



The Regulation and
Quality Improvement
Authority

Parkanaur College
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BT70 3AA

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**Unannounced Care Inspection
of
Parkanaur College**

15 October 2015

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 15 October 2015 from 10.15 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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	3

The details of the QIP within this report were discussed with Colm Mc Daid, acting manager. 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: Colm Mc Daid (acting)
Person in charge of the home at the time of inspection: Colm Mc Daid	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: 21	Weekly tariff at time of inspection: £470 - £528

3. Inspection focus

The inspection 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 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, returned QIP from the last care inspection and notifications of incidents and accidents.

We met with 10 residents, three care staff, the deputy manager and the acting manager.

We inspected the following records: four care records, accident / incident reports, registered provider visits, record of residents meetings and documents relating to quality assurance in the home.

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 19 May 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

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 29 (2) (a) (b) (c) (3)</p> <p>Stated: Second time</p> <p>To be Completed by: From the date of this inspection</p>	<p>Visits by registered provider</p> <p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by -</p> <p>the responsible individual or one of the partners, as the case may be;</p> <p>another of the directors or other persons responsible for the management of the organisation or partnership; or</p> <p>an employee of the organisation or the partnership who is not directly concerned with the conduct of the home.</p> <p>Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <ul style="list-style-type: none"> • The homes report template should be reviewed and updated in accordance with RQIA guidance <p>The name of the person completing them should be stated on every occasion.</p> <p>Action taken as confirmed during the inspection:</p> <p>During the inspection we reviewed the visits by the registered provider. We found that the records of these visits were updated in accordance with RQIA guidance. The name of the person completing the visit was stated on every occasion.</p>	<p>Met</p>

Requirement 2 Ref: Regulation 30 (1) (d) Stated: First time To be Completed by: From the date of this inspection	The registered person shall ensure that any event which affects the care, health, welfare or safety of residents is reported to the Regulation and Quality Improvement Authority.	Met
	Action taken as confirmed during the inspection: We examined the record of accidents and incidents and confirmed that these were appropriately managed and reported.	
Requirement 3 Ref: Standard 27 (4) (e) Stated: First time To be Completed by: 31 May 2015	The registered manager shall ensure that all persons working at the home receive up to date fire training from a competent person.	Met
	Action taken as confirmed during the inspection: Inspection of the fire safety records confirmed that staff training was undertaken in fire safety on 11 June 2015.	

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20 Stated: Second time To be Completed by: 19 July 2015	The responsible person should review the suggestions made by staff: <ul style="list-style-type: none"> • Implement formal management meetings and action planning processes • Prevent the need to cancel/post-phone staff meetings 	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that staff management meetings had taken place with the most recent being on 27 August 2015. A record of this meeting was available during the inspection.	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The acting manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to a resident who wanted to learn Spanish. The acting manager and staff arranged for the resident to attend Spanish classes at the local college.

The residents and staff confirmed that they had a residents meeting on the 8 October 2015. Their views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection.

Prior to this the last residents meeting was on 3 February 2015. We made a recommendation to ensure that residents meetings are convened on a regular basis.

The four care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. The manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within each care record. Residents were present and participated in their care management review.

The acting manager shared with us that quality assurance questionnaires in regard to care provision in the home were due to be issued to residents and relatives within the next two weeks. This information would subsequently be collated by the home manager and prepared for the annual quality review report.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents

what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

One area of improvement was identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents views

We met with ten residents. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff.

The residents confirmed to us that they were pleased with the appointment of the new home manager. One resident stated that they were actively consulted about their views and wishes. Any areas of concern were addressed by the manager.

5.4.2 Staff views

We spoke with three care staff members individually, in addition to the deputy and the acting manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “I love working here. I love the students. I enjoy helping people; it’s very rewarding”
- “I enjoy my work and helping the students.”
- “I am happy coming to work; I look forward coming to work.”

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

We observed two areas within the environment which raised concern in regard to infection prevention and control.

- A damp patch on the ceiling in one specific shower room.
- The furniture within the staff room and one chair in the computer room were torn and not fit for purpose.

We made a requirement that these areas were addressed.

We observed the presence of a trip hazard in regard to the positioning of a mat on the floor on one corridor which was used by residents. We made a requirement in this regard. An urgent action was given to the acting manager during the inspection.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 11 June 2015.

We reviewed the fire safety records and could confirm that fire safety training was carried out in June 2015 attended by 11 staff. The records indicated that the last fire drill took place on 17 March 2015.

5.4.6 Care records

In our inspection of the care records we noted the use of inappropriate language by a staff member. We discussed the matter with Colm Mc Daid, acting manager. We made a requirement that this matter must be referred to the appropriate HSC Trust. This issue raised further recommendations in regard to training for staff in the areas of values and professional recording. We made one recommendation to provide refresher training for staff.

5.4.7 Staffing levels

We reviewed staffing levels within the home. The acting manager advised us that in the evenings there is five care staff employed in the home. Three of the residents require one to one support. One resident requires assistance of 2 staff for all aspects of his care. This could therefore result in no staff being available to other residents. We made a recommendation that staffing levels should be reviewed.

Areas for Improvement

We made three requirements within the additional areas examined. Two requirements were made in regard to the environment. One requirement related to ensuring that an identified issue recorded within a residents care records was referred to the Trust.

We made one recommendation in regard to staff training and one recommendation relating to staffing levels in the evening.

Number of requirements	3	Number recommendations:	2
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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 Colm Mc Daid, acting manager as part of the inspection process. 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

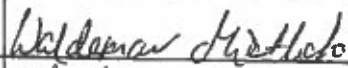

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

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 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	
Requirement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by:	<p>The registered person must address and eliminate the trip hazard on one corridor.</p> <hr/> <p>Response by Registered Person(s) detailing the actions taken: New door mat at the main entrance in place.</p>
Requirement 2 Ref: Regulation 13 (7) (b) Stated: First time To be completed by: 15 December 2015	<p>The registered person must address the following infection prevention and control concerns:</p> <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 , <hr/> <p>Response by Registered Person(s) detailing the actions taken: The damp area has been cleaned and repainted. New, more efficient fan extractor in the identified area has been installed. The torn furniture in the staff room and computer room was removed on 15 October 2015.</p>
Requirement 3 Ref: Regulation 14 (4) Stated: First time To be completed by: As from the date of this inspection	<p>The registered person must ensure that the safeguarding issue found in the written records of the resident is reported to the appropriate HSC Trust.</p> <hr/> <p>Response by Registered Person(s) detailing the actions taken: The safeguarding issue has been reported to HSC Trust and appropriate action taken.</p>

Recommendations			
Recommendation 1 Ref: Standard 1.2 Stated: First time To be completed by: As from the date of the inspection	The registered person should ensure that residents' meetings are convened on a regular basis in accordance with the home's policy.		
	Response by Registered Person(s) detailing the actions taken: Resident's meeting has taken place in October and November. Residential Manager and Student Coordinator to ensure that meetings will be held on regular basis.		
Recommendation 2 Ref: Standard 23.4 Stated: First time To be completed by: 15 December 2015	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 		
	Response by Registered Person(s) detailing the actions taken: All staff have been provided with access to E-learning platform and their progress is being monitored. Care staff have also been reminded that they are required to complete mandatory trainings.		
Recommendation 3 Ref: Standard 25.1 Stated: First time To be completed by: 30 November 2015	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.		
	Response by Registered Person(s) detailing the actions taken: Review of staff levels has taken place and found to be satisfactory during the review period.		
Registered Manager completing QIP		Date completed	06.12.15
Registered Person approving QIP		Date approved	9.12.15
RQIA Inspector assessing response		Date approved	

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