



Unannounced Care Inspection Report 17 December 2019



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 24 residents.

3.0 Service details

Organisation/Registered Provider: Thomas Doran Trust Responsible Individual: Dr Maureen Crawford	Registered Manager and date registered: Waldemar Mietlicki – 25 July 2016
Person in charge at the time of inspection: Waldemar Mietlicki	Number of registered places: 24 The home is approved to provide care on a day basis only to 1 person
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	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 10.00 hours to 15.45 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, the transparent culture within the home, staff communication and teamwork and the management structure.

There were no areas requiring improvement identified at this inspection.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Waldemar Mietlicki, registered manager and Dr Maureen Crawford, acting responsible individual, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 14 June 2019

The most recent inspection of the home was an unannounced enforcement monitoring inspection undertaken on 14 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedules
- three residents' records of care
- complaint records
- accident/incident records
- a sample of the monthly monitoring reports

- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments
- records of staff meetings
- NISCC professional registration checks

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 14 June 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. 	Met
	Action taken as confirmed during the inspection: An inspection of the environment was undertaken which confirmed that all areas of the home were clean.	
Area for improvement 1 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.	Met
	Action taken as confirmed during the inspection: An action plan in relation to redecoration within the home was completed and forwarded to RQIA.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The atmosphere in the home was warm and relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

Staffing and recruitment

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that the staffing arrangements were stable. Comments made by staff were:

- "There are always sufficient staff on duty."
- "There is a really good staff team on board."

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

Staff support

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time.

A system was in place for managing staff supervision and appraisal in accordance with the requirements. Staff told us that they felt comfortable about reporting concerns to the manager.

Staff training

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs. Staff spoke positively about the provision of training.

Environment

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. We discussed during feedback about the need for repainting within the home in relation to bedroom and communal areas. It was agreed that this would be addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff communication and teamwork

We could see that the residents were well cared for and that the staff responded well to help and support the residents. Staff communicated well and demonstrated good teamwork in meeting the resident's needs. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings, where concerns or information is passed on in relation to the care of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Lunch was observed and meals appeared appetising. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

One comment made by a staff member was:

- “This is a really good staff team who will support you. There is good communication across the team.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

Residents could be seen to be comfortable and at ease in their interactions with staff and with their environment. Most of the residents were involved in the various classes on offer. In relation to the residents who were not attending classes; they were resting in communal areas or partaking in pastimes of their choice.

Staff interactions were seen to be polite, friendly, warm and supportive. The atmosphere in the home was relaxed. The residents were dressed in festive jumpers in preparation for Christmas. The residents and staff talked about a recent coffee morning/craft fair which was held in the home. They shared with us about the success of this event, how much they enjoyed the preparation for it and the positive atmosphere it created in the home. The staff commented on the positive improvements and transparency in the home.

Some comments made by residents included:

- “I am very happy here. I enjoy going to all the classes. I like my bedroom. The staff are all very good.”
- “I am getting on well here.”
- “I am very happy here, everyone is good to me.”

Staff comments included:

- “I felt supported in my induction; the staff were very helpful. There is good care provided in this home.”
- “I really enjoy my work. I feel supported by a good staff team.”
- “This home is in a much better place. We really enjoy the residents in here. The whole situation has improved.”
- “The home is really making improvements for the benefit of the residents.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There is a clear management structure within the home. All staff spoken with commented positively about the manager and described him as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident. One staff comment made was:

- “The manager’s door is always open; he is very supportive.”

Management and governance arrangements

The manager retains oversight of the home. The manager confirmed that he undertakes a daily walk around and listens to staff handovers to ensure he is aware of what is going on in the home.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of these visits were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Records of compliments were retained in the home and included such comments as: "I would just like to thank you for all the help you gave me. I will miss it, as you (manager) the staff and the tutors were very kind to me."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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