

# Inspection Report

## 8 November 2022



### 15 Main Street

**Type of service: Residential Care 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

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

## 1.0 Service information

<b>Organisation:</b> Praxis Care  <b>Responsible Individual:</b> Mrs Alyson Dunn	<b>Registered Manager:</b> Mrs Rebecca Stewart  <b>Date registered:</b> 19 April 2018
<b>Person in charge at the time of inspection:</b> Mrs Rebecca Stewart	<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. impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 2
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social 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 8 November 2022 from 10.10 am to 15.50 pm. The inspection was carried out by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Both residents looked well and said that they were satisfied with the level of care and support provided by staff.

Staff said that they feel well supported by the manager and enjoy working in 15 Main Street.

Areas requiring improvement were identified regarding storage areas and smoking waste disposal.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and how staff went about their work was observed.

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 manager at the conclusion of the inspection.

### 4.0 What people told us about the service

During the inspection both residents confirmed that they were satisfied with the level of care and support provided by staff. They said that the staff helps whenever they need assistance. The residents also said that staff members ask them what they would like to do and support them to achieve their goals.

Staff said that they were satisfied with staffing levels and communication. They said that the manager was very approachable, accessible and good at ensuring any concerns were sorted out.

Following the inspection one of the residents returned a completed questionnaire expressing their satisfaction with the service provided.

Several staff and one of the residents also responded to the on-line questionnaire; all the respondents indicated that they were satisfied/very satisfied that the care provided was safe, effective, compassionate and well led. Staff comments included that there was "fantastic management and great team to work with", "well run strong team of trained, knowledgeable and well supported staff" and "very person centred unit".

Comments received from residents and staff members were brought to the attention of the manager for information.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to 15 Main Street was undertaken on 7 February 2022 by a care inspector; no areas for improvement were identified.

## 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. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Staff completed mandatory training in a range of topics appropriate for their role including infection prevention and control (IPC), adult safeguarding, confidentiality and deprivation of liberty safeguards (DoLS).

Review of records provided assurances that all staff were registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said that their training needs were met, they were satisfied with staffing levels and teamwork was good.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the individual residents' needs, daily routines and preferences. Residents' care records were held safely and confidentially.

Review of care records evidenced that care plans were developed in consultation with the resident, their next of kin and their aligned key worker to direct staff on how to meet residents' needs. Any advice or directions by other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff. Residents' care records accurately reflected their needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

The manager confirmed that there was regular consultation with the multi-disciplinary team and that residents' needs were kept under regular review. Staff demonstrated their knowledge of how to manage and de-escalate challenging situations.

It was observed that staff respected residents' privacy by knocking on doors and seeking permission before entering their bedrooms.

Staff said that mealtimes were very relaxed and that efforts were made to ensure that the residents enjoyed their meals. The residents were encouraged to contribute to menu planning and food shopping. The recommendations of the speech and language therapist (SALT) were followed. The planned menus were varied. Staff encouraged and supported the residents to make healthy choices and to ensure fresh fruit and vegetables were incorporated into the mealtimes. Staff said that alternative choices were available if the residents changed their mind. Both residents said that they enjoyed their meals and helped to plan their weekly menus and shopping lists.

Residents' weights were monitored if required and records of their food and fluid intake were maintained.

Informative daily records were kept of how each resident spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was warm, clean and well maintained. Residents' bedrooms were personalised with items that were important to them. One resident's bedroom had been identified for redecoration; the manager said they were waiting on a date to be confirmed for this to be completed. The resident said he had been asked for his preferences regarding the décor. Hallways and fire exits were unimpeded. The home's fire risk assessment had recently been completed.

The communal hallway, kitchen and lounge were tidy, nicely decorated and uncluttered. The bathrooms were clean and tidy. Action was required to effectively clean the underside of wall mounted soap dispensers; this was brought to the attention of staff and was immediately sorted out.

Areas used for storage in the home were observed to need better organisation to ensure that clutter did not accumulate and that items were not left on the floor. Additionally, some items needed to be disposed of or moved to more appropriate storage areas. This was brought to the attention of the manager and some required actions were completed during the inspection. Review of storage areas and organisation of these was identified as an area for improvement.

There was no suitable receptacle at the rear of the property for smoking waste. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### 5.2.4 Quality of Life for Residents

Residents attend a local day centre on designated days. Discussion with the residents confirmed that they were consulted with as to how they spent their time and that staff made efforts to accommodate their wishes and support them in achieving their goals.

Staff said that it was important to them that the residents enjoyed planned activities and outings. The residents' needs were such that they generally preferred not to socialise or take part in activities together and staff were respectful of that when helping them to make plans.

Residents enjoyed a varied range of activities including gardening, going to the gym, a walking club, discos, shopping trips and playing pool and football. One resident said he really liked going to watch the waves at the seaside and that staff would regularly take him out for a drive so he could do that. Having a look around the shops and being able to buy drinks and snacks was also important to the resident and he said staff members were good at helping him and letting him decide what to do.

The lounge area was equipped with a TV for the residents use and they were free to spend time wherever they preferred to in the home.

Residents had recently enjoyed a birthday meal in a local restaurant and they also liked to have a take away meal occasionally.

Staff members were seen to treat the residents with respect and kindness and to speak to them in a friendly and appropriate manner.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Rebecca Stewart has been the registered manager of the home since 19 April 2018. Staff members 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 residents, care practices or the environment.

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

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 vulnerable adults.

Residents said that they knew how to report any concerns and were confident that the staff would help sort these out.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. The manager said that complaints were seen as an opportunity to for the team to learn and improve.

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 with action plans included where required.

The home's annual review report provided a comprehensive overview of all aspects of the operation of the home over the last year and included consultation with residents, staff and relatives. A Covid-19 contingency plan was included within the home's current continuity management plan.

Staff commented positively about the manager and described her as "great and really supportive". A staff member said the manager was approachable and they could talk to her about anything.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2021).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Rebecca Stewart, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that storage areas are well organised and maintained in a tidy condition. Items should be stored appropriately and/or disposed of if no longer required.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Storage areas have been re-organised and are monitored by staff and manager to ensure they remain tidy(now included in cleaning schedule). Where items are no longer required, they are disposed of in a timely manner.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 8 December 2022	<p>The registered person shall ensure that a suitable receptacle is provided, in a suitable location at the rear of the home, for the appropriate disposal of cigarette waste in order that the grounds are maintained in a clean and tidy manner.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Cigarette bin has been installed at the rear of the house to allow suitable disposal of cigarettes. Daily prompt has been added to the cleaning schedule to ensure the back door is maintained in a clean and tidy manner.</p>

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





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