from the day of the inspection.	The Registered Persons must ensure that staff adhere to the IPC principle of bare below the elbow to support effective hand washing.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that there were systems in place to ensure staff were recruited properly to protect residents.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

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 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.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Competency and capability assessments had been completed for staff left in charge of the home when the manager is not on duty.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

Residents' needs were assessed at the time of their admission to the home. Following an initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other health professionals. Residents care records were held confidentially.

Review of residents' care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, care records for residents who smoked did not have a detailed care plan in place. This was discussed with the manager and area for improvement was identified.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was a choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

However some deficits were noted in relation to maintenance of the environment namely a stained carpet in one bedroom, and cabinet doors required in an identified ensuite. This was discussed with the manager and an area for improvement was identified.

Unlaminated posters were observed in a bathroom; this was discussed with the manager who agree to address this.

The home's most recent fire safety risk assessment was dated 22 July 2022.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

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 and participation in activities.

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.

Social activities were also arranged outside of the home on a daily basis such as swimming, drama club and mini golf. There was also a walking group each day after lunch and at the weekends.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day.

Visiting arrangements were in place in line with the current guidance in this area.

Residents said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Waldemar Mietlicki is the registered manager of this home.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed, however required more detail in regards to the on-going maintenance plan for the home and actions taken. This was discussed with the manager and an area for improvement was identified.

There was a system in place to manage complaints.

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 and/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Waldemar Mietlicki, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 31 January 2022	<p>The registered person shall ensure that there are detailed care plans in place for residents who smoke.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The service users who use tobacco products have both risk assessments and care plans that provide staff with clear information. In addition, the RQIA's smoking guidance have been placed in each of the identified residents' files.</p>
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 31 January 2022	<p>The registered person shall ensure that the home is well maintained and decorated to a suitable standard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There is an Environmental Action Plan with comprehensive actions and time scales. This dynamic document is audited on regular basis to ensure an effective activity of redecoration and refurbishment is taking place.</p>
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 31 January 2022	<p>The Registered person should ensure that monthly reports are detailed in regards to the on-going maintenance plan for the home and actions taken.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The monthly Regulation 29 reports refer in details to findings and actions from the Environmental Action Plan.</p>

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



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