

Inspection Report

02 July 2024



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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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: Lisa Corey – Deputy Manager</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: 14</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 2 July 2024, from 10.00 am to 4.30 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

RQIA were assured that the delivery of care and service provided in Parkanaur College was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

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 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 fantastic”, “staff are like my family” and “staff are kind and caring”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is 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.

One response from staff was received from the online survey which confirmed they were satisfied with the provision of care in the home, management and their role and responsibilities.

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 23 rd January 2024		
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) (b) (d) Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 27 (4) (b)	The registered person shall ensure that adequate precautions are taken against the risk of fire. With specific reference to ensuring that fire doors are not wedged/propped open.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c)	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.	Met
Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 13 (4)	The registered person shall ensure that prescribed medicines are safely and securely stored and are suitably labelled for individual use.	Met
Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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 30	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.	Carried forward to the next inspection
Stated: Second time	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.	
Area for improvement 2 Ref: Standard 20.11	The Registered person should ensure that monthly reports are detailed in regards to the on-going maintenance plan for the home and actions taken.	Met
Stated: Second time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<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> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard E8</p> <p>Stated: First time</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> <hr/> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</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>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 7 Ref: Standard 35.1 Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 8 Ref: Standard 20.10 Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 9 Ref: Standard 20.10 Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The deputy manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff; these records were person centred. The outcome of visits from any healthcare professional was recorded. Residents care records were held confidentially.

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.

There was a choice of meals offered, the food was attractively presents and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet

5.2.3 Management of the Environment and Infection Prevention and Control

The home is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. There were no malodours detected in the home.

It was apparent that work was ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. This was discussed with the Responsible Individual for the home following the inspection and a robust environmental action plan was shared with RQIA for review. RQIA are satisfied that refurbishment is ongoing and the delays that the home have experienced with refurbishment, have not been preventable. The previous area for improvement will be carried forward to the next inspection to allow the home more time to complete refurbishment, which will enhance the overall quality of life and lived experience of the residents living in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 22 August 2023.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products. However, there were a number of PPE stations located around the home with aprons not stored in accordance with infection prevention and control measures. An area for improvement has been identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounges watching TV, playing computer games, completing crosswords and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoyed going to local areas of interest, shopping or for a coffee. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, walking groups, bowling, movie nights, arts and crafts, visits to local areas of interest for example; Peatlands Park and board games.

Some residents told us they like to help complete tasks around the home and particularly enjoy helping staff in the kitchen. One resident told us that he has enjoyed learning new skills and that the staff have supported him to develop these skills.

On the day of inspection new gym equipment arrived to the home for residents to use and staff informed us that a personal trainer has been arranged to provide those residents who wish to engage, the opportunity of improving their health and well-being. This is to be commended.

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 were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about the residents, care practices or the environment.

Staff confirmed that there were good working relationships between staff and the home's management team.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. One specific comment made by a resident was discussed with the deputy manager for their review and consideration under complaints management.

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 appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and residents’ meetings were held accordingly and included a comprehensive list of agenda items, actions identified and person responsible for completing the action.

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; however, there was a three-month period where there was no consultation with relatives or representatives of the residents. An area for improvement has been identified.

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	2*	2*

* the total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection and one standard that has been carried forward for review at the next inspection.

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: 5.1 & 5.2.3</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 02 July 2024</p>	<p>The registered person shall ensure that residents relatives and/or their representatives are consulted on their views of the care and services provided in the home during the regulation 29 visits, and records maintained.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As a part of Regulation 29 monitoring visits, feedback on quality of the care delivered and service, will be obtained on monthly basis from the residents' relatives/representatives and their views are appropriately recorded.</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 & 5.2.2</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>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 02 July 2024</p>	<p>The registered person shall ensure that all Personal and Protective Equipment (PPE) is stored correctly in order to reduce the risk of infection and/or cross contamination for staff, residents and visitors.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The protective aprons, which are suitable for the installed dispenser unit, were ordered and are in use by all staff, to ensure that all Personal Protective Equipment are stored in line with Infection Control Practice.</p>

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