

Inspection Report

28 November 2021



15 Main Street

Type of service: Residential
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Mr Greer Wilson (Applicant)	Registered Manager: Mrs Rebecca Stewart Date registered: 19 April 2018
Person in charge at the time of inspection: Mr Mark Carlisle, support worker	Number of registered places: 3
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 1
Brief description of the accommodation/how the service operates: 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

This unannounced inspection took place on 28 November 2021, from 10.00am to 1.30pm by a care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to infection prevention and control (IPC) practices within the home; the management of risk; fire safety practices; water safety arrangements; staffing arrangements; and the completion of monthly monitoring visits/reports which were insufficiently robust in identifying deficits and driving improvement.

Given the concerns raised a meeting was held on 29 November 2021 with the intention to issue four failure to comply notices under the Residential Care Homes Regulations (Northern Ireland) 2005, in relation to infection prevention and control practices (Regulation 13 (7)); risk management; fire safety practices and water safety arrangements (Regulation 14); staffing arrangements (Regulation 20 (1)(a)); and the completion of monthly monitoring visits/reports (Regulation 29 (4)(b)(c)).

The meeting was attended by Mr Greer Wilson, the responsible individual and Mrs Rebecca Stewart, manager, Mr James Laverty senior inspector and Mr John McAuley, inspector.

At this meeting the responsible persons discussed the actions they had taken since the inspection to address these shortfalls. An action plan was also provided confirming how these deficits would be managed in a sustained manner.

Prior to the meeting the RI provided details of the actions they had already taken to address the concerns raised. These actions were discussed at the meeting. RQIA did not receive necessary assurances in regard to the identified IPC deficits having been effectively addressed in a sustained manner; RQIA was also not assured that those deficits in regard to staffing arrangements or the robust completion of monthly monitoring visits/reports had been implemented in a sustained manner so as to drive ongoing improvements within the home. It was therefore decided that three failure to comply notices would be issued under Regulation 13 (7), Regulation 20(1)(a) and Regulation 29 (4)(b)(c).

At the meeting RQIA received assurances that necessary action had been taken in relation to risk management arrangements, fire safety practices and water safety arrangements. It was decided that a failure to comply notice would not be issued under Regulation 14.

Actions identified to ensure compliance are included in the failure to comply notices. Compliance must be achieved by 9 February 2022.

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.

The findings of this report will provide the management team 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.

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 and 'Tell Us' cards 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. No responses were received from these questionnaires.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine whether effective systems were in place to manage the home.

The findings of the inspection were discussed with the support worker in charge at the conclusion of the inspection; these findings were also discussed with the manager and responsible individual following the inspection.

4.0 What people told us about the service

The one resident in the home at the time of this inspection indicated they felt fine and staff were observed to be kind and supportive towards the resident.

Staff spoke positively about the care provided in the home describing the care as good; staff also spoke positively about the sense of team work in the home.

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 24 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 24 (4) (d) (i) Stated: First time	The registered person shall ensure the following that suitable hold open devices, linked to the fire alarm, are fitted to internal doors, where necessary.	Met
	Action taken as confirmed during the inspection: A hold open device had been installed to the kitchen door but this door was also wedged open at the time of the inspection thus making the safety of the door ineffective. A new area of improvement was made in regard to fire safety.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that any action identified in the report of the visit by the registered provider is carried across to the next report so that it can be confirmed as correctly addressed.	Met
	Action taken as confirmed during the inspection: These reports contained this information. However, deficits were noted as to the overall robustness of these visits/reports; this shortfall has been subsumed into a Failure to Comply Notice.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure that staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform while courses with practical elements were delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

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

Confirmation was received from the manager following this inspection that competency and capability assessments were in place for both staff on duty during the inspection to assume charge of the home in the manager's absence.

An area of improvement was identified with the night duty staffing levels in that the current arrangements did not adequately meet the current assessed needs of residents. The residents were assessed as requiring residential care so as such, there should be awake staff overnight. Added to this one resident had assessed needs of challenging behaviours with episodes of being awake during night duty. Overnight staffing arrangements were discussed with the RI during the meeting on 29 November 2021; the RI agreed to implement arrangements for the immediate provision of wakened staff overnight with immediate effect.

Given that this had yet to be fully implemented RQIA were not sufficiently assured that overnight staffing arrangements were being consistently maintained. A failure to comply notice was issued under Regulation 20 (1)(a). The responsible individual agreed to ensure that RQIA are kept regularly updated on their progress in relation to overnight staffing arrangements. The working pattern of the manager and their presence within the home is discussed in Section 5.2.5.

Staff said there was good team work and that they felt well supported in their role with good communication between staff and management .

The staff duty rota did not contain the full names of staff, the actual times of duty and indication of who was in charge. It was also noted that the manager did not consistently record the dates/times of being present within the home. This would not be in accordance with the Residential Care Homes Minimum Standards (DHPSSNI ; 2011). This has been identified as an area of improvement.

In accordance with their capability the one resident in the home at the time of this inspection told us that they were satisfied with their life in the home and their relationship with staff.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their pre admission to the home. During this stage, care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Any advice or directions by other healthcare professionals was included in the assessment and care plans.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Residents' care records were held safely and confidentially.

There was a choice of meals offered and facilitated in a manner which aided residents' understanding.

Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced serious concerns in regard to infection prevention and control practices. Observation of the environment highlight several areas which were visibly unclean and in a significant state of disrepair.

There were also areas of excessive cluttering in parts of the lounges, a bathroom and residents' bedrooms, as well as disorganized storage in a clothes store and bathroom. While residents' bedrooms were personalised, they were noted to be excessively untidy and lacked comfort in terms of their overall state of disorganisation. The communal lounge had a settee and floor mat which was dirty. Discussion with staff provided a lack of assurance that a meaningful cleaning schedule was in place; it was also disappointing that while one of the residents was out of the home at the time of the inspection, staff had not made any efforts to clean and/or tidy the resident's bedroom.

The overall state of disrepair and lack of effective infection prevention and control practices was discussed with the RI during the meeting on 29 November 2021; the RI acknowledged that the scope and seriousness of the shortfalls required urgent attention. The RI agreed to implement a plan of works to address the identified shortfalls within the environment of the home. Confirmation was received from the RI that this programme of work had commenced the following week.

Given that this plan of works had yet to be fully implemented, RQIA were not sufficiently assured that IPC practices and the overall quality of the environment had been effectively and consistently maintained. A failure to comply notice was issued under Regulation 13(7). The responsible individual agreed to ensure that RQIA are kept regularly updated on their progress in relation to remedial works to the environment of the home.

Review of water safety records following the inspection also evidenced that an identified bath observed at the inspection, was “full of clothes” on 19 September 2021, 10 and 24 October 2021 rendering staff unable to conduct water safety checks or take effective measures to ensure water safety.

In addition, RQIA was concerned that there were significant deficits in relation to the management of risks to residents within the home. Observation of the environment and feedback from staff evidenced that an identified resident’s bedroom window had been broken on 22 November 2021 and not been effectively repaired so as to ensure the safety and wellbeing of the resident. RQIA is particularly concerned that interim repairs to the window were only carried out on the day of inspection at the request of the inspector. Since this inspection the manager has been liaising with the Health and Social Care Trust with reviewing this resident’s placement so as to ensure their assessed needs can be safety and effectively met.

Shortfalls were also noted in regard to fire safety practices within the home; for example, an identified fire door had been wedged open by staff and a bath was being used to inappropriately store an excessive amount of miscellaneous and combustible items. It was also noted that while the home’s most recent fire safety risk assessment (dated 22 September 2021) was available, there was no corresponding evidence to confirm that five recommendations made from this assessment had been addressed. Confirmation of the actions taken was received from the manager following this inspection and shared with the estates inspector. An area for improvement was made in this regard. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

These deficits in regard to fire safety practices, water safety arrangements and risk management were discussed with the RI at the meeting on 29 November 2021; RQIA were assured that actions had been taken and were planned to manage these shortfalls in an effective and sustained manner. An area for improvement was made.

The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

An area for improvement was identified in that there was not 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. Assurances were received following this inspection that PHA advice has been sought.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff reported that the challenging behaviours of one resident in the home were having a negative impact on the comfort and well-being of the other resident. They said that they knew that management were seeking resolution to this situation. Confirmation was received following this inspection, from the manager, of the contact they had made with the aligned Health and Social Care Trust regarding this matter.

The one resident in the home at the time of this inspection spent some time in the communal lounge and then in their bedroom listening to music. Staff said that they would be taking this resident out later in the afternoon for a drive to Millisle, which the resident enjoyed.

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements in the home since the last inspection. Mrs Rebecca Stewart has been the registered manager of the home since 19 April 2018.

Feedback from the manager on 30 November 2021 evidenced that they were last on duty within the home on 22 November 2021. In light of this and the other deficits in governance identified at the inspection, RQIA was concerned that the manager may not be in full time, day to day operational charge of the home. This was discussed with the RI at the meeting on 29 November 2021; the RI acknowledged that the manager's presence within the home needed to be improved in order to ensure that she maintained meaningful and effective oversight of the service. Given that this arrangement has not yet been implemented in a sustained manner, a failure to comply notice was issued under Regulation 20(1)(a).

Given the concerns identified on inspection, staff were requested to contact the on-call manager; however, it became clear that staff were unsure as to who this was. An area for improvement was made.

Monthly monitoring reports were available on inspection; however, review of a sample of these highlighted that they were not robustly completed so as to identify deficits and drive the necessary improvements within the home. This deficit was also discussed with the RI at the meeting on 29 November 2021; the RI acknowledged that a number of deficits noted on inspection should have been escalated to him prior to the inspection by means of the monthly monitoring reports. The RI stated that as a consequence of this, plans were in place to review the manner in which monthly monitoring reports were completed and escalated to the responsible individual. Given that these plans have not yet been embedded into practice, a failure to comply notice was issued under Regulation 29 (4)(b)(c).

A system of quality assurance audits was in place in the home to help the manger monitor care delivery. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. Based on the inspection findings and following a meeting in RQIA on 29 November 2021, three failure to comply notices under Regulation 13 (7); Regulation 20(1)(a) and Regulation 29 (4)(b)(c) were issued with the date of compliance to be achieved by 9 February 2022. One failure to comply notice was not issued under Regulation 14 due to assurances received from the responsible individual.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Mark Carlisle, support worker at the conclusion of this inspection and Mrs Rebecca Stewart, manager, on 29 November 2021, following this inspection. 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(4)(d)(i)</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2021</p>	<p>The registered person must ensure that the practice of wedging fire safety doors open ceases.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Door wedge has been removed and communication to the entire staff team advising this is unacceptable practice. Manager audits compliance when in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2021</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Praxis Care have commissioned and are setting up a completely new reactive maintenance recording system across all jurisdictions we operate in. This will be operational across the organisation (after an initial trial period) from Q2 2022. We are currently organising training for all managers on the new system. The system is an online reporting system. Each service manager will have the "Fixflo" app on their phone and will be able to log and record all reactive maintenance issues. These will then automatically be flagged to the property division and allocated to a contractor for completion. The progress and costing for each job can be monitored throughout the process from when it was first flagged to completion. In the interim the scheme manager and staff will contact one of three nominated contractors in the event of a fault or repair. Response to the call will be time dependent based on the level of risk posed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2021</p>	<p>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.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Action plan in place, outstanding item to complete recommended works identified in 5 year mains wire testing is scheduled to be completed January 2022.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 29 November 2021	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The rota contains the full name of each staff member. Times of shifts are recorded in a key situated in the footer of the document. The rota has been amended to include the times manager has been present in the home.
Area for improvement 2 Ref: Standard 35.1 Stated: First time To be completed by: 29 November 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: Advice and guidance has been sought from PHA regarding service users leaving the home of agreed periods of leave. Where government guidance changes staff will seek further clarification regarding this matter from PHA.
Area for improvement 3 Ref: Standard 20.1 Stated: First time To be completed by: 29 November 2021	The registered person shall ensure that a clear system is in place regarding on-call arrangements for staff. Ref: 5.2.5
	Response by registered person detailing the actions taken: On call rota, is printed and filed as soon as updated version is received. In addition the up to date oncall rota is accessible in the shared drive on the computer.

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



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