The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Parkanaur College Supported Living Service

Provider: Thomas Doran Trust

Date of Inspection: 4 February 2025

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

1.0 Service information

Organisation/Registered Provider:	Thomas Doran Trust
Responsible Individual:	Ms Maureen Crawford
Registered Manager:	Mr Waldemar Mietlicki

Service Profile:

Parkanaur College Supported Living Service is a supported living service which provides care and support to a service user whose care is commissioned by the Northern Health and Social Care Trust (NHSCT).

The supported living service is situated within the residential care home building. The registered manager manages both services.

2.0 Inspection summary

An unannounced inspection took place on 4 February 2025, between 10.00 a.m. and 3 p.m. by a care Inspector.

The inspection was undertaken to evidence how the service 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 12 December 2023; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

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

The service user was observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Details can be found in the main body of the report and in section 3.2.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 agency 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 the agency. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from the service user, relatives, staff or the commissioning Trust.

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

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The service user was observed to be relaxed and comfortable in their interactions with staff and stated that they were happy with the care and support they receive. Staff spoken with said that they were very happy working in the agency and that they had no concerns regarding the care and support provided. Trust representatives consulted with advised that they were satisfied with the quality of care and support provided and that the agency communicated regularly with them.

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 service user.

Review of the agency's recruitment records identified that pre-employment checks were undertaken on all staff before they started working in the service user.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job; however, the induction did not provide sufficient information regarding the supported living ethos.

Information on the REACH Standards for Supported Living was shared with the manager, who submitted an updated Induction to RQIA, which included this information. Additionally, the manager ensured that all existing staff reviewed the REACH Standards.

Training was provided to all staff, commensurate with their roles and responsibilities; this included training on learning disability awareness and care planning, as previously identified as an area for improvement at the last care inspection. However, there was no evidence that staff had been provided with training in relation to the ethos of supported living. Following the inspection, the manager submitted evidence to RQIA that all staff had read the REACH standards. RQIA was satisfied that the area for improvement had been addressed.

There was evidence that staff received regular supervision and appraisals on an annual basis.

There were good systems in place to manage staffing. There were enough staff on duty and the staff member was seen assisting the service user in a caring and compassionate manner.

3.3.2 Care delivery and Management of Care Records

Staff interactions with the service user were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. The staff member was knowledgeable of the individual service user's needs, their daily routine, wishes and preferences.

Staff were also observed offering choice to the service user regarding the activities they wanted to engage in.

There was a process in place to ensure that the service user's needs were assessed.

Service User Agreements outlined the care and support hours provided and any additional charges the service user may be liable for.

Despite being written in the first person, the care and support plans were not sufficiently person-centred. This was disappointing given that an area for improvement had previously been identified in this regard. Following the inspection, the manager confirmed to RQIA that the care plan had been updated to include the identified deficits. The manager also advised that this will also be incorporated with Outcome Stars software to improve data gathering to evidence positive outcomes of the service user. Support plan evaluations were not undertaken on a regular basis and where they should have been completed, they had not been. Advice was given in this regard and will be followed up at a future inspection.

The report of the service user's annual care review was not available for inspection. Following the inspection, this was followed up with the relevant Trust representative.

3.3.3 Quality of Management Systems

There has been no change in management of the agency since the last inspection. Mr Waldemar Mietlicki has been the Registered Manager since 25 July 2016; and he is also the Registered Manager of the residential care home, located in the same building. Staff commented positively about the manager and described them in positive terms.

The agency was visited each month by a representative of the registered provider to consult with service user, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed every month up to the next inspection.

There was a process in place to ensure that any complaints received would be managed appropriately.

Each agency is required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of the incidents records identified that they had been managed correctly. RQIA had been notified appropriately of any incidents in keeping with the Regulations.

The annual quality report was viewed and found to be satisfactory.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); and there was a system in place for professional registrations to be monitored by the manager.

4.0 Quality Improvement Plan/Areas for Improvement

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

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