



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No: IN016752
Establishment ID No: 1508
Name of Establishment: Parkanaur College
Date of Inspection: 4 September 2014
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Parkanaur College
Address:	57 Parkanaur Rd Dungannon BT70 3AA
Telephone Number:	(028) 87761272
Registered Organisation/Provider:	Thomas Doran Trust/Mr Wilfred Mitchell
Registered Manager:	Mr Eamonn Connolly
Person in Charge of the Home at the time of Inspection:	Mr Eamonn Connolly
Other person(s) consulted during inspection:	Mr Wilfred Mitchell
Type of establishment:	Residential Home
Number of Registered Places:	24
Date and time of inspection:	4 September 2014 from 10.00 – 13.30hrs
Date of previous estates inspection:	23 May 2012
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Residential Care Homes Regulations (Northern Ireland) 2005;
- Residential Care Homes Minimum Standards (DHSSPS, 2011).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mr Eamonn Connolly.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

7.0 PROFILE OF SERVICE

Parkanaur College Residential Care home is situated near Dungannon. The home is situated in a rural park with woodland surroundings. The residential home is operated by Thomas Doran Trust. The current registered manager is Mr Eamonn Connolly.

The home comprises of six single bedrooms and nine double bedrooms; two sitting rooms; a dining room; kitchen; laundry; toilet /washing facilities; staff accommodation and offices.

The home is registered to provide care for a maximum of 24 persons under the following categories of care:

RC - LD	Learning Disability
RC - LD (E)	Learning Disability - over 65 years
RC - PH	Physical disability other than sensory impairment
RC - MP	Mental disorder excluding learning disability or dementia

8.0 SUMMARY

Following the Estates Inspection of Parkanaur College on 4 September 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

This resulted in six requirements and two recommendations. These are outlined in the quality improvement plan appended to this report.

Building services and fabric are well maintained and fire safety precautions are implemented.

A number of building services inspection certificates are to be submitted to verify compliance with recommended standards.

The Estates Inspector would like to acknowledge the assistance of Mr Eamonn Connolly during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that all issues raised in the report of the previous estates inspection on 28 May 2012, with the exception of one have been addressed. The issue remaining has been partially addressed and is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

Previous QIP No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	27.(2)(q)	Implement corrective / replacement works on all space heating radiator valves in residential accommodation.	Completed	Compliant
2	27.(2)(d)	Complete a condition survey of all interior decorated surfaces, develop a redecoration works action plan listing completion dates and submit to RQIA estates inspector for approval.	Completed	Compliant
3	27.(2)(d)	Repair defective plasterwork in calorifier room / linen store and redecorate surface finishes.	Completed	Compliant
4	27.(2)(n)	Complete a disability access survey and audit to ascertain access / egress arrangements at corridor fire doors utilized by non-ambulant wheelchair users. Install door control measures to provide unhindered access / egress to non-ambulant wheelchair users residents.	Completed	Compliant

7	14.(2)	Confirm that resident specific health and safety requirements are assessed prior to the allocation of bedroom accommodation and that periodic reviews are implemented.	Completed	Compliant
8	14.(2)(a)	Implement physical control measures to prevent access to the redundant swimming pool situated the rear of the building.	Completed	Compliant
9	14.(2)(a)	Implement corrective works to the vertical sliding sash windows to permit window sashes to open / close in a safe manner.	Completed	Compliant
10	14.(2)(a)	Complete a Gas Safe Register safety inspection of kitchen gas appliance and submit a copy of inspection certificate to RQIA Estates inspector.	Completed	Compliant
11	14.(2)	Implement a system of annual periodic routine inspections of the electrical installation by a competent person in compliance with BS7671 & IEE Guidance note 3. These should complement the formal periodic inspection and testing.	Completed	Compliant
12	14.(2)	Implement a planned maintenance / test inspection of all Thermostatic Mixing Valves (TMVs) in accordance with a suitable and sufficient risk assessment and manufacturer`s guidance	Completed	Compliant

13	14.(2)	Develop and maintain a health and safety risk control system to ensure that contractors & visitors to the premises adhere to health & safety legislative and site specific management requirements.	Implemented	Compliant
14	14.(2)	Repair first floor final exit door security alarm (location adjacent laundry room) and ensure that door opening activates sounder at night staff stations.	Completed	Compliant
15	27.(4)(i) 27.(4)(iii)	Assess BS5839 & BS5266 service engineer report recommendations and consider enhancement of fire detection and alarm plus emergency lighting systems.	Completed	Compliant
16	27.(4)(d)	Install all fire extinguishers on wall mounted brackets.	Completed	Compliant
17	27.(4)(c)	Remove all builders debris etc from external fire escape routes / paths.	Completed	Compliant
18	27.(4)(c)	Commission an emergency lighting survey by a competent person to consider the effectiveness of existing interior and exterior emergency lighting installation. Submit the subsequent report to RQIA Estates inspector. Any recommended improvements should be implemented in line with the recommendations of the surveyor.	Completed	Compliant

19	27.(4)(a)	<p>Commission the fire risk assessor to verify the integrity of the structural fire safety controls upon completion of the building alteration works.</p> <p>This should be supported by confirmation of local authority Building Control Department completion certificate relating to the current works.</p>	Completed	Compliant
20	27.(4)(d)(iv)	Ensure that the fire detection and alarm system user test activations are completed at weekly intervals in compliance with BS5839.	Completed	Compliant
21	27.(4)(d)(i)	Carry out appropriate remedial works to bedroom 9 door to achieve FD30S fire resistance.	Completed	Compliant
22	27.(4)(d)	Verify that suitable controls are implemented to prevent unauthorized access to main fire panel located in "Manor House" and that access to the fire alarm control panel by authorized persons is available at all times.	Implemented	Compliant

Previous QIP No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
5	27.2 27.4	Implement alteration / improvement works to the space heating and hot water storage and distribution systems, to enable isolation and control of space heating system separate from the domestic hot water system.	Completed	Compliant
6	27.8	<p>Complete an inspection and assessment of corridor artificial lighting provision, implement improvement works to enhance lighting levels where deemed appropriate and in accordance with CIBSE guidelines. Submit subsequent report to RQIA estates inspector for examination.</p> <p>This might be more effective if carried out following the completion of decoration works.</p>	Completed	Compliant
23	29.2	Consider installing "free-swing" devices on bedroom doors in compliance with NIHTM84	Site works are on-going; six bedrooms remain to have free swing devices fitted, it is expected that works will be complete by 1 December 2014.	Partial compliance refer to report QIP item 5

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and the home appeared clean and well decorated. Some maintenance procedures for the building and engineering services require corrective/improvement works in order to comply with this standard. The item requiring corrective / improvement works is detailed in report paragraph 9.2.2, and in the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.2.2 Bedroom 35 wall decoration has received some minor surface damage due to impact with wheelchairs / hoist etc.
(Reference: Quality Improvement Plan Item 1)

9.3 Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home compliant with this standard, although some issues have been identified for attention. Items requiring corrective / improvement action are detailed in report paragraphs 9.3.2 - 9.3.4, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The BS7671 Periodic Inspection Report for the electrical installation was completed on 14 May 2012, reference IPN3/0032935; the report was valid for a period of two years, remedial works were certified as complete on 18 June 2012.
(Reference: Quality Improvement Plan Item 2)

9.3.3 A new passenger lift was installed on 29 November 2013.
Lift engineer service records were submitted for the existing passenger lift; however no Lifting Operations and Lifting Equipment Regulation (LOLER) 9 competent person "thorough examination" record was presented for examination.
(Reference: Quality Improvement Plan Item 3)

9.3.4 An Arjo Trixie hoist GB0898797659 was present on site; facility management advise that the hoist is provided and maintained by a Southern Health and Social Care Trust contract. LOLER Regulation 9 thorough examination reports were not available for examination.
(Reference: Quality Improvement Plan Item 4)

9.3.5 The water storage and distribution system was chlorinated on 29 September 2013 and facility management state that the system chlorination is to be completed on 7 September 2014.

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed in April 2013 by an accredited fire risk assessor; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report paragraphs 6.4.2- 6.4.4 and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 Monthly user inspection records of: (1.) Fire-fighting Equipment and (2.) Fire prevention control measures were not recorded although management state that routine the checks are implemented.
(Reference: Quality Improvement Plan Item 6)

9.4.3 Staff fire safety awareness training records were available but difficult to interpret/verify.
(Reference: Quality Improvement Plan Item 8)

9.4.4 A fire risk assessment was completed on 11 July 2014 by an accredited fire risk assessor. Some recommended fire safety control improvements are yet to be implemented.
(Reference: Quality Improvement Plan Item 7)

9.4.5 Bedroom doors have self-closer devices installed, currently an improvement programme is underway replacing the standard self-closer devices with free swing devices; six rooms remain to be completed.
(Reference: Quality Improvement Plan Item 5)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Eamonn Connolly as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

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9.1 Recommendations and requirements from previous inspection

It is good to note that all issues raised in the report of the previous estates inspection on 28 May 2012, with the exception of one have been addressed. The issue remaining has been partially addressed and is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

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4	27.(2)(n)	Complete a disability access survey and audit to ascertain access / egress arrangements at corridor fire doors utilized by non-ambulant wheelchair users. Install door control measures to provide unhindered access / egress to non-ambulant wheelchair users residents.	Completed	Compliant

7	14.(2)	Confirm that resident specific health and safety requirements are assessed prior to the allocation of bedroom accommodation and that periodic reviews are implemented.	Completed	Compliant
8	14.(2)(a)	Implement physical control measures to prevent access to the redundant swimming pool situated the rear of the building.	Completed	Compliant
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12	14.(2)	Implement a planned maintenance / test inspection of all Thermostatic Mixing Valves (TMVs) in accordance with a suitable and sufficient risk assessment and manufacturer`s guidance	Completed	Compliant

13	14.(2)	Develop and maintain a health and safety risk control system to ensure that contractors & visitors to the premises adhere to health & safety legislative and site specific management requirements.	Implemented	Compliant
14	14.(2)	Repair first floor final exit door security alarm (location adjacent laundry room) and ensure that door opening activates sounder at night staff stations.	Completed	Compliant
15	27.(4)(i) 27.(4)(iii)	Assess BS5839 & BS5266 service engineer report recommendations and consider enhancement of fire detection and alarm plus emergency lighting systems.	Completed	Compliant
16	27.(4)(d)	Install all fire extinguishers on wall mounted brackets.	Completed	Compliant
17	27.(4)(c)	Remove all builders debris etc from external fire escape routes / paths.	Completed	Compliant
18	27.(4)(c)	Commission an emergency lighting survey by a competent person to consider the effectiveness of existing interior and exterior emergency lighting installation. Submit the subsequent report to RQIA Estates inspector. Any recommended improvements should be implemented in line with the recommendations of the surveyor.	Completed	Compliant

19	27.(4)(a)	<p>Commission the fire risk assessor to verify the integrity of the structural fire safety controls upon completion of the building alteration works.</p> <p>This should be supported by confirmation of local authority Building Control Department completion certificate relating to the current works.</p>	Completed	Compliant
20	27.(4)(d)(iv)	Ensure that the fire detection and alarm system user test activations are completed at weekly intervals in compliance with BS5839.	Completed	Compliant
21	27.(4)(d)(i)	Carry out appropriate remedial works to bedroom 9 door to achieve FD30S fire resistance.	Completed	Compliant
22	27.(4)(d)	Verify that suitable controls are implemented to prevent unauthorized access to main fire panel located in "Manor House" and that access to the fire alarm control panel by authorized persons is available at all times.	Implemented	Compliant

Previous QIP No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
5	27.2 27.4	Implement alteration / improvement works to the space heating and hot water storage and distribution systems, to enable isolation and control of space heating system separate from the domestic hot water system.	Completed	Compliant
6	27.8	<p>Complete an inspection and assessment of corridor artificial lighting provision, implement improvement works to enhance lighting levels where deemed appropriate and in accordance with CIBSE guidelines. Submit subsequent report to RQIA estates inspector for examination.</p> <p>This might be more effective if carried out following the completion of decoration works.</p>	Completed	Compliant
23	29.2	Consider installing "free-swing" devices on bedroom doors in compliance with NIHTM84	Site works are on-going; six bedrooms remain to have free swing devices fitted, it is expected that works will be complete by 1 December 2014.	Partial compliance refer to report QIP item 5

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and the home appeared clean and well decorated. Some maintenance procedures for the building and engineering services require corrective/improvement works in order to comply with this standard. The item requiring corrective / improvement works is detailed in report paragraph 9.2.2, and in the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.2.2 Bedroom 35 wall decoration has received some minor surface damage due to impact with wheelchairs / hoist etc.
(Reference: Quality Improvement Plan Item 1)

9.3 Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home compliant with this standard, although some issues have been identified for attention. Items requiring corrective / improvement action are detailed in report paragraphs 9.3.2 - 9.3.4, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The BS7671 Periodic Inspection Report for the electrical installation was completed on 14 May 2012, reference IPN3/0032935; the report was valid for a period of two years, remedial works were certified as complete on 18 June 2012.
(Reference: Quality Improvement Plan Item 2)

9.3.3 A new passenger lift was installed on 29 November 2013.
Lift engineer service records were submitted for the existing passenger lift; however no Lifting Operations and Lifting Equipment Regulation (LOLER) 9 competent person "thorough examination" record was presented for examination.
(Reference: Quality Improvement Plan Item 3)

9.3.4 An Arjo Trixie hoist GB0898797659 was present on site; facility management advise that the hoist is provided and maintained by a Southern Health and Social Care Trust contract. LOLER Regulation 9 thorough examination reports were not available for examination.
(Reference: Quality Improvement Plan Item 4)

9.3.5 The water storage and distribution system was chlorinated on 29 September 2013 and facility management state that the system chlorination is to be completed on 7 September 2014.

- 9.4 Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*
- 9.4.1** Fire Safety procedures are completed in the home and a fire risk assessment review was completed in April 2013 by an accredited fire risk assessor; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report paragraphs 6.4.2- 6.4.4 and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2** Monthly user inspection records of: (1.) Fire-fighting Equipment and (2.) Fire prevention control measures were not recorded although management state that routine the checks are implemented.
(Reference: Quality Improvement Plan Item 6)
- 9.4.3** Staff fire safety awareness training records were available but difficult to interpret/verify.
(Reference: Quality Improvement Plan Item 8)
- 9.4.4** A fire risk assessment was completed on 11 July 2014 by an accredited fire risk assessor. Some recommended fire safety control improvements are yet to be implemented.
(Reference: Quality Improvement Plan Item 7)
- 9.4.5** Bedroom doors have self-closer devices installed, currently an improvement programme is underway replacing the standard self-closer devices with free swing devices; six rooms remain to be completed.
(Reference: Quality Improvement Plan Item 5)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Eamonn Connolly as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
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5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan

Announced Estates Inspection

Parkanaur College Residential Home: ID Number 1508

4 September 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.				
C.	Clarification or follow up required on some items.				

NOTES:

The details of the quality improvement plan were discussed with Mr Eamonn Connolly of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Eamonn Connolly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Wilfred Mitchell

Announced Estates Inspection to Parkanaur College Residential Home on 4 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
1	Standard 27.1	Redecorate bedroom 35 wall surfaces. (Reference: Report paragraph 9.2.2)	16 weeks	Has been completed on 7 Nov 2014

Announced Estates Inspection to Parkanaur College Residential Home on 4 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
2	Regulations 14. (2)(a),(b) &(c)	Complete a BS7671 Periodic inspection of the electrical installation and implement any recommended controls in compliance with the Electricity at Work Regulations. (Reference: Report paragraph 9.3.2)	8 weeks	This is on-going and will be completed by 17 Nov 2014
3	Regulations 14. (2)(a),(b) &(c)	Confirm that the passenger lifts are subjected to periodic (six monthly) thorough examinations by a competent engineer in compliance with Lifting Operations and Lifting Equipment Regulation (LOLER) 9. (Reference: Report paragraph 9.3.3)	8 weeks	Minor adjustment was required and we are now awaiting certificate which should be available by 17 Nov 2014
4	Regulations 14. (2)(a),(b) &(c)	Obtain assurance from Southern Trust that the mobile hoist provided by (Southern Health & Social Services Trust) SHSCT is subjected to a LOLER thorough examination regime implemented in accordance with LOLER Reg 9. (Reference: Report paragraph 9.3.4)	8 weeks	Certificate received for the June inspection. The hoist has been inspected again on 16 September and we have contacted the Trust for another up-to-date certificate.

Announced Estates Inspection to Parkanaur College Residential Home on 4 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (s)
5	Regulation 27.(4)(a)	“Consider installing “free-swing” devices on bedroom doors in compliance with NIHTM84” (Reference: Report paragraph 9.4.5)	12 Weeks	This is an on-going process with only 6 rooms to be completed and we expect it to be finished by mid December.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
6	Regulations 27.(4)(i),(ii),(iii),(iv) & (v)	Implement monthly fire safety inspections of : (1) Functional emergency lighting tests, compliant with BS5266; (2) Visual fire extinguisher check. (Reference: Report paragraph 9.4.2)	Immediate	Fire safety inspections for 1. functional emergency lighting test and 2. visual fire extinguisher check are completed monthly.
7	Regulation 27.(4)(a)	Commence implementation of the fire risk assessment recommended control measures, in accordance with action plan time scales. (Reference: Report paragraph 9.4.4)	8 Weeks	The implementation of the fire risk assessment recommendations has commenced and will be in accordance with the planned time scale.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
8	Standards 29.4 & 29.6	Record staff fire safety awareness training on a matrix format. (Reference: Report paragraph 9.4.3)	12 Weeks	The fire safety awareness training format has been changed slightly to make the record more identifiable.

Announced Estates Inspection to Parkanaur College Residential Home on 4 September 2014

Assurance, Challenge and Improvement in Health and Social Care