



Unannounced Care Inspection Report 7 March 2019



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 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 registered to provide care and accommodation for 24 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual(s): Wilfred Johnston Mitchell	Registered Manager: Waldemar Mietlicki
Person in charge at the time of inspection: Declan Lenagh	Date manager registered: 2 August 2016
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 24 The home is approved to provide care on a day basis only to 1 person

4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 13.30 to 16.00.

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 management and staffing arrangements in the home.

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:

- management arrangements
- staffing levels – including deployment and the management of short notice sick leave
- provision of one to one supervision for residents.

Concerns were identified during the inspection in regards to the management arrangements which were found to be inadequate, the provision of one to one supervision for residents and the staffing levels in the home. As a result of this inspection three failure to comply notices were issued. This is discussed further in section 4.1 of this report.

Residents said that they were happy and that they were enjoying the activities undertaken 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 resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*2

*The total number of areas for improvement includes one regulation and two standards which have been carried forward for review at the next care inspection.

Areas for improvement identified at this inspection and details of the Quality Improvement Plan (QIP) were discussed with Declan Lenagh, person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Following the inspection senior management in RQIA met and it was agreed that the responsible individual would be invited to attend a meeting in RQIA, with the intention of issuing three failure to comply notices in regards to the appointment of a manager, health and welfare of residents and staffing.

The intention meeting was held on 13 March 2019 and the responsible individual Wilfred Mitchell was in attendance. The responsible individual outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made and were concerned about the potential impact this may have on the delivery of care in the home.

As a result three failure to comply notices were issued under The Residential Care Homes Regulations (Northern Ireland) 2005: Regulation 8.- (1) (a) appointment of a manager, Regulation 13.- (1) (a) and (b) health and welfare of residents and Regulation 20.- (1) (a) (2) (3) staffing.

A further inspection will be undertaken to validate that compliance has been achieved and sustained.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 30 August 2018.

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 any written and verbal communication received since the last care inspection.

During the inspection the inspector met with 10 residents and 8 staff.

The following records were examined during the inspection:

- Staff duty roster
- Staff competency and capability assessments
- Extracts of resident care records
- Staff training matrix.

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 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure; <ul style="list-style-type: none"> • all areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended. • Carpet within one bedroom is made good or replaced 	Carried forward to the next care inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next 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 29.2 Stated: First time	The registered person shall ensure that soft furnishings within the home are fire retardant.	Carried forward to the next care inspection
	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.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17 January 2017 are addressed.	Carried forward to the next care inspection
	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.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 30 August 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Management arrangements

On arrival to the home a residential worker advised that they were in charge of the residential care home. During discussion with the staff on duty, they advised that the registered manager was on sick leave and had tendered their resignation from their position. In the manager's absence; the residential worker was the person in charge.

Further discussion with the staff identified that the deputy manager was also no longer employed in the home from 25 February 2019. Staff spoken with during the inspection stated that they were unaware of the reporting and escalation arrangements in the absence of the registered manager. The staff advised that they would speak with the administration manager, but they were unsure.

The staff advised that, in relation to one resident; their behaviour support plan requires support from the registered manager should an episode of challenging behaviour escalate. The staff confirmed that they did not know who to contact should this situation occur. In addition, charts which record episodes of challenging behaviour previously reviewed and signed by the registered manager; were currently not reviewed by anyone.

Review of the staff duty roster confirmed that the hours worked by the deputy and registered manager were not updated to reflect their absence. Further review of the duty roster and discussion with the staff evidenced that there were staff members on unplanned leave that day. In the absence of the registered manager the person in charge was trying to source cover so as to ensure adequate staffing levels were maintained. There was no evidence of oversight of these arrangements in response to the unplanned absence of staff and staff did not know how to report their concerns.

We discussed with the staff on duty the role of the responsible individual in the absence of the registered manager. The staff confirmed that they had not observed the responsible individual in the home during their working hours. Furthermore there was no communication between the responsible individual and the staff working in the home in regards to the management arrangements in the home.

Discussion with the staff identified that the residents were not informed of the change in the management structure. The staff were becomingly increasingly concerned as to the potential impact this may have on some residents as there had been significant support provided by the previous management structure. The lack of transparency and communication between the staff, the residents and the responsible individual was concerning.

The role of the adult safeguarding champion was discussed with the staff who confirmed that there was presently no adult safeguarding champion working in the home. This role was previously held by the registered manager. A review of the staff training records confirmed that the staff had completed their adult safeguarding training within the last 12 months. This was identified as an area for improvement to ensure compliance with the regulations that there is a designated adult safeguarding champion working in the home.

During the inspection the staff were observed to be compassionate and caring and were making every effort to deliver care in the absence of robust management arrangements.

At the intention meeting the responsible individual was asked to provide the name of a manager. He advised that he had appointed two managers from an agency. It was explained that only one person could be the manager and when pressed, he provided a name. RQIA were not assured that sufficiently robust management arrangements were in place as yet.

RQIA were concerned regarding the absence of a manager to direct the day of day operations in the home and the potential impact this may have on the delivery of safe care. Given the seriousness of the concerns identified at this inspection, a failure to comply notice was issued under Regulation 8.-(1) (a) of The Residential Care Homes Regulations (Northern Ireland) 2005.

6.3.2 Provision of one to one supervision for residents

Discussion with the staff on duty identified shortfalls in regards to the provision of one to one supervision for residents. In particular, one to one supervision was not provided to one resident as prescribed in their care plan. A staff member who had been allocated to one to one duties had not reported for duty on the day of the inspection. The arrangement put in place did not meet the assessed needs of this resident.

In addition, one staff member on duty had to work in the kitchen whilst they were supposed to be providing one to one support for another resident. This staff member stated this had been the same situation on the previous day. There was no evidence of oversight of these

arrangements in response to the unplanned absence of staff and staff did not know how to report their concerns.

The supervision arrangements put in place were wholly inadequate and potentially placed residents and others at risk. At the meeting the responsible individual produced an updated duty rota for the day of the inspection. This did not reflect the findings on the day. Insufficient assurances were provided in relation to the one to one arrangements for residents going forward.

RQIA were concerned that there may be a potential impact on the health and welfare of residents. Given the seriousness of the concerns identified at this inspection, a failure to comply notice under Regulation 13. - (1) (a) and (b) of the Residential Care Homes Regulations (Northern Ireland) 2005 was issued.

6.3.3 Staffing arrangements

Serious concerns were identified in regards to the management of staffing and the management of short notice unplanned leave, resulting in staffing deficits which had the potential to impact on the delivery of safe and effective care. Concerns were also shared by staff about the impact that this was having on the staffs' ability to meet residents needs in a safe manner.

On the day of the inspection there were four staff on duty until 12.00 hours for 19 residents. One of these staff members was in charge and the other three staff were allocated to three residents who required one to one supervision as prescribed in their care plans. This resulted in the person in charge being the only staff member available to supervise the remaining 16 residents in the home.

Discussion with the staff and review of the duty rota confirmed that the staffing levels for the home on the day of the inspection were inadequate to meet the needs of the residents. The staff stated that while they believed the care provided to the residents was good; the staff morale was deteriorating as they were constantly trying to source cover for outstanding shifts. There was no evidence of oversight of these arrangements in response to the unplanned absence of staff and staff did not know how to report their concerns. It was also concerning that there were no contingency measures in response to unplanned staff absence.

Further review of the duty rota identified that it did not accurately reflect the staff working in the home on the day of the inspection. The person in charge advised 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. However review of two of these records confirmed that there was no competency and capability assessment completed for the person in charge of the home on the day of inspection.

During the meeting the responsible individual provided updated duty rotas. These did not reflect the staff on duty during the inspection. Furthermore there were no assurances provided that the staffing levels had been reviewed and improved upon.

RQIA were concerned that there may be a potential impact on the delivery of safe and effective care to residents. Given the seriousness of the concerns identified at this inspection, a failure to comply notice was issued under Regulation 20.- (1) (a); (2) and (3) of the Residential Care Homes Regulations (Northern Ireland) 2005.

6.3.4 Residents Views

During the inspection we met with approximately 10 residents. The residents were observed to be comfortable and relaxed within their environment. One resident stated “I am very happy in here.” The residents were involved in their various classes for example catering classes, computer skills and the garden area. Despite the shortfalls in the staffing levels, compassionate interactions were observed between the staff and the residents.

Areas of good practice

There were areas of good practice identified in relation to the compassionate care delivered by staff despite shortfalls in the staffing levels. The staff tried to ensure the best interests of the residents.

Areas for improvement

One area for improvement was identified in regards to the role of the adult safeguarding champion.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Declan Lenagh, person in charge, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • all areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended. • Carpet within one bedroom is made good or replaced
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure that there is a designated adult safeguarding champion working in the home.</p>
	<p>Response by registered person detailing the actions taken: The Residential Care Manager has been the designated Adult Champion for the home. There are plans in place to have up to 3 additional staff to be able to perform this role. A course has been identified for one of the 3 people to commence training asap.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that soft furnishings within the home are fire retardant.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17 January 2017 are addressed.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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