



Unannounced Enforcement Care Inspection Report 15 April 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 in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual: Wilfred Johnston Mitchell	Registered Manager: Caroline Crawford (acting)
Person in charge at the time of inspection: Caroline Crawford	Date manager registered: Acting – no application required
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 15 April 2019 from 09.55 to 12.50.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003; 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. The areas identified for improvement and compliance with the regulations were in relation to the health and welfare of residents and staffing. The date of compliance with the notices was 15 April 2019.

The following FTC Notices were issued by RQIA:

FTC Ref: FTC000026 issued on 14 March 2019

FTC Ref: FTC000027 issued on 14 March 2019

Evidence was not available to validate compliance with the FTC Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 15 April 2019 and requested copies of the monthly monitoring reports carried out on behalf of the responsible individual by nominated Trustees of the Board. Upon review of these reports further concerns were identified in relation to the robustness of the governance arrangements. Further assurances in relation to the governance arrangements were sought and received from the

nominated Board member. As a result of these assurances a decision was made to extend the notices with compliance to be achieved by 30 April 2019.
One additional area for improvement was made in relation to the monthly monitoring reports.

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	5	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline Crawford, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted 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
- notifiable events since the previous care inspection
- written and verbal communication received following the previous care inspection
- the previous care inspection report
- two failure to comply notices.

During the inspection the inspector met with approximately 15 residents, one relative, five members of the care staff and the manager.

The following records were examined during the inspection:

- staff duty roster
- staff competency and capability assessments
- out of hours contact arrangements.

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 1 April 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP is to be returned to RQIA by 15 May 2019.

6.2 Review of areas for improvement from the last care inspection dated 7 March 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: 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 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 14 (4) Stated: First time	The registered person shall ensure that there is a designated adult safeguarding champion working in the home.	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.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: 8 April 2019</p>	<p>The registered person shall ensure the name of the acting manager is recorded on the duty rota.</p> <hr/> <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>Carried forward to the next care management inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2019</p>	<p>The responsible individual shall ensure that Enhanced AccessNI disclosures are completed for all staff prior to their commencement in the home. This information should be managed in accordance with best practice guidance.</p> <hr/> <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>Carried forward to the next care management inspection</p>
<p>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that soft furnishings within the home are fire retardant.</p> <hr/> <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>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>The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17 January 2017 are addressed.</p> <hr/> <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>Carried forward to the next care inspection</p>

This inspection focused solely on the actions contained within the FTC Notices issued on 14 March 2019. The areas for improvement from the last care inspection on 1 April 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

FTC Ref: FTC000026

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 not available to validate compliance with this Failure to Comply Notice, as detailed below.

On the day of the inspection the staff advised that there was adequate one to one provision in place for the prescribed residents. Observations during the inspection and review of the staff duty rota confirmed this to be accurate.

However on the day previously a staff member was on unplanned leave and a deficit in one to one provision was identified. Discussion took place with the staff in regard to the action taken to address this and the reporting arrangements in the absence of the manager. The staff stated it was up to the person in charge of the home to get the shift covered. The staff confirmed that they had informed the administrator of the home, rather than the manager.

The staff further advised that they were unaware of any reporting arrangements in the event of a staffing deficit. Observations during the inspection identified that there was no evidence of reporting arrangements or a procedural chart on display in staff room. Therefore staff remained unclear as to the reporting arrangements where a deficit in the staffing levels is identified.

The staff reported that they were informed by the administrator that if this one to one provision cannot be provided then the resident would have to go home. While the deficit in the staffing levels was addressed by staff, the recordings on the duty rota evidenced that it was not well organised and assurances could not be provided that safe and effective one to one provision was in place.

One staff member who was providing one to one care advised that they found this role challenging, difficult and stressful. The staff member confirmed that they have raised their

concerns in relation to this role with the manager and stated “no one is listening.” This concern was discussed with the manager and a meeting was arranged for that afternoon with both the manager and the responsible individual.

During the inspection it was noted that some progress was made in relation to the one to one provision. Arrangements for one to one care were in place on the day of the inspection and evidenced on the duty rota. However it was concerning regarding the delay in action taken to support the staff member and ensure safe care provision for the resident. Staff remained unaware of the reporting arrangements when a staff member was on unplanned leave and the alternative arrangements for ensuring cover were not well organised.

RQIA continue to liaise with the Southern Health and Social Care Trust (SHSCT) as the host trust. The relevant health and social care trusts continue to offer frequent support to the home each week and are closely monitoring staffing for their individual residents. Given this assurance and the evidence of some progress toward compliance, a decision was made by RQIA to extend the compliance date in respect of this notice for a period of two weeks. Compliance with this notice must be achieved by 30 April 2019.

FTC Ref: FTC000027

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 not available to validate compliance with this FTC Notice, as detailed below.

Discussion with the staff evidenced that the staffing situation had not improved. The staff reported that they are constantly trying to source cover for shifts, morale is poor and that staff were leaving. Staff comments were:

- “The staffing is poor, things are no better.”
- “We are constantly trying to source cover.”

We were informed by staff that there was no cook working in the home. The staff advised that the lunch time meal is being transported from a local restaurant on a daily basis. We were unable to ascertain the arrangements for meal planning and choices afforded to the residents. Staff reported that this was the same situation last week. This arrangement was unsatisfactory. The staff further advised that there are no catering classes currently being provided to the residents.

During discussions with the residents around 11.20, they informed us that they were very hungry. This comment was made by a number of the residents. The residents advised that they usually have their tea and scones around 10.30 however it was late. This was concerning as some of the residents follow strict routines and other residents had travelled long distances to return to Parkanaur College. This also resulted in the college classes commencing late. Following the inspection the manager provided assurances that they were actively seeking to recruit a cook and in the meantime a designated staff member would undertake these duties.

Observations during the inspection and discussion with the residential one worker (person in charge of the home in the absence of the manager) evidenced that their role was demanding. Initially this staff member was unable to engage with the inspector. They were focused on the needs of the residents as they returned from weekend leave, liaising with family members for updates and the general organisation of the home. This staff member is the only person who is not allocated one to one provision; however they were responsible for the supervision of the remaining 15 residents in the home. They stated “it is very busy.” We were not assured that staffing arrangements were satisfactory.

The staffing arrangements were discussed with the manager. We were advised that there were two new staff waiting return of the AccessNI enhanced disclosures and a further four staff were scheduled for interview.

Lengthy discussion took place with one relative who advised that there is a high turnover of staff in the home. They informed us that that they were not concerned about the overall safety and wellbeing of their loved one. We were advised that the resident requires assistance with their personal care and toileting needs and this was recorded in their care plan. However when they return home at the weekends, their laundry was found to contain “heavily soiled underwear, pyjamas and quilt covers.” One comment made was:

- “My only concern is around the hygiene needs; ... is very happy in Parkanaur.”

The only evidence available of contingency arrangements in regards to unplanned staff absence was a list of out of hours contact numbers for relevant staff. This did not provide a clear protocol for staff in relation to the management of unplanned absence.

The staff duty rota was reviewed and a new duty rota had been devised. This rota was easier to read and understand and one master copy of this was provided. The rota identified the person in charge in the absence of the manager and accurately reflected the staff on duty in the home on the day of the inspection.

Three staff competency and capability assessments were reviewed for the person in charge of the home, in the absence of the manager. These were found to be completed.

There was evidence available to confirm that some progress had been made toward achieving compliance. However further concerns were identified which evidenced that the needs of residents were not being fully met, including the lack of a cook on duty leading to challenges in quality and timely meal provision and poor laundry management. Following the inspection a decision was made by RQIA to extend the compliance date in respect of this notice for a period of two weeks. Compliance with this notice must be achieved by 30 April 2019.

Additional Areas Inspected

Management and Governance Arrangements

During the inspection staff advised that the situation in relation to the management arrangements had not improved. One staff member felt that although a manager had been appointed that staff were responsible for the running of the home.

During discussions with a relative we were informed that they had received no communication from the responsible individual in relation to the change in management arrangements. They were unaware of the change in management arrangements until their relative informed them.

Following the inspection the findings were discussed with the senior management team in RQIA. It was agreed that the Regulation 29 Monthly Monitoring Reports completed on behalf of the responsible individual, by nominated Trustees of the Board, would be requested. Upon review of these reports serious concerns were identified about the robustness of the governance and oversight arrangements in the home. The reports had identified issues regarding staff turnover and staff morale but there were no actions recorded as a result. There was no evidence that the issues identified at the previous visits were carried forward for review at subsequent visits. One report evidenced that misleading information had been provided to the person carrying out the monitoring visit.

Following consultation with senior management in RQIA, immediate assurances, in relation to the governance arrangements, were requested from one nominated member of the Board of Trustees who undertakes the Regulation 29 visits. Assurances were given verbally and in writing that enhanced governance arrangements would be put in place immediately, to include monitoring visits to the home on at least a weekly basis and the sharing of the subsequent reports with RQIA. In addition the Board of Trustees planned to meet as soon as possible to discuss the concerns raised with them by RQIA. An area for improvement was identified in relation to the monthly monitoring reports to ensure that these reports outline clear action plans which are followed up on a monthly basis during each visit.

Residents Views

During the inspection we met with a number of residents in the corridors and the communal areas. The residents confirmed that they were happy in the home and that they enjoyed attending the classes. The residents were observed to be comfortable within their environment and relaxed interactions were observed between the residents and the staff. Despite ongoing staffing pressures, the staff strived to provide a good standard of care to the residents.

Areas for improvement

One area for improvement was identified in regards to the monthly monitoring reports.

	Regulations	Standards
Number of areas for improvement	1	0

6.4 Conclusion

Evidence was not available to validate compliance with the FTC Notices FTC000026 in relation to health and welfare of residents and FTC000027 in relation to staffing. However, there was evidence of some improvement and progress made to address the required actions within the notices. Support is also ongoing from the relevant health and social care trusts. Assurances have also been provided by a nominated representative of the Board of Trustees in relation to enhanced governance arrangements which are to be put in place with immediate effect. Following the inspection, RQIA senior management held a meeting on 15 April 2019 and a decision was made to extend the compliance date. Compliance with the notices must therefore be achieved by 30 April 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Crawford, 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 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>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 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: 8 April 2019</p>	<p>The registered person shall ensure the name of the acting manager is recorded on the duty rota.</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 4</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2019</p>	<p>The responsible individual shall ensure that Enhanced AccessNI disclosures are completed for all staff prior to their commencement in the home. This information should be managed in accordance with best practice guidance.</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 5</p> <p>Ref: Regulation 29 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2019</p>	<p>The responsible individual shall ensure that the monthly monitoring reports completed outline clear action plans which are followed up on a monthly basis during each visit.</p> <p>Monthly (now weekly) monitoring plans continue to outline clear action plans which are followed up on each visit.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<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 standard 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 standard 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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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