The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Parkanaur

Provider: Thomas Doran Parkanaur Trust

Date of Inspection: 10 February 2026

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

1.0 Service information

Organisation:	Thomas Doran Parkanaur Trust
Responsible Individual:	Ms Maureen Elizabeth Crawford
Registered Manager:	Mr Waldemar Mietlicki

Service Profile:

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.

There are both single and shared bedrooms within the home and residents have access to communal lounges, dining room and external gardens.

There is a supported living service within the same building and the registered manager for this manages both services.

2.0 Inspection summary

An unannounced care inspection took place on 10 February 2025, from 9.15 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

There were no areas for improvement identified at the previous care inspection on 4 March 2025. One area for improvement relating to medicines management was not assessed and will be reviewed at a future inspection. Full details, including new areas for improvement identified, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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. Resident's comments included "staff are lovely", "I can talk to staff about anything" and "the staff are great, I am very happy here".

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

There were no questionnaire responses returned following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

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.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed throughout the home. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care. Advice was provided to the deputy manager to consider retaining a restrictive practice register for the home.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 appeared appetising and nutritious. However, ways of enhancing the menu display was discussed with the management team for their review and consideration.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

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.

However, it was identified that for one resident who required a recent emergency admission to the home, there was no evidence of a completed pre-admission assessment, care plan or risk assessment, although there was referral information from the commissioning Trust available. This was discussed with the management team who provided written evidence post inspection that these records were now in place to direct the care required.

A review of one residents care records identified that they were lacking specific details in relation to maintaining a safe environment. Concerns had been identified with the condition of this resident's bedroom which is discussed further in section 3.3.4. However, on review of their care records there was a lack of evidence in place to identify, the support required and there was no risk assessment in place to direct staff either. Specific sleeping arrangements for this resident had also not been reviewed since June 2025; however, there was evidence at that time of multi-disciplinary agreement. An area for improvement has been identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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 that work was ongoing and still required in parts of the home to ensure the 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.

Concerns were identified in one resident's bedroom in relation to cleanliness and upkeep of the environment. This was discussed at length with the management team who confirmed that work is ongoing to support this resident with maintaining a safe environment, while ensuring the over all risk is managed. This will be reviewed at a future inspection.

It was noted that the laundry was unlocked and there was access to laundry tablets which were easily accessible to anyone entering the room. Residents use the laundry to complete daily living tasks in order to promote their independence. This was discussed with the management team who provided a robust risk assessment and management plan to RQIA following the inspection. RQIA are satisfied with this risk assessment and have provided advice to ensure it is kept under regular review.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Waldemar Meitlicki has been the Registered Manager in this home since 25 July 2016.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Lisa Corey, Deputy Manager, 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 Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** Second time **To be completed by:** 23 January 2024	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 admissions process. Ref: 2.0
	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 6.6 **Stated:** First time **To be completed by:** 1 March 2026	The Registered Person shall ensure that the identified residents care plans are fully reflective of their current needs in relation to the level of care and support required to maintain a safe environment. If risks are identified these must be clearly recorded and managed through a robust risk assessment and kept under regular review with multi-disciplinary involvement. Ref: 3.3.3
	Response by registered person detailing the actions taken: The care planning documentation, including risk assessments, identified during the inspection was reviewed and updated immediately following the inspection. These documents are subject to regular audits and are accessible to all relevant multidisciplinary team members.

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

The Regulation and Quality Improvement Authority

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