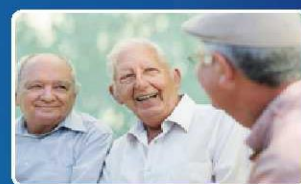




The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 10 January 2019



## 24 Pettigo Road

**Type of Service: Residential Care Home**  
**Address: 24 Pettigo Road, Letterkeen, Kesh, BT93 1QX**  
**Tel No: 02868633132**  
**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with eight beds which provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group/Challenge  <b>Responsible Individual:</b> Andrew James Mayhew	<b>Registered Manager:</b> Beverley Delap
<b>Person in charge at the time of inspection:</b> Beverley Delap	<b>Date manager registered:</b> 18 December 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 8  LD and LD(E) with associated physical disability

### 4.0 Inspection summary

An unannounced care inspection took place on 10 January 2019 from 10.45 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication between the staff and the residents, the management of accidents and incidents and recruitment practices.

One area requiring improvement was identified in regards to the need to review the staffing levels for the home.

Residents said that they were very happy in the home and that the staff were very good to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Beverley Delap, registered 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, four residents and four staff.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- induction programme for new staff
- staff competency and capability assessments
- staff training schedule and training records
- two staff recruitment files
- three residents' care files
- the home's Statement of Purpose and Resident's Guide
- minutes of staff meetings
- complaints and compliments records
- accident, incident, notifiable event records
- reports of visits by the registered provider
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 May 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 25 May 2018

Areas for improvement from the last care inspection		
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 (2) (I) <b>Stated:</b> First time	The registered person shall ensure that confidential documents stored within one room on the first floor are removed and placed within a safe, secure area in keeping with General Data Protection Regulation (GDPR – 25 May 2018)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the confidential documents stored within one room on the first floor were removed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time	The registered person shall ensure improvement is made in regard to the environment; <ul style="list-style-type: none"> <li>• Fire panel cover</li> <li>• Damaged sofa in the sitting room</li> <li>• Damaged curtain pole in one bedroom</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment identified that the above matters were addressed.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 29 (4) (c) <b>Stated:</b> First time	The registered person shall ensure that monthly visit reports are fully completed and ensure that issues which require to be addressed are not allowed to roll from month to month.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records of these visits were reviewed and confirmed that detailed reports were maintained. Issues identified in action plans were addressed and signed off, when completed.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	The registered person shall ensure that the odour in one identified bedroom is addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On the day of the inspection there was no malodour present in the home.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	The registered person shall ensure that the registered manager has oversight of the recruitment process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of two staff files identified that there was a recruitment checklist in place which confirmed that the registered manager has oversight of the recruitment process.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that the staff duty roster reflects the capacity / grade of staff on duty and the person in charge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the duty roster confirmed that it reflected the capacity/grade of staff on duty and the person in charge.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time	The registered person shall ensure that the action plan to address recommendations within the Fire Risk Assessment is recorded, dated and signed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the fire risk assessment confirmed that the recommendations in the action plan were signed off, when completed.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 27.11 <b>Stated:</b> First time	The registered person shall ensure that the office on the first floor is returned to a bedroom alternatively a variation is to be submitted to RQIA regarding the change in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the office on the first floor was returned to a bedroom.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 17.15 <b>Stated:</b> First time	The registered person shall ensure that the lesson learned from one complaint received is documented within the complaint record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the record of complaints confirmed that lessons learnt were recorded.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. A review of the duty rota confirmed that it accurately reflected the staff working within the home.



No concerns were raised regarding staffing levels during discussion with residents. However concern was raised by staff in relation to the staffing levels in the afternoon/evening time. Staff reported that this is a very busy time when the residents return home from day care. In addition one particular resident, who is experiencing difficulties, requires significant support from staff at this time and this can affect the other residents and their ability to undertake activities. This was identified as an area for improvement to ensure the staffing levels are reviewed.

Discussion with the registered 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 was regularly provided. Schedules of training were reviewed during the inspection and found to be satisfactory.

Discussion with the registered manager 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. Two staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised 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. An inspection of two staff files identified that there was a recruitment checklist in place which confirmed that the registered manager has oversight of the recruitment process.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.



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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (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 throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. They confirmed that 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted where improvements have been undertaken in the home for example some areas were repainted, new curtains were in place and overall the standard of cleanliness was improved. The registered manager advised that she has identified a plan for further improvement work to the environment. This is to be commended.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There are plans in place to develop a garden project later in the year. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The registered manager was given advice regarding a system to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 4 May 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. The registered manager was aware that some staff had not participated in a recent fire drill and had a plan in place to address this.

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.

Residents and staff spoken with during the inspection made the following comments:

- "I feel safe in here." (resident)
- "Staffing can be tight in the afternoons. We could do with an extra member of staff member when the residents come home from day care." (staff)

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with staffing as very satisfied.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified to undertake a review of the staffing levels in the afternoon/evening.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

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.

It was noted on one care record that a risk assessment for the management of seizures was in place but there was no care plan to direct and inform staff on care delivery. This was discussed with the registered manager who advised that they were awaiting an assessment from the relevant professional in relation to this. The need for an interim care plan in regards to the management of seizures was discussed and the registered manager completed this care plan during the inspection.

The care records also reflected any multi-professional input into the residents’ health and social care needs 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. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Observation of lunch and discussion with the staff confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services of the local health and social care trust.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Residents and staff spoken with during the inspection made the following comments:

- "The staff are all very good to me." (resident)
- I know the residents well therefore I can predict certain behaviours. The care provided here is all about the residents." (staff)
- "This is a good staff team. We all get on well and work well together. There is good communication among the team, we have shift handovers at the start of each shift and we use a communication book for staff." (staff)

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with the delivery of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager advised 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.

The registered manager and the residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and the residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

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.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The staff and residents talked about the baking which they complete together on Saturday afternoons. On the day of the inspection some of the residents were planning on going out to the cinema. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- "The staff will have a cake for me for my birthday." (resident)
- "I am very happy here. We all make chocolate cake." (resident)
- "I like it here." (resident)
- "I think the care provided here is very good. I am really happy working here. We have some in house activities such as bingo and baking. The residents really love baking. We are going to the cinema this evening." (staff)

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

## Areas of good practice

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear 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. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “Beverley is a great manager; she is very approachable, cares for and is concerned about her staff.” (staff)
- “Beverley is approachable and I would be confident if I raised any issues that they would be actioned.” (staff)

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Beverley Delap, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2019</p>	<p>The registered person shall ensure that the staffing levels are reviewed in the afternoon/evening time.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>As currently no service users are funded on an individual basis the minimum staffing levels for the evening shift are one team leader and two support workers for six service users , this staffing compliment is reflective of the minimum safe staffing levels .</p> <p>Crossover of shift patterns allows for additional staff to be available at busier times 3pm - 4pm</p> <p>Team Leader can remain on the floor during busier periods (4pm-7pm) to ensure that needs of service users are being adequately met.</p>



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