

Unannounced Care Inspection Report 1 December 2016



24 Pettigo Road

Type of service: Residential Care Home
Address: 24 Pettigo Road, Kesh, BT93 1QX
Tel No: 028 6863 3132
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 24 Pettigo Road took place on 1 December 2016 from 10.15 to 15.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified. A recommendation was made that:

- Windowsills are varnished
- Identified items of furniture are varnished
- In communal bathroom areas, continence products for residents and gloves for staff are stored in enclosed washable cabinets

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nicole West, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 May 2016.

2.0 Service details

Registered organisation/registered person: Praxis Care Group	Registered manager: Nicole West (acting)
Person in charge of the home at the time of inspection: Nicole West	Date manager registered: Awaiting application, not yet submitted
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with five residents, two relatives, two support workers, one team leader and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff training records
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings

- Audits of care records; accidents and incidents, complaints, environment,
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of eight questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 26 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 26 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 26 August 2016	The registered person should ensure that the policy on adult safeguarding is reviewed to reflect the current regional guidance. Action taken as confirmed during the inspection: A review of the policy on adult safeguarding confirmed that it was reviewed on 22 July 2016 and reflects the current regional guidance.	Met

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

The acting manager acknowledged that they had recently been reliant on using agency staff on a regular basis to ensure the complete staff compliment. The acting manager confirmed that they source the same agency staff to ensure consistency for the residents. The acting manager

also confirmed that they are currently undertaking a recruitment drive to secure permanent staff for the home.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records was undertaken at the last inspection. Discussion with the acting manager and staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff members was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the last inspection. The acting manager confirmed that staff appraisals and staff supervision was maintained on an up to date basis. A schedule for mandatory training was in place and was found to be satisfactory.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the acting manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

A copy of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The acting manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The acting manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The acting manager confirmed there were also risk management policy and procedures in place relating to the home. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety. The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathroom areas in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

It was noted, however, that some items of furniture and windowsills required varnishing. In addition, in communal bathroom areas, continence products for residents' pads and gloves for staff need to be stored in enclosed washable cabinets in communal bathroom areas. A recommendation was made to address these issues.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 25 April 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed in September 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Areas for improvement

One area for improvement was identified. A recommendation was made that:

- Windowsills are varnished
- Identified items of furniture are varnished
- In communal bathroom areas, continence products for residents and gloves for staff are stored in enclosed washable cabinets

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. In one care record it was noted where the resident often writes their own daily notes facilitated by staff members.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of finances, medication, health and safety, staff files, care records and accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The acting manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Care records contained end of life care plans. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans were in place in easy read picture format.

The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Care records contained evidence of such consents. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, care management reviews, residents' meetings and the monthly monitoring visits by the registered provider.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained evidence that a resident was supported and assisted to go to Spain on their holidays. Robust risk assessments were in place to manage this.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff confirmed that friends and family were always made welcome to the home. Two residents are accompanied by staff members on a one to two weekly basis to visit their families who reside a long distance away. Another resident uses skype to communicate with a close relative each week.

Comments made by staff during the inspection included:

- “The manager is very supportive.
- “The staff are very supportive, I have always felt comfortable to ask for assistance. When I am on shift there is adequate staff on duty. The residents’ needs are met, there is time to spend with residents, we can sit down and interact and do activities. There is good communication among the staff team.”
- “There is a good standard of care provided and plenty of activities for the residents. There is always enough staff on duty. Nicole (manager) is very approachable, any issues would be addressed. This is a good home for the residents; they have a good quality of life.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were stored electronically and the acting manager confirmed that all staff member have access to this system. A number of policies were available in hard copy also. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was discussed monthly at each team meeting to identify issues and improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was an organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the acting manager identified that they had understanding of their role and responsibilities under the legislation. The acting manager confirmed that the registered provider

was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicole West, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 27.1

Stated: First time

To be completed by:
1 January 2017

The registered provider should ensure that:

- Windowsills are varnished
- Identified items of furniture are varnished
- Contenance products for residents and gloves for staff are stored in enclosed washable cabinets in communal bathroom areas.

Response by registered provider detailing the actions taken:

Maintenance Worker has been allocated with addressing the above recommendations.

Replacement furniture has been identified for relevant bedrooms.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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