

# Inspection Report

7 February 2022



## 15 Main Street

Type of service: Residential Home  
Address: 15 Main Street, Conlig, BT23 7PT  
Telephone number: 028 9146 8039

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care Group/Challenge	<b>Registered Manager:</b> Mrs Rebecca Stewart
<b>Responsible Individual:</b> Mr Greer Wilson (Applicant)	<b>Date registered:</b> 19 April 2018
<b>Person in charge at the time of inspection:</b> Mr Nicolae Ursarescu, support worker	<b>Number of registered places:</b> 3
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 1
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Care Home which is registered to provide care for up to three residents. Residents' bedrooms are located on the first floor of this home with communal space located on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 February 2022 between 10.20am and 1.30pm. This inspection was conducted by care inspector.

At an inspection on 28 November 2021, serious concerns were identified in relation to infection prevention and control (IPC) practices within the home; the management of risk to residents within the home; fire safety practices; water safety arrangements; staffing arrangements; and the completion of monthly monitoring visits/reports. Following a meeting with the Responsible Individual (Applicant), three Failure to Comply (FTC) notices were issued on 15 December 2021.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notices.

The home was clean and tidy with a good standard of décor and furnishings put in place. Staffing arrangements had been reviewed and were found to be safe. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

The feedback from the one resident in the home at the time of this inspection confirmed that they were satisfied with the care and service provided in the home.

No new areas for improvement were identified.

RQIA were assured that the delivery of care and services provided in the home was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 three FTC Notices, 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.

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**

We spoke with one resident and two staff during this inspection. The resident indicated that they were happy in the home and had a good relationship with staff. The resident also acknowledged satisfaction with the recent redecoration of the home. The two members of staff spoke in positive terms about their roles and duties, and the provision of care and managerial support.

## 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 28 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (4) (d) (i) <b>Stated:</b> First time	The registered person must ensure that the practice of wedging fire safety doors open ceases.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was no evidence of wedging fire safety doors.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person must ensure that robust arrangements are in place so that environmental deficits can be reported, responded to and addressed in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new system of reporting deficits in the environment had been introduced and there were no obvious deficits in the environment.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person must submit a time bound action plan detailing how the five recommendations made at the fire safety risk assessment, dated 22 September 2021, will be addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This time bound action plan was submitted to the aligned estates inspector and was also available in the home for inspection.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (version 1 : 1)</b>		<b>Validation of compliance summary</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	<p>The registered person shall ensure that the duty rota contains the full names of staff, the actual times of duty and indication of who was in charge of the home. The rota should also record the manager's presence within the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The duty rotas were revised to contain the full names of staff, the actual times of duty and indication of who was in charge of the home. The rota also recorded the manager's presence within the home.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	<p>The registered person shall ensure that robust arrangements are in place with regard to managing those residents who leave the home for an agreed period of leave; this includes but is not limited to seeking PHA advice as needed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Documentary evidence was in place with advice sought from the Public Health Agency (PHA) regarding managing residents going on leave.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 20.1 <b>Stated:</b> First time	<p>The registered person shall ensure that a clear system is in place regarding on-call arrangements for staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A clear system was in place identifying the on-call arrangements and associated contact details.</p>	

## 5.2 Inspection findings

**FTC000170**

### **Notice of failure to comply with Regulation 13 (7) of The Residential Care Homes Regulations (Northern Ireland) 2005**

#### ***Health and welfare of patients***

#### ***Regulation 13. —***

***(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff***

In relation to this notice the following seven actions were required to comply with this regulation:

The applicant responsible individual must ensure that:

1. infection prevention and control best practice is fully embedded into practice by all staff
2. robust and effective cleaning schedules are in place for use by domestic staff. These arrangements should also ensure that the hygiene of the environment is maintained whenever domestic staff are not on duty
3. all furniture provided for use by residents is in good working order, properly maintained and suitable for the purpose for which it is to be used
4. all areas of the home will only be used for their stated purpose; areas of excessive clutter and/or inappropriate storage are made good
5. all equipment used in the delivery of resident care is well maintained and fit for purpose and effectively cleaned
6. sufficiently robust audit and governance systems are in place to quality assure: the management of infection prevention and control practices; the provision of domestic services within the home; and the quality of the environment
7. a time bound action plan is submitted to RQIA detailing how the home will be refurbished / redecorated to a suitable standard. The action plan should also evidence meaningful consultation with all residents and/or their representatives as appropriate

Action taken by the registered persons:

Observation of the environment and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. observation of the environment highlighted that the home was clean and tidy throughout with a suitable maintained environment to support staff with infection prevention and control practices. Staff actions as seen evident in the environment reflected IPC best practices
2. review of domestic records evidenced that a programme of daily, weekly and monthly cleaning schedules had been introduced and these were audited on a weekly basis by the manager. Examination of these schedules together with a review of the environment evidenced that these schedules had been put into practice by staff. Domestic staff undertake a clean of the

home on a weekly basis with a deep cleaning done on a monthly basis. Care staff facilitate cleaning on a daily basis when there is no domestic on site

3. observation of the environment provided assurance that all furniture provided for use by residents was in good working order, properly maintained and suitable for the purpose for which it was being used
4. observation of the environment demonstrated that there were no areas of excessive clutter and/or inappropriate storage throughout the home; all areas of the home were clean and tidy
5. observation of all equipment used in the delivery of resident care evidenced that it was well maintained and fit for purpose and effectively cleaned
6. review of governance records and discussion with staff evidenced that an effective system of auditing was in place to quality assure IPC practices; the provision of domestic services within the home; and the quality of the environment. These audits are completed by the manager on a daily, weekly and monthly basis as applicable
7. a time bound action plan was submitted to RQIA on 3 December 2021, detailing the schedule of redecoration and reburishment to be put in place. At the time of this inspection this schedule had been completed to good effect with all areas throughout the home painted and redecorated and new carpet having been laid along the stairs and upstairs corridor. Residents' bedrooms were personalised with items important to them such as pictures, memorabilia and sentimental items. Communal areas were well decorated, suitably furnished and comfortable. The toilets and bathrooms were clean and hygienic. Discussions with one resident during this inspection confirmed that they were consulted about this worked and were pleased with the outcome.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

## **FTC000171**

### **Notice of failure to comply with regulation 20 (1) (a) of The Residential Care Homes Regulations (Northern Ireland) 2005**

#### **Staffing**

#### **Regulation 20. —**

*(1) The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –*

*(a) ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents*

In relation to this notice the following four actions were required to comply with this regulation:

The applicant responsible individual must ensure that:

1. the registered manager maintains a consistent and meaningful presence within 15 Main Street so as to carry on and manage the residential home with sufficient care, competence and skill
2. the staff duty rota is accurately maintained at all times in keeping with best practice guidance

3. the manager effectively and consistently maintains operational oversight of the home; this shall be achieved by means of completing a comprehensive programme of audits to quality assure care delivery and service provision within the home; these audits shall be robustly completed in order to identify deficits and drive improvements in an effective manner; the audits should also drive improvements in an effective and timely manner; the programme of audits shall include but not necessarily limited to the following: infection prevention and control practices; environmental cleanliness; quality of the premises; and risk management
4. there is a robust system in place to ensure that, at all times, there are suitably qualified staff on duty in sufficient numbers to ensure the safe delivery of care; this includes but is not necessarily limited to the provision of wake in staff overnight.

Action taken by the registered persons:

Review of the staff rota/governance records and discussion with staff evidenced the following in regard to the aforementioned actions:

1. review of the staff rota evidenced that the registered manager's hours of duty were clearly recorded. Staff also said they felt well supported by the manager
2. review of the duty rota evidenced that it was maintained accurately and was clear to read and examine
3. review of governance records evidenced that there was an effective system of auditing in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. The audits were seen to drive improvements in an effective and timely manner. The programme of audits included some of the following: infection prevention and control practices; environmental cleanliness; quality of the premises; and risk management
4. review of the home's staff roster and feedback from staff evidenced that staffing levels had been reviewed, including the provision of a wake in staff member on night duty

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

**FTC000172**

**Notice of failure to comply with regulation 29 (4)(b)(c) of the Residential Care Homes Regulations (Northern Ireland) 2005**

***Visits by registered provider***

***Regulation 29.-***

*(4) The person carrying out the visit shall –*

- b) inspect the premises of the home, its record of events and records of any complaints*
- c) prepare a written report on the conduct of the home.*

In relation to this notice the following four actions were required to comply with this regulation:



The applicant responsible individual must ensure that:

1. monthly monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Manager and/or Responsible Individual
2. that monthly monitoring reports evidence meaningful and timely review by the Manager
3. that monthly monitoring reports evidence consultation with residents and/or their representatives; and staff, so as to form an opinion of the standard of care provided within the home
4. that a copy of monthly monitoring reports is maintained within the home and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation.

Action taken by the registered persons:

Review of governance records evidenced the following in regard to the aforementioned actions:

1. the monthly monitoring reports were robustly and comprehensively completed in keeping with Regulation; the reports contained a time bound action plan outlining how areas for improvement were to be addressed. The manager had documented when these agreed actions were addressed
2. the manager recorded in the monitoring reports when any agreed actions were addressed. Examples such actions having been achieved was evident from observations made of the home's improved environment
3. there was good evidence consultation with residents and/or their representatives; and staff, so as to form an opinion of the standard of care provided within the home, in the reports
4. copies of the monthly monitoring reports were readily available within the home for review.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

### **5.2.1 What additional action has been taken to enhance care within the home?**

Positive interactions were observed between staff and the one resident in the home at the time of this inspection. The resident was observed to seek choice with staff for their lunch time meal and was socially engaged in their environment and interactions with staff.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Darren McQuoid, Regional Manager, Nicolae Ursarescu, Support Worker and the Responsible Individual (applicant) post inspection, as part of the inspection process and can be found in the main body of the report.



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