



The **Regulation** and
Quality Improvement
Authority

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Unannounced Care Inspection

Of

Parkanaur College

11 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 11 February 2015 from 00.00 to 03.00. This inspection was in response to an anonymous whistleblowing complaint to RQIA alleging concerns about the staffing levels and an incident notification in the home.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Requirements were made in regard to staffing, care records and the laundry door. Recommendations were made in regard to working practices within the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

The details of the QIP within this report were discussed with Wilfred Mitchell the Registered Person and Marlene Marcus the Administrator. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Thomas Doran Trust Wilfred Johnston Mitchell	Registered Manager: Waldemar Mietlicki (acting care manager)
Person in Charge of the Home at the Time of Inspection: Natalia Florkowska, Support worker	Date Manager Registered: Registration pending
Categories of Care: RC – LD RC - LD (E) RC – PH RC – MP	Number of Registered Places: 24
Number of Residents Accommodated on Day of Inspection: 20	Weekly Tariff at Time of Inspection: £470 - £528

3. Inspection focus

On 4 February 2016 a telephone call was received by RQIA from an anonymous source raising concerns regarding staffing levels during the night and the management of an identified incident. In response to this information an inspection was undertaken.

The inspection also sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with two members of the care staff, the administrator and the registered person.

We inspected the following records: three care records, accident /incident reports, fire safety records, complaints/compliments records, duty rotas and staff training records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 20 October 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 20 October 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (2) (c) Stated: First time	The registered person must address and eliminate the trip hazard on one corridor.	Met
	Action taken as confirmed during the inspection: In our observations of the environment we confirmed that the identified trip hazard was addressed.	
Requirement 2 Ref: Regulation 13 (7) (b) Stated: First time	The registered person must address the following infection prevention and control concerns: <ul style="list-style-type: none"> • The damp area on the ceiling in shower room • The torn furniture in the staff room • The torn chair in the computer room 	Met
	Action taken as confirmed during the inspection: In our observations of the environment we confirmed that the identified infection prevention and control concerns were addressed.	
Requirement 3 Ref: Regulation 14 (4) Stated: First time	The registered person must ensure that the safeguarding issue found in the written records of the resident is reported to the appropriate HSC Trust.	Met
	Action taken as confirmed during the inspection: In our inspection of care records we confirmed that the safeguarding issue found in the written records of the resident was reported to the appropriate HSC Trust.	

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.2 Stated: First time	The registered person should ensure that residents' meetings are convened on a regular basis in accordance with the home's policy.	Met
	Action taken as confirmed during the inspection: The registered person advised us that the last residents meeting was convened on 28 January 2016. A record of this was available for inspection.	
Recommendation 2 Ref: Standard 23.4 Stated: First time	The registered person should ensure that refresher training is provided for staff in the areas of <ul style="list-style-type: none"> • Professional recording • Values 	Met
	Action taken as confirmed during the inspection: In our review of the training records we confirmed that training in professional recording and values was completed in December 2015 and January 2016.	
Recommendation 3 Ref: Standard 25.1 Stated: First time	The registered person should undertake a review of the staffing levels in the evenings to ensure adequate staff are employed to meet the care needs of the residents.	Met
	Action taken as confirmed during the inspection: The registered person advised us that the staffing levels were reviewed. A record of this review was available for inspection.	

5.3 Standard 25: The number and ratio of management and care staff on duty at all times meets the care needs of residents

Is care safe? (Quality of life)

Staffing levels at the time of this unannounced inspection consisted of; two support workers and a further member of staff on call if required.

From our observations of care practices, discussions with staff and review of accident and incident notifications, these staffing levels met the needs of the residents at the time of the inspection. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

However we were advised that at the weekends there is only one staff member on night duty. Due to the size and layout of the home and the fire safety requirements this would be inadequate to ensure the safety of the residents.

In addition to this we reviewed one specific care record. On this care record it did not specify that the one to one care provided during the day to this resident, should cease at night. We made a requirement to address this staffing issue at weekends. An urgent action letter was issued to the registered person to cease this practice of lone working at weekends with immediate effect.

We reviewed the duty rotas. These confirmed that there was a record of staff working over a 24 hour period and the capacity in which they worked.

The staff member in charge on the night of the inspection had been assessed as competent and capable. A record of this was available for inspection.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home at the time of the inspection were adequate and safe. They expressed concern at the practice of lone working at weekends.

We discussed with staff the arrangements for contacting the support worker on call. The staff advised that the contact number is located in a file within the staff room. In addition to this we noted that there was poor telephone signal within different areas of the care home. We made a recommendation to review the on call contact arrangements to ensure that the contact number is easily accessible for staff and that the telephone signal is improved within the home.

From our observations we noted that the torch in the home was not working. We made a recommendation to ensure this is addressed.

Is care effective? (Quality of management)

The home has a defined management structure as detailed in the Statement of Purpose.

In our discussions with staff, they confirmed that they felt there was satisfactory managerial support and availability. Staff also informed us that they would have no hesitation about reporting concerns to management.

Time is scheduled at staff shift changes to hand over information regarding residents and other areas of accountability.

In our review of the three care records and discussions with staff we identified that not all care records contained a photograph. We made a requirement to ensure this is actioned.

Is care compassionate? (Quality of care)

All the residents were in their bedrooms at the time of this inspection and therefore care practices could not be observed. However from our discussions with staff on duty, they confirmed to us that they felt a good standard of care was provided for.

Areas for improvement

Two requirements were made. These were in regard to staffing and the need for resident photographs in care records. Two recommendations were made. These were in regard to review the on call contact arrangements and repair the torch in the home.

Number of requirements:	2	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents' Views

Due to the timing of the inspection all the residents were in bed. We did not meet with any of the residents.

5.4.2 Staff Views

From our discussions with staff on duty they advised us that generally night duty is quiet. Occasionally residents can be up during the night. Concern was expressed by staff in regard to lone working on night duty at weekends. Staff advised us that due to the layout of the building it is difficult to manage multiple floors as a lone worker.

5.4.3 Accident/ Incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported.

With regard to one identified incident raised by the whistle-blower, this was discussed with staff members and management. This was found to have been appropriately managed.

5.4.4 Environment

We found that the home was clean, organised and adequately heated. Décor and furnishings were found to be of a satisfactory standard.

We observed the laundry door was permanently secured open. We advised the registered person that this issue must be addressed as the laundry door should be closed. A requirement was made to address this matter in consultation with the home's fire safety risk assessor.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 11 June 2015. Fire safety training was undertaken in January 2016.

Areas for Improvement

One area of improvement was identified with these additional areas inspected. This was a requirement in regard to wedging opening the laundry door.

Number of requirements:	1	Number of recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wilfred Mitchell, registered person and Marlene Marcus, administrator. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2016</p>	<p>The registered person must address the issue of staffing at weekends to ensure that there are sufficient staff on duty in accordance with the size and layout of the home and the fire safety requirements</p> <p>Response by Registered Person(s) detailing the actions taken: The staffing level at weekends has been reviewed to appropriately meet the needs in accordance with relevant requirements.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2016</p>	<p>The registered person must ensure that the care records contain a recent photograph of the resident.</p> <p>Response by Registered Person(s) detailing the actions taken: All care records enclose current photographs of service users.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (4) (d)</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2016</p>	<p>The registered person must ensure that the practice of permanently securing the laundry door is ceased. This needs to be in consultation with the home's fire safety risk assessor.</p> <p>Response by Registered Person(s) detailing the actions taken: The door of the temporary washing area is closed and locked at all times. The Fire Safety risk assessor is content with this action. The new laundry room is in operation.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2016</p>	<p>The registered person should ensure that the on call contact arrangements are reviewed so that the contact number is easily accessible for staff and that the telephone signal is improved within the home.</p> <p>Response by Registered Person(s) detailing the actions taken: On call contact numbers are easily accessible and is displayed in the staff room adjacent to the telephone. A Portable, two-way radio transceiver has been purchased to facilitate improved communication between staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p>	<p>The registered person should ensure the torch within the home is in working order.</p> <p>Response by Registered Person(s) detailing the actions taken: The batteries for the torch have been replaced. An additional set of replacement batteries are kept in the staff room.</p>

To be completed by: 18 February 2016	
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Registered Manager completing QIP	<i>[Signature]</i>	Date completed	23.3.16
Registered Person approving QIP	<i>[Signature]</i>	Date approved	23-03-16
RQIA Inspector assessing response	Laura O'Hara	Date approved	11.4.16

Please ensure this document is completed in full and returned to care.team@rqla.org.uk from the authorised email address