

# Unannounced Care Inspection Report 8 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](http://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 8 December 2016 from 22:30 to 01:30.

The inspection was undertaken in response to whistleblowing information received by RQIA from an individual who described themselves as a member of staff. The individual raised concerns about staffing arrangements in residential care home. The individual reported that there was only one member of staff on duty overnight in the home on 4 December 2016.

Concern was also raised about the staffing arrangements and care practices in the neighbouring supported living facility which is also operated by Praxis Care Group. An unannounced inspection of the supported living facility was also undertaken simultaneously on 8 December 2016 and is reported on separately.

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
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

Brief feedback regarding the outcome of the inspection was provided to Mark Mc Nally, team leader following the inspection. The areas of concern identified during the inspection were discussed in detail with Nicole West, acting manager and Rosemary Doherty, assistant director, Praxis, by telephone on 9 December 2016.

A serious concerns meeting was convened on 19 December 2016, at the offices of RQIA, to address concerns about the staffing arrangements for the home. A satisfactory action plan was provided by the home outlining their arrangements to address this area of concern. The acting manager is required to submit to RQIA; the worked duty rosters on a weekly basis along with the monthly monitoring reports.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nicole West, acting manager and Andrew Mayhew, registered person during a meeting at RQIA offices on 19 December 2016. The timescales for completion commence from the date of 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 1 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group: Andrew Mayhew	<b>Registered manager:</b> Nicole West (acting)
<b>Person in charge of the home at the time of inspection:</b> Mark McNally, senior care assistant	<b>Date manager registered:</b> Nicole West – application pending
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 8

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and quality improvement plan, accident and incident notifications and all other contacts with RQIA.

During the inspection the inspector met with one resident and three care staff.

The following records were examined during the inspection:

- Staff duty rota
- One resident's care file
- The daily entries for eight residents since 1 December 2016
- Records of the nightly checks undertaken in the home
- Staff communication book.
- Accident/incident/notifiable events register

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection Dated 1 December 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 1 December 2016. This report was issued to the home on 16 December 2016. This QIP will be validated by the care inspector at the next inspection.

## 4.2 Review of requirements and recommendations from the last care inspection

Dated 1 December 2016

Last care inspection statutory recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2017</p>	<p>The registered provider should ensure that:</p> <ul style="list-style-type: none"> <li>• Windowsills are varnished</li> <li>• Identified items of furniture are varnished</li> <li>• Continence products for residents and gloves for staff are stored in enclosed washable cabinets in communal bathroom areas.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> This was not reviewed at this inspection. This recommendation will be carried forward for review at the next inspection.</p>	<p><b>Carried forward to next inspection</b></p>

## 4.3 Inspection findings

### Staffing arrangements

On the night of the inspection the following staff members were on duty:

- 1x team leader for sleepover shift
- 1x care assistant until 11pm
- 1x care assistant for wakened night shift 11pm-8am.

During the inspection the duty roster was examined. The rota confirmed that on the 4 December 2016 there was only one staff member on duty overnight in the home for seven residents. An agency staff member had not reported for duty.

It was recorded on one residents risk assessment where two staff members were needed in specific situations. Therefore on 4 December staffing levels had fallen below the adequate number to meet the assessed needs of the service users.

In addition the four hourly night checks for four residents were not completed. A general recording of "slept well" was entered on care records. A requirement was made to ensure that adequate staff are working in the home in such numbers as to meet the assessed needs of the residents.

Staff did not contact the Praxis on call management service to report this situation. Following discussion with senior management at Praxis regarding the on call management service it was explained that this is not a service for support in relation to staffing issues. Such governance arrangements were concerning as staff had no means of support in regard to the management of staffing concerns and staffing falling levels falling below a safe and effective level. A requirement was made to ensure that adequate on call management arrangements are in place to support staff on duty in the home.

Discussion with the staff on duty in the home confirmed that there were staffing pressures in the home due to staff sickness, the unavailability of staff and a reliance on agency staff. There was daily use of agency staff for cover on wakened nights shift both on a regular and ongoing basis for the identified 4 weeks off duty.

One staff member reported that they were confident this would be resolved. The staff on duty also reported that generally the residents do not get up during the night and if they did, they were easily assisted. The staff confirmed that a shift handover takes place and staff members use a communication book to ensure information regarding the residents is passed on.

Discussion with the agency staff member confirmed that they received an induction when they commenced work at the home. This staff member was able to provide details in regard to the induction. The agency staff member advised that they were never on shift on their own and the team leader was readily available. Observation of care practices confirmed that this staff member was knowledgeable of the routines in the home. This staff member commented:

- “The staff and residents are very friendly. The residents are all really good sleepers. There is always a team leader on shift with an agency worker.”

Discussion with the team leader confirmed that they were knowledgeable of the needs of the residents. The team leader reported that the team leader was the person in charge on the shift and that they had completed a competency and capability assessment. The team leader confirmed that they found the manager to be very approachable and would be confident that any concerns would be addressed.

A review of the duty rota confirmed that it accurately reflected the staff on duty in the home at the time of the inspection. However there was no consistency of shift patterns outlined on the duty roster therefore staffing levels were difficult to determine.

It was also noted that staff members were working excessive hours. It was identified from the duty roster where three individual staff members were working for extensive periods without a break. Discussion took place with the acting manager on 9 December 2016 regarding the hours worked by one identified team leader. The acting manager provided an assurance that action was taken to address this particular area of concern on 9 December 2016.

A review of the accidents and incidents records confirmed that these were appropriately managed. However RQIA were not notified that there were insufficient staffing arrangements in place on 4 December 2016 to ensure the care, health, welfare or safety of residents in the home. A requirement was made in this regard.

At the serious concerns meeting, undertaken on 19 December 2016, a full account of the actions undertaken and arrangements made by Praxis to ensure the minimum improvements necessary to achieve compliance with the standards was identified.

The acting manager is required to submit to RQIA; the worked duty rosters on a weekly basis along with the monthly monitoring reports.

### **Areas for improvement**

Three areas for improvement were identified during the inspection. Requirements were made in relation to staffing levels, on call management arrangements and ensuring RQIA are informed of any untoward events.

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Brief feedback regarding the outcome of the inspection was provided to Mark Mc Nally, team leader following the inspection. The areas of concern identified during the inspection were discussed in detail with Nicole West, acting manager and Rosemary Doherty, assistant director, Praxis, by telephone on 9 December 2016.

Details of the QIP were discussed with Nicole West, acting manager and Mr Andrew Mayhew, registered person during a meeting at RQIA offices on 19 December 2016. 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](mailto: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

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 December 2016</p>	<p>The registered provider must ensure that adequate staff are working in the home in such numbers as to meet the assessed needs of the residents.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Weekly rota is being submitted to RQIA on an ongoing basis. The revised layout of the rota clearly identifies minimum staffing requirements for safe practice for each shift.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 December 2016</p>	<p>The registered provider must ensure that adequate on call management arrangements are in place to support staff on duty in the home.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> All staff are aware that out of hours consultation service is to be used in the event of changes to staffing levels.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 December 2016</p>	<p>The registered provider must ensure that RQIA are informed of any event which adversely affects the care, health, welfare or safety of any resident.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Staff have been made aware that an Untoward Event form must be forwarded promptly to RQIA if staffing levels fall below minimum requirements.</p>

	<b>This recommendation was carried forward for review from the inspection dated 1 December 2016</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2017	<p>The registered provider should ensure that:</p> <ul style="list-style-type: none"> <li>• Windowsills are varnished</li> <li>• Identified items of furniture are varnished</li> <li>• Contenance products for residents and gloves for staff are stored in enclosed washable cabinets in communal bathroom areas.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b>  Windowsills have been varnished. Bedroom furniture varnished/replaced.  Furniture has been ordered - delivery pending.  Contenance products stored in the bathroom cupboard.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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