



Parkanaur College
RQIA ID 15808
57 Parkanaur Road
Dungannon
BT70 3AA

Inspector: Laura O'Hanlon
Inspection ID: IN22198

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**Unannounced Care Inspection
of
Parkanaur College**

19 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 May 2015 from 10.15 to 17.00. Overall on the day of the inspection we found the home was delivering safe, effective and compassionate care. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	1

We discussed the details of the QIP with Eamon Connolly, registered 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: Mr Eamonn Connolly
Person in Charge of the Home at the Time of Inspection: Mr Eamon Connolly	Date Manager Registered: 13/11/2012
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 and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

During the inspection we met with 20 residents either individually or as part of a group and five care staff, in addition to the registered manager.

We inspected the following records during the inspection: four care records, fire safety records, registered provider visits, complaints/compliments records, accident/incidents records and policies relating to dying and death and the theme of continence.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Parkanaur was an unannounced care inspection dated 7 November 2014. 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 Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Standard 29 (2) (a) (b) (c) (3)</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 –the responsible individual or one of the partners, as the case may be; another of the directors or other persons responsible for the management of the organisation or partnership; or 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>All unannounced visits should be contemporaneous and the name of the person completing them should be stated on every occasion.</p> <p>Action taken as confirmed during the inspection: We inspected the registered provider visits. The home's report template has not been updated in accordance with RQIA guidance. These visits are completed monthly. Four out of five reports were not signed by the person completing them. The registered manager confirmed that these visits are all unannounced.</p> <p>Elements of this requirement will be stated for the second time.</p>	<p>Partially Met</p>

Previous Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 25.2</p>	<p>The registered manager shall ensure that any complaint made under the complaints procedure is recorded in detail, fully investigated and a comprehensive record maintained in regard to the investigation process.</p> <ul style="list-style-type: none"> Review complaint records for 2014 and improve the detail of the investigation process, the outcome and the satisfaction or otherwise of the complainant. <p>Action taken as confirmed during the inspection:</p> <p>We inspected the complaint records and can confirm that following the last inspection, detailed records are maintained regarding the process, outcome and satisfaction levels.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 20</p>	<p>The responsible person should review the suggestions made by staff:</p> <ul style="list-style-type: none"> Review need to improve technology to assist updating care records and performing management tasks Implement formal management meetings and action planning processes Prevent the need to cancel/post-phone staff meetings Develop and keep under review an action plan pertaining to progressing environmental improvements with resident involvement. <p>Action taken as confirmed during the inspection:</p> <ul style="list-style-type: none"> The registered manager confirmed that training is being provided for staff in computer literacy in order to implement new technology for updating care records. No formal management meetings have taken place since last inspection. Environmental improvements are ongoing and the registered manager confirmed that residents are consulted as part of this process. <p>Elements of this recommendation will be stated for the second time.</p>	<p>Partially Met</p>

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

In our discussions with the registered manager and staff we confirmed that arrangements could be put in place for residents to spend their final days in the home. Due to the nature of the home and the fact that residents generally move on to supported living facilities, this is an area of care which the staff in the home have not experienced.

Residents are encouraged to attend their place of worship, where possible and this was noted within care records.

In our discussions with staff we confirmed that they were knowledgeable of the procedures and process required in the event of a health care emergency. We were also advised that the staff would make the necessary arrangements for any relatives and friends to be with a resident who is ill or dying.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on the death of a resident dated September 2014.

Spiritual and cultural wishes were noted within care records. Each resident had a care plan in place for death and dying. Care plans were appropriately signed.

In our discussions with the registered manager and staff they confirmed to us that the district nursing service attached to the home would take the lead in the management of palliative care.

Is Care Compassionate? (Quality of Care)

Within residents bedrooms we observed spiritual emblems relating to their faith. During our discussions with staff we were advised that in the event of a death, the deceased resident's body would be treated with care and respect. The representatives would be consulted about the removal of any belongings.

Areas for Improvement

There were no areas of improvement identified with the standard inspected.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed regularly to reflect the changing needs of the resident. Care plans were appropriately signed.

Currently the home has minimal experience of residents with continence issues. We spoke with staff members and they were aware the system of referral to community District Nursing services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on continence and catheter care.

Staff were able to verify to us that any issues of assessed need would be reported to the district nursing services for advice and guidance

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with toileting needs in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the standard inspected.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with twenty residents either individually or as part of a group. We observed residents undertaking arts and crafts. 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. Residents advised that there was good communication with staff and they are respectful during care interventions.

5.5.2 Staff Views

We spoke with five care staff members individually, in addition to the registered manager. Staff advised us that they felt well 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. One staff member raised an issue regarding the home's transport that required to be repaired. This was discussed during feedback and the registered manager confirmed this has been addressed. Some comments made by staff were:

- "The care is quite good, the food is very good."
- "The care is good for the residents."
- "It is a homely and enjoyable experience working here, staff will work towards achieving the best for the residents."
- "The care is superb, the residents are really well cared for."
- "It is a relaxed happy atmosphere, the residents are always busy."

5.5.3 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.

5.5.4 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.

5.5.5 Accidents / Incident reports

We reviewed accidents and incidents records and care records. We confirmed that we were not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. A requirement has been made to address this.

5.5.6 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 11 July 2014.

We reviewed the fire safety records and could confirm that fire safety training was carried out in October 2014 attended by 19 out of 26 staff. A requirement has been made to ensure this is actioned promptly. The registered manager confirmed that a fire drill took place on 17 March 2015.

The records identified that different fire alarms have been tested weekly with written records maintained.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

Areas for Improvement

Two requirements have been made in relation to fire safety training and the reporting of accidents and incidents.

Number of Requirements	2	Number 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 Eamon Connolly, registered manager. 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 DHSPSS 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

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 within this report do not absolve the registered person/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 person/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: Standard 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; another of the directors or other persons responsible for the management of the organisation or partnership; or 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>Response by Registered Person(s) Detailing the Actions Taken: Unannounced visits are taking place once a month, the new template is being used and the Trustees have been reminded that the name of the person completing the form should be stated on every occasion.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be Completed by: from the date of this inspection</p>	<p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have been reminded (and this will be reinforced in training) that any event which effects the care, health, welfare or safety of a resident must be reported to RQIA.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (4) (e)</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2015</p>	<p>The registered person shall ensure that all persons working at the home receive up to date fire training from a competent person.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Fire training has taken place on 11 June 2015 and another has been scheduled to ensure that all staff have participated.</p>

Recommendations			
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 		
	Response by Registered Person(s) Detailing the Actions Taken: The responsible person shall - implement formal management meetings and action planning processes. He will also prevent the need to cancel or postpone said meetings.		
Registered Manager Completing QIP	Eamonn Connolly	Date Completed	18/06/15
Registered Person Approving QIP	Wilfred Mitchell	Date Approved	06/07/15
RQIA Inspector Assessing Response	John McAuley	Date Approved	21/07/15

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