

Inspection Report

23 January 2024



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 028 8776 1272

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: Thomas Doran Parkanaur Trust</p> <p>Responsible Individual (RI): Ms Maureen Elizabeth Crawford</p>	<p>Registered Manager: Mr Waldemar Mietlicki</p> <p>Date registered: 25 July 2016</p>
<p>Person in charge at the time of inspection: Mr Waldemar Mietlicki</p>	<p>Number of registered places: 24</p> <p>The home is approved to provide care on a day basis only to 1 person.</p>
<p>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</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 13</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 24 residents and is located within Parkanaur Manor House. There are both single and shared bedrooms within the home and residents have access to lounges, a dining room and garden.</p> <p>There is a supported living service within the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2024, from 9.15 am to 5.40 pm by a care inspector.

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

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "Very good care here", "The management are great", "I am happy here" and "The staff are very friendly".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "I really enjoy working here", "Very good induction", "Staffing levels are good" and "Good staff morale".

Four questionnaires were received from residents. Three of the respondents stated they were very satisfied with the overall provision of care. One resident indicated that they were very satisfied with the well led aspect of the service but very dissatisfied with the safe, effective and compassionate aspects of care. This information was shared with the manager to review and action as necessary.

Six responses were received from the online survey. Four from staff, one from a visiting professional and one from a relative/visitor. Comments from some of the respondents included: "A great place to work. Well managed", "Staff are all very friendly towards one another and show care and compassion towards residents" and "We are very grateful for how much good work Parkanaur is doing for our (relative). It gives us peace of mind that (relative) is in good hands".

Whilst most of the respondents were satisfied with the overall provision of care one staff member raised a number of concerns regarding the overall management of the home. This information was shared in detail with the responsible individual who agreed to review and to provide RQIA with an update regarding any action taken. Written confirmation was received from the responsible individual on 14 February 2024 that relevant action had been taken to address the concerns raised with ongoing monitoring from senior management.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 December 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that there are detailed care plans in place for residents who smoke.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the home is well maintained and decorated to a suitable standard.	Not met
	Action taken as confirmed during the inspection: Review of the environment and discussion with management evidenced that this area	

	<p>for improvement had not been met and has been subsumed into a regulation.</p> <p>This is discussed further in section 5.2.3.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The Registered person should ensure that monthly reports are detailed in regards to the on-going maintenance plan for the home and actions taken.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of monthly reports evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the resident’s medicine allergy status is always recorded on their personal medication record.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of resident’s personal medication records evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, for residents admitted from the community, a current list of their medicines is requested from the prescriber as part of the admission process.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of relevant records evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of a sample of staff recruitment files evidenced that relevant pre-employment checks had been completed prior to commencing work. A discussion was held with the manager regarding the oversight of references to ensure that the source of the reference is obtained where the signature is typed. Following the inspection, written assurances were received from the manager confirming the immediate action taken to address this.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. A small number of staff were required to update/complete some of their mandatory training. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

Registration checks with the Northern Ireland Social Care Council (NISCC) were completed and available during the inspection. Review of the records evidenced that the annual fee renewal date for several staff was overdue. This was discussed with the management team who verbally confirmed that all relevant staff had renewed their fee and following the inspection provided written confirmation to support this.

Staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota clearly identified the person in charge when the manager was not on duty. However, a number of staff surnames were not recorded within duty rotas and an area for improvement was identified.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

A review of the staff competency and capability assessment for the person in charge in the absence of the manager evidenced that this had been completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff members were seen to be supportive and attentive to residents and described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

A menu was on display within the dining room but did not offer a choice of two meals. Residents confirmed that if they did not like what was on the menu they were always offered an alternative. This was highlighted to the management team and following the inspection written confirmation was received that menus had been reviewed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Care records were regularly reviewed and updated and mostly well maintained. Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

An inventory of personal property brought into residents' rooms should be maintained and updated. One resident's records had not been signed or dated and two resident's records had only been signed by one person. There was no evidence to confirm if personal property was being checked at least quarterly. This was discussed with the manager and identified as an area for improvement.

Review of personal medication records for one resident and discussion with the management team, evidenced that a current list of the resident's medicines had not been requested from the prescriber as part of the admission process. This information was shared with the pharmacy inspector who provided the manager with relevant advice. This area for improvement has been stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

Surface damage was evident to a number of walls, furniture, woodwork and identified floor coverings. Staining was evident to light pull cords, shower trays, and carpets within corridor areas. As stated in section 5.1 an area for improvement in relation to ensuring the home is decorated to a suitable standard was not met and has been subsumed into a regulation. Details of these and any other environmental issues were discussed at length with the management

team who agreed to complete a full environmental audit with timeframes to address the issues identified.

A number of other environmental related issues were identified requiring review by management including; limited signage on doors throughout the home to enable effective orientation for residents and visitors; an unused lift being used for storage, which created a fire safety hazard and no hand washing facilities within the laundry. Following the inspection, the manager provided written confirmation that relevant action had been taken to address these issues.

The call bell system for alerting staff when assistance is required was not sufficient. It was further identified that a stair chair lift had not been serviced in several years. Details were discussed with the manager and two areas for improvement were identified.

Review of a sample of bedrooms identified that a number of wardrobes were not secured to walls. The potential risks regarding free standing furniture were discussed in detail with the manager who agreed to have this reviewed as a priority. Following the inspection written confirmation was received that relevant action had been taken to address this.

Corridors and fire exits were clear from clutter and obstruction. However, one fire door was observed to be wedged open on two separate occasions throughout the inspection and an area for improvement was identified.

The most recent fire risk assessment was completed on 22 August 2023 and there were no actions required. There was evidence that regular fire drills were being completed with the names of the staff who attended. A system was also in place to ensure that all staff attend at least one fire evacuation drill yearly.

Denture cleaning tablets, cleaning chemicals and medical needles were not securely stored in identified areas of the home. This was highlighted to the management team for immediate action and an area for improvement was identified.

Prescribed medication and supplements were accessible in two identified areas of the home, one of which was not suitably labelled. This was highlighted to the management team for immediate action and shared with the RQIA pharmacy inspector. An area for improvement was identified.

Staff were not consistently adhering to infection prevention and control (IPC) measures, including three staff not bare below the elbow. Specific details were shared with the management team and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents told us that they could remain in their bedroom, go to a communal room or go outdoors as desired.

An activity schedule was on display within the home with a range of activities in the home and the community. During the inspection some of the residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Comments from residents

included: “(I) go out for a drive or walk nearly every day”, “Plenty of activities”, They (staff) would do anything for you” and “I am so happy here”.

Residents commented positively about the food provided within the home with comments such as: “The food is lovely and we get a choice if we don’t like something”, “The food is nice here” and “If I don’t like something on the menu they will make me something different”.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Waldemar Mietlicki is the Registered Manager of this home. Staff commented positively about the management team and described them as supportive and approachable.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the safeguarding champion for the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, audits completed in relation to IPC and the environment were not reflective of the findings during the inspection. An area for improvement was identified.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA. However; there was no evidence of review of patterns and trends to ensure potential risks could be identified and minimised. An area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed, however did not reflect the previous or current inspection findings, or identify actions regarding the maintenance and refurbishment required in the home. This was discussed with the manager and an area for improvement has been stated for a second time.

6.0 Quality Improvement Plan/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 Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	4	9*

* The total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

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) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that all parts of the home are kept in a good state of repair, are kept clean and reasonably decorated.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A detailed Environmental Audit was carried out with actions and timeframes recorded. This was forwarded to the RQIA inspector on 21.02.24</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 January 2024</p>	<p>The registered person shall ensure that adequate precautions are taken against the risk of fire.</p> <p>With specific reference to ensuring that fire doors are not wedged/propped open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff were reminded that if service users want their bedroom door keep open, they must use only self-closing mechanism. The issue and safety concerns regarding fire doors being propped open has been addressed with staff. This is monitored on a daily basis.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 23 January 2024</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The door to the identified area was secured immediately after inspection. Staff were also reminded that denture cleaning</p>

	tablets, cleaning chemicals and medical needles must be stored securely to ensure safety of residents. This is monitored on daily basis by an identified support worker.
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 January 2024</p>	<p>The registered person shall ensure that prescribed medicines are safely and securely stored and are suitably labelled for individual use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff were reminded that any medication, food supplements must be clearly labelled and safely stored.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: 23 January 2024</p>	<p>The registered person shall ensure that, for residents admitted from the community, a current list of their medicines is requested from the prescriber as part of the admission process.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The process was reviewed, staff were reminded of the requirement. The admission process is closely monitored by senior staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.11</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2024</p>	<p>The Registered person should ensure that monthly reports are detailed in regards to the on-going maintenance plan for the home and actions taken.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: The detailed Environmental Audit is included in the main body of the monthly monitoring reports.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff's full names are recorded within staff duty rotas.</p> <p>Ref: 5.2.1</p>

<p>To be completed by: 23 January 2024</p>	<p>Response by registered person detailing the actions taken: The staff Duty Rota has been amended to include staff full names.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The property list is updated every 3 months or when required, by the allocated Key Worker. Staff were reminded to follow the required process and keep clear record of their action.</p>
<p>Area for improvement 5</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that the call bell system is reviewed to ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The home's contractor is exploring the most appropriate communication system that would be fit for purpose in residential care home. Meanwhile, staff were equipped with effective temporary communication aids.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that the premises, engineering services, plant and care equipment are kept safe and suitable, and maintained in line with relevant legislation and relevant manufactures' and installers' guidance.</p> <p>With specific reference to the identified stair chair lift.</p> <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken: The identified chair lift that was not in operation for several years. On 19th February a new stair chair lift was installed.</p>
<p>Area for improvement 7 Ref: Standard 35.1 Stated: First time To be completed by: 23 January 2024</p>	<p>The registered person shall ensure that IPC best practice guidelines are maintained with specific reference to ensuring that staff are bare below the elbow.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The Bare Below the Elbow policy was introduced to provide staff with clear guidance.</p>
<p>Area for improvement 8 Ref: Standard 20.10 Stated: First time To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • IPC • Environment <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: The IPC and Environmental audits will be carry out and monitored by management. The Registered Manager liaised with IPC Lead from local Trust to obtain advice and ensure that good level of the infection control practices is maintained.</p>
<p>Area for improvement 9 Ref: Standard 20.10 Stated: First time To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that effective quality assurance audits are maintained in relation to accidents and incidents to identify any patterns/trends and to action accordingly.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: The audit form on accidents and incidents which supports to identify potential trends/patterns was implemented imediately after inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care