



The **Regulation** and
Quality Improvement
Authority

Unannounced Enforcement Care Inspection Report 30 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(s): Wilfred Johnston Mitchell	Registered Manager: Caroline Crawford (Acting)
Person in charge at the time of inspection: Rachel Kissick, person in charge	Date manager registered: 2 August 2016
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

4.0 Inspection summary

An unannounced inspection took place on 30 April 2019 from 10.15 to 14.45.

This inspection was underpinned by 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 regulation were in relation to the health and welfare of residents (FTC000026) and staffing (FTC000027). The date of compliance with the notices was 30 April 2019.

The following FTC Notices were issued by RQIA on 14 March 2019:

FTC ref: FTC000026E2

FTC ref: FTC000027E2

Evidence was not available to validate compliance with the Failure to Comply 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 1 May 2019 regarding the sustained non-compliance. A decision was made to extend the failure to comply notices with compliance to be achieved by 28 May 2019.

In addition, a meeting was held in RQIA on 9 May 2019 with the responsible individual and representatives from the Board of Trustees in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting, those present acknowledged the inspection findings and agreed that the improvements being made were not yet fully embedded into practice and that further improvements were required.

A decision was made to issue a notice of proposal to impose conditions on the registration of the home. There had been limited progress and sustained non-compliance with the failure to comply notices. RQIA remain concerned regarding the continued temporary nature of the management arrangements and the ongoing vacancies of key staff. This had the potential to impact on the delivery of safe and effective care to residents. The notice was issued on 15 May 2019. The conditions are detailed below;

1. Admissions to Parkanaur College will cease until compliance with the specific actions stated in FTC000026E3 and FTC000027E3 dated 14 March 2019 have been fully met.
2. The acting registered person must ensure that reports of the Regulation 29 visits and copies of any other monitoring reports are shared with the home manager, the acting registered person and RQIA within three working days of the visits/reports being completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards 2011.
3. The registered provider must appoint a permanent manager, with sufficient experience, competence and skill to work in the home on a day-to-day basis to ensure the quality and safety of care delivery to residents.
4. The acting registered person must ensure compliance with the specific actions stated in the notices FTC000026E3 and FTC000027E3 dated 14 March 2019.

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

*The total number of areas for improvement include five areas which have been carried forward for review at the next care inspection. One area for improvement from the last care inspection on 15 April 2019 was reviewed and was stated for the second time.

Further 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
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- two failure to comply notices.

During the inspection the inspector met with approximately 15 residents, four care staff, the responsible individual and two members from the Board of Trustees.

The following records were examined during the inspection:

- staff duty roster
- staff competency and capability assessments
- staff sickness absence contingency plan
- updated organisational structure for the home.

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 15 April 2019

The most recent inspection of the home was an unannounced care inspection on 15 April 2019. The completed QIP is to be returned to RQIA by 10 June 2019.

6.2 Review of areas for improvement from the last care inspection dated 1 April 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.	
Area for improvement 3 Ref: Regulation 19 (2) Stated: First time	The registered person shall ensure the name of the acting manager is recorded on the duty rota.	Not met
	Action taken as confirmed during the inspection: A review of the staff duty roster confirmed that the manager's name and hours worked were not recorded on the duty roster. This area for improvement will be stated for the second time.	

Area for improvement 4 Ref: Regulation 21 (1) Stated: First time	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.	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.	
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that soft furnishings within the home are fire retardant.	Carried forward to the next care inspection
	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.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17 January 2017 are addressed.	Carried forward to the next care inspection
	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.	

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 14 March 2019. One area for improvement from the last care inspection on 15 April 2019 was reviewed as part of the inspection and the remaining areas for improvement have been carried forward to the next care inspection.

6.3 Inspection findings

FTC Ref: FTC000026E2

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 identified residents. Observations during the inspection confirmed this to be accurate.

Review of a staff duty roster identified apparent deficits in one to one provision for the day of the inspection and 2 May 2019 for one identified resident. This was discussed with the staff who provided a second copy of a duty rota. Review of the second duty rota confirmed that adequate one to one provision was in place for prescribed residents. The necessity for one copy of the duty rota was re-emphasised with the person in charge.

During the inspection the cold water in the home was not working. This was immediately escalated by the person in charge of the home. During discussions with a staff member who was providing one to one provision; she was directed by the administrator to go to the shop with the identified resident to purchase adequate cold water supplies. At that time the identified resident was engaged meaningfully in tapestry work. This was concerning as the staff member providing one to one care should not have been asked to undertake this task given her role and responsibilities at that time in the provision of person centred care.

Discussion took place with the staff in relation to the reporting arrangements where a deficit in the staffing levels is identified. The staff stated that it is up to the person in charge to ensure that adequate cover is sought. The staff further advised that they would inform the administrator of the home, rather than the manager. Therefore staff remained unclear as to the reporting arrangements where a deficit in the staffing levels is identified.

It was noted that some progress was made in relation to one to one provision. Arrangements were in place on the day of the inspection to ensure adequate one to one care. However it was concerning that this could not be clearly evidenced from the duty rota provided and that staff remained unaware of the reporting arrangements where a deficit in the staffing levels was identified. In addition it was inappropriate to ask the staff member providing one to one care for a resident to undertake another task, especially when the resident was otherwise engaged.

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 the staffing arrangements for individual residents.

There was some limited progress with this failure to comply notice. A decision was made to further extend the compliance date in respect of this notice. Compliance must be achieved by 28 April 2019.

Given the sustained non-compliance and the continued potential impact on the health and welfare of residents, a Notice of Proposal to Impose Conditions on the Registration of Parkanaur College was issued on 15 May 2019.

FTC Ref: FTC000027E2

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 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 Failure to Comply Notice as detailed below.

On arrival to the home the environment was calm as most of the residents were in their classes. Discussion with the staff on duty evidenced that the staffing situation had not improved. The staff stated that morale remains poor and that staff were leaving.

We were informed by staff that there was currently no cook working in the home. Following the previous care inspection a staff member agreed to work in the kitchen, however they were on unplanned leave. The staff further advised that on the previous day the meal was transported to the home from a local restaurant. On the day of the inspection there was a tutor present in the home who prepared and served the main meal with support from the residents. Discussion with the tutor evidenced that they only work in the home one day per week. This matter was discussed with the responsible individual who was unable to confirm the catering arrangements for the rest of the week. In addition, it was unclear as to the arrangements for meal planning and choices afforded to the residents. These arrangements were unsatisfactory.

The system for the provision of the evening meal was discussed with the staff on duty. We were advised that previously when there were stable catering arrangements in place, the cook left the evening meal pre-prepared. However, currently a member of staff is required to go to the kitchen to prepare and serve this meal for approximately 20 residents. As a consequence of this, there is one staff member, namely the person in charge of the home, who is responsible for the supervision of 17 residents. We were not assured that the staffing arrangements were satisfactory.

The staff reported that the admission of residents for respite caused increased stress and pressure for staff. The interface between the admission and discharge processes is a busy and demanding time for the person in charge. This was further validated during discussions with two student nurses on placement in the home. The staff further reported that it can be difficult to facilitate outings between the permanent residents and those residents who were admitted to the home for respite due to staffing pressures.

The staffing situation was discussed with the responsible individual. We were advised that two new staff had commenced employment in the home and that further staff were working through the recruitment process.

We were provided with a staff sickness absence contingency plan. This document contained guidelines regarding staff absence, a list of staff contact numbers and the telephone numbers for recruitment agencies. While this was provided during the inspection, we were not assured that this was embedded into staff practice.

Review of the first copy of the duty rota provided by staff confirmed that it did not accurately reflect the staff working in the home. The duty rota did not detail which recruitment agency that the care staff were employed by. The person in charge of the home in the absence of the manager was not clearly recorded. This was concerning as these systems were in place at the previous care inspection and we found that compliance had not been sustained.

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 to confirm that some progress had been made towards achieving compliance. There was evidence that the needs of the residents were not fully met including the lack of stable staffing levels and appropriate catering arrangements in the home. It was concerning that actions which had been complied with previously had not been sustained.

There was some limited progress with this failure to comply notice. A decision was made to further extend the compliance date in respect of this notice. Compliance must be achieved by 28 April 2019.

Given the sustained non-compliance and our concerns with the staffing arrangements, a Notice of Proposal to Impose Conditions on the Registration of Parkanaur College was issued on 15 May 2019.

Additional areas inspected

Management and Governance Arrangements

During discussions with the staff they continue to believe that they were responsible for the running of the home, despite the appointment of a manager.

Review of the staff duty rota evidenced that the manager's hours were not recorded and the person in charge in the absence of the manager was not clearly identified. It was unsatisfactory that there were multiple copies of the duty rota provided on the day of the inspection. As stated earlier these actions as outlined in the FTC notice were previously complied with; therefore progress was not sustained.

Following the previous care inspection assurances were provided from one nominated member of the Board of Trustees that enhanced governance arrangements would be put in place immediately, including monitoring visits to the home on at a least weekly basis and the sharing of subsequent reports with RQIA. While these visits have been completed and written reports submitted to RQIA; we were not assured that the current governance arrangements were sufficiently robust to offer RQIA assurances that the required improvements will be made and sustained.

Residents Views

During the inspection we met with approximately 15 residents. The residents were happy and content in their environment. Discussion with the residents evidenced that they satisfied with the care provided to them and that despite the staffing pressures, the staff strived to maintain a good standard of care to the residents.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply 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 1 May 2019 regarding the sustained non-compliance. A decision was made to extend the failure to comply notices with compliance to be achieved by 28 May 2019.

In addition, a meeting was held in RQIA on 9 May 2019 with the responsible individual and representatives from the Board of Trustees in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting, those present acknowledged the inspection findings and agreed that the improvements being made were not yet fully embedded into practice and that further improvements were required.

A decision was made to issue a notice of proposal to impose conditions on the registration of the home. There had been limited progress and sustained non-compliance with the failure to comply notices. RQIA remain concerned regarding the continued temporary nature of the management arrangements and the ongoing vacancies of key staff. This had the potential to impact on the delivery of safe and effective care to residents. The notice was issued on 15 May 2019. Please see section 4.0 for details of the conditions.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wilfred Mitchell, responsible individual, 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	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: Immediate	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
	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 To be completed by: 1 April 2019	The registered person shall ensure that there is a designated adult safeguarding champion working in the home.
	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 3 Ref: Regulation 21 (1) Stated: First time To be completed by: 2 April 2019	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.
	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 4 Ref: Regulation 29 (4) (c) Stated: First time To be completed by: 16 April 2019	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.
	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 5 Ref: Regulation 19 (2) Stated: Second time To be completed by: 1 May 2019	The registered person shall ensure the name of the acting manager is recorded on the duty rota.
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.2 Stated: First time To be completed by: 30 November 2018	The registered person shall ensure that soft furnishings within the home are fire retardant.
	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.
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 30 November 2018	The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17/01/17 are addressed.
	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.

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)