



Unannounced Enforcement Care Inspection Report 14 June 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 to 24 persons in the categories of care cited on the home's certificate of registration and detailed within section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual: Dr Maureen Crawford (acting)	Registered Manager: 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 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 14 June 2019 from 10.20 to 13.15.

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 sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices issued on 14 March 2019. The areas identified for improvement and compliance with the regulations were in relation to the health and welfare of residents and the staffing arrangements in the home. The date of compliance with the notices was 14 June 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000026E4

FTC ref: FTC000027E4

Evidence was available to validate compliance with the Failure to Comply Notices. Following the care inspection undertaken on 30 April 2019, RQIA issued a Notice of Proposal (NOP) to impose conditions on the registration of Parkanaur including; cease admissions to the home; submit a copy of the Regulation 29 reports to RQIA; appoint a permanent manager and comply with the two FTC notices.

Following this inspection, a meeting was held with senior management in RQIA and a decision was made not to proceed with a notice of decision to place conditions on the registration of 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 residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

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

This inspection resulted in no new areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection.

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.

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 registration status of the home
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- two failure to comply notices.

During the inspection the inspector met with 10 residents, six staff, one visiting professional, the registered manager and the acting responsible individual.

The following records were examined during the inspection:

- staff duty roster
- staff competency and capability assessments
- staff sickness absence contingency plan
- adult safeguarding policy
- Regulation 29 reports completed by the acting responsible individual.

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 28 May 2019

The most recent inspection of the home was an unannounced care inspection. The completed Quality Improvement Plan (QIP) is to be returned to RQIA by 10 July 2019.

6.2 Review of areas for improvement from the last care inspection dated 28 May 2019

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: Second time	The registered person shall ensure: <ul style="list-style-type: none"> All areas within the home are maintained to a high standard of cleanliness at all times. Regular audit is recommended. Ref: 6.2	Carried forward to the next care management 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.	
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that an action plan is completed in regard to redecoration within the home. This action plan should identify planned work with timeframes and should be forwarded to RQIA. Ref: 6.2	Carried forward to the next care management 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.	

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 14 March 2019. The areas for improvement from the last care inspection on 28 May 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

FTC ref: FTC000026E4

Notice of failure to comply with Regulation 13 of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and Welfare of residents

Regulation 13.—(1) *The registered person shall ensure that the residential care home is conducted so as –*

- (a) *to promote and make proper provision for the health and welfare of residents;*
- (b) *to make proper provision for the care and where appropriate, treatment and supervision of residents.*

In relation to this notice the following two actions were required to comply with this regulation.

- The responsible individual must ensure that where one to one supervision is prescribed for residents that this is provided.
- The responsible individual must ensure that staff working in the home are knowledgeable in regard to the reporting arrangements should a deficit in the staffing levels be identified.

Evidence was available to validate compliance with the Failure to Comply Notice.

On the day of the inspection the staff confirmed that there was adequate one to one provision in place for the identified residents. Observations of the staffing arrangements during the inspection confirmed this was provided.

Review of the staff duty roster confirmed that one to one provision was in place for residents where it was prescribed.

Discussion took place with the staff in regards to the reporting arrangements where a deficit in the staffing arrangements is identified. The staff were knowledgeable in regards to these arrangements; stating that the registered manager would be informed and they would be guided by his direction.

FTC Ref: FTC000027E4

Notice of failure to comply with Regulation 20 of The Residential Care Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20.—(1) *The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents -*

(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;

(2) The registered manager shall ensure that persons working at the home are appropriately supervised.

(3) The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.

In relation to this notice the following seven actions were required to comply with this regulation.

- The responsible individual must ensure that at all times there are suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.
- The responsible individual must ensure that contingency arrangements are developed and implemented in response to unplanned staff absence.
- The responsible individual must ensure that evidence of these contingency arrangements are retained and made available for inspection.
- The responsible individual must ensure that a system is in place for contingency arrangements to be effectively communicated to the staff.
- The responsible individual must ensure that the duty rota accurately reflects the staff working in the home at all times.
- The responsible individual must ensure that the duty rota clearly identifies the person in charge of the home in the absence of the manager.
- The responsible individual must ensure that there is a competency and capability assessment completed for each staff member who is given the responsibility of being in charge of the home for any period of time in the absence of the manager.

Evidence was available to validate compliance with the Failure to Comply Notice.

Discussion with the staff on duty confirmed that there were sufficient staff on duty as appropriate to meet the health and welfare needs of the residents. The staff reported that there was a significant improvement in the staffing situation; that there was less unplanned leave among the staff and therefore less agency staff were required. This meant there was consistency among the staff team which would benefit the residents.

The staff advised that the return of the registered manager and the cook to the home had all helped to stabilise the staff team. The staff further advised that the recruitment of four additional staff to the home created further stability. The staff stated that there was excellent support provided by the registered manager who was readily available when required for support. Comments made by staff included:

- “Things are a lot better now that the manager is back; the residents seem much happier. The staffing is much more stable. The cook in the home is a great cook, the food is amazing. There is 100 per cent improvement and there is a really good atmosphere.”
- “Staff are much happier. One to one cover is always in place.”
- “Things are much improved. There is a great atmosphere in the home.”

We discussed the contingency arrangements in response to unplanned staff absence. The staff provided a folder which contained a protocol regarding staff absence, a list of staff contact numbers, the telephone numbers for recruitment agencies and emergency contact numbers for local services. Discussion with the staff confirmed that they were knowledgeable in regards to these contingency arrangements.

Review of the duty roster confirmed there was one master copy. The duty rota accurately reflected the staff working in the home at all times and identified the person in charge in the absence of the manager. There was a document in place which recorded any amendments to the duty rota.

Two staff competency and capability assessments were reviewed and were found to be satisfactory.

Additional areas inspected

Adult Safeguarding Arrangements

It was noted that the policy in relation to Adult Safeguarding (10 June 2019) was reviewed. This was left for all staff to read and to record when this was completed. The policy reflected the current regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the Adult Safeguarding Operational Procedures (September 2016). There is a designated adult safeguarding champion in place and an additional staff member has been identified to complete the adult safeguarding champion training.

Discussions with staff evidenced that they were knowledgeable and had a good understanding of adult safeguarding principles. Further adult safeguarding training was completed by staff this week. Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices. Following the care inspection undertaken on 30 April 2019, RQIA issued a Notice of Proposal (NOP) to impose conditions on the registration of Parkanaur including; cease admissions to the home; submit a copy of the Regulation 29 reports to RQIA; appoint a permanent manager and comply with the two FTC notices.

Following this inspection, a meeting was held in RQIA and a decision was made not to proceed with the notice of decision to place conditions on the registration of the home.

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 and Dr Maureen Crawford, acting responsible individual, 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	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: 4 June 2019	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> All areas within the home are maintained to a high standard of cleanliness at all times. Regular audit is recommended. <p>Ref: 6.2</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>
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 June 2019	<p>The registered person shall ensure that an action plan is completed in regard to redecoration within the home. This action plan should identify planned work with timeframes and should be forwarded to RQIA.</p> <p>Ref: 6.2</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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