



Inspection Report

Name of Service: Parkanaur

Provider: Thomas Doran Parkanaur Trust

Date of Inspection: 4 March 2025

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

1.0 Service information

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| Organisation: | Thomas Doran Parkanaur Trust |
| Responsible Individual: | Ms Maureen Elizabeth Crawford |
| Registered Manager: | Mr Waldemar Mietlicki |
| <p>Service Profile:</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. This home is registered to provide care for residents' with a range of needs including; learning disability, mental health conditions and physical disability.</p> <p>There are both single and shared bedrooms within the home and residents have access to communal lounges, dining room and external gardens.</p> <p>There is a supported living service within the same building and the registered manager for this manages both services.</p> | |

2.0 Inspection summary

An unannounced care inspection took place on 4 March 2025, from 9.40 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that the majority of staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

There was a concern identified by the inspector in relation to interactions during the lunch time meal. This was escalated by the inspector to the management team and the relevant Trusts for their review and action. RQIA were satisfied with the assurances provided by the manager that robust action was taken.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement from the previous care inspection on 2 July 2024 were assessed as having been addressed by the provider. One area for improvement relating to medicines management was not assessed and will be reviewed at a future inspection. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are the best", "staff are super" and "it is brilliant living here". Residents spoke positively about the provision of activities in the home and were looking forward to a fitness class organised in the afternoon.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Eight questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

The majority of staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Observation of the lunchtime meal identified some interactions that had the potential to impact on residents right to choice, respect and dignity. This was escalated to the management team for their review and action. Following the inspection written assurances have been provided to RQIA with a robust action plan, including reporting to the relevant Trusts. RQIA was assured with the actions confirmed as taken.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they enjoyed a wide range of activities both in the home and in the local community. This included drama, fitness groups, coffee outings, bowling and cinema trips. Residents also had access to gym equipment in the home to use at their leisure.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the resident's needs.

Care staff recorded regular evaluations about the delivery of care and residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were mostly tidy and personalised with photographs and other personal belongings for residents.

Observation of the homes environment identified many positive changes and upgrades since the last inspection, which will enhance the overall quality of life and lived experience of the residents living in the home. It was apparent that work was still ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. The environmental action plan was shared with RQIA for review. RQIA are satisfied that this plan is being continuously monitored by management in the home and kept under regular review. Advice was provided to the manager to ensure that any new areas for review are added to the plan as and when they arise.

3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion.

The home was visited each month by a representative of the registered provider 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 in detail.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 1* |

* the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
| <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: 2.0</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |

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