

Inspection Report

23 September 2021



24 Pettigo Road

Type of service: Residential Care Home
Address: 24 Pettigo Road,
Letterkeen, Kesh,
BT93 1QX
Telephone number: 028 6863 3132

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Praxis Care Group / Challenge Responsible Individual: Mr Greer Wilson	Registered Manager: Miss Emer McMulkin – not registered
Person in charge at the time of inspection: Miss Emer McMulkin	Number of registered places: 8 LD and LD (E) with associated physical disability.
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: 6
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 eight residents. The home is a two storey building with residents bedrooms located over two floors. Residents have access to a lounge, dining room, a conservatory and garden.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2021, from 10.05 am to 2.35 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in 24 Pettigo Road and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection staff were asked for their opinion on the quality of the care; and their experience of working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

There were two residents in the home at the beginning of the inspection. All other residents were out at day care. During the inspection a further resident attended day care. The remaining resident appeared relaxed and comfortable in their surroundings and in their interactions with staff. Four questionnaires were returned which did not indicate if they were from a resident or a relative. The respondents were very satisfied with the overall provision of care.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One response from a staff member was received from the online survey. The respondent was satisfied with the overall provision of care.

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 17 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 30 Stated: First time	The registered person shall ensure all notifiable events are reported to RQIA. This is in relation to medicines management.	Met
	Action taken as confirmed during the inspection: Review of accident/incident records and notifications reported to RQIA evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure arrangements are in place to minimise the risk of infection. This is in relation to an open packet of gloves in a bathroom and toilet roll placed on a toilet cistern.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: Second time	The registered person shall ensure that the following matters are addressed: <ul style="list-style-type: none"> • areas of rust on a raised toilet seat, • rust observed on a radiator • a shower chair was rusted and unclean. 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	

Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure auditing of all working practices in the home is completed. This is in relation to completion of nutrition and wound audits.	Met
	Action taken as confirmed during the inspection: Review of a sample of audits and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure care plans are completed and up to date. This is in relation to care plans for continence, personal care and oral hygiene which were not in place for all residents who required them or were not up to date and accurate.	Met
	Action taken as confirmed during the inspection: Review of a sample of care plans and discussion with the manager evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding to enable them to carry out their roles and responsibilities effectively.

Training records evidenced that care staff had completed relevant training on the Department of Health's (DoH's) Mental Capacity Act (MCA) (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS). However, domestic staff had not completed this training. This was discussed with the manager and an area for improvement was identified to ensure that all staff complete DoLS training.

The inspector requested two of the most recent staff recruitment files. The manager advised that these records are held by the human resource department for the company. We discussed the importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed and an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff duty rotas evidenced that there were a number of occasions when staffing levels were not adhered to due to late notice absenteeism. The manager advised that recruitment for suitably skilled staff was ongoing to enhance the availability of staff and that agency staff had been block booked to ensure a full complement of staff. It was further identified that a number of abbreviations were used to indicate staff hours, however, there were no codes to signify what they represented and the inspector was therefore unclear of the hours worked. This was discussed with the manager and an area for improvement was identified.

Staff reported that there was good team work, they felt well supported in their role, and whilst they were short staffed on occasions, overall they were satisfied with the staffing levels and with the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

The manager said that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to respond to requests for assistance in a caring and compassionate manner and demonstrated a detailed knowledge of residents' wishes, preferences, how to meet residents' assessed needs and how to provide comfort if required.

The manager advised that resident's bedroom doors were locked when unoccupied to prevent other residents from entering and removing personal belongings and that this had been discussed with the resident, their representative and care manager within the commissioning Trust. The inspector requested the manager to review all residents care records to ensure that that relevant care plans have been implemented. Following the inspection the manager provided written confirmation that relevant care plans had been updated.

A daily menu was displayed within the dining room. The manager described how staff were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was documented throughout residents' care plans.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed with the manager and amended prior to the completion of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy with residents' bedrooms found to be personalised with items of memorabilia and special interests. However, not all areas of the home were maintained to an acceptable standard with surface damage evident to identified window ledges, floor coverings, an armchair, bedroom furniture, walls, and an identified door. This was discussed in detail with the manager and an area for improvement was identified.

A malodour was evident on entering the conservatory and on examination of the suite of furniture there were stains identified. It was further identified that throughout the home high and low level dusting had not been effectively completed and the inside of an identified bathroom cupboard was stained. The importance of maintaining the cleanliness of the home was discussed with the manager as an area for improvement.

A number of unnecessary risks to residents were identified within the environment and brought to the immediate attention of the manager. For example, a razor was observed unsecured and accessible by residents within an unlocked bathroom cupboard; the floor covering within an identified resident's bedroom was uneven and door saddles at the entrance/exit of bedroom doors and the kitchen were raised creating a potential tripping hazard. This was discussed in detail with the manager and identified as an area for improvement.

Corridors and fire exits were clear from clutter and obstruction. However, a fire door within a corridor on the first floor was unable to effectively close. This was discussed with the manager and an area for improvement was identified. Following the inspection the manager provided written confirmation that the identified fire door had been repaired.

An inspection of the home's most recent fire risk assessment was undertaken. There were two recommendations made as a result of this assessment. The actions had not been signed to state whether or not they had been addressed. Following the inspection written confirmation was received from the manager that these actions had been addressed.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and completed a health declaration on arrival. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. The manager was not aware of the updated COVID-19 visiting guidance regarding the recommended lateral flow testing of asymptomatic visitors. The inspector requested the manager to review the most recent COVID-19 guidance and to implement where necessary. This was identified as an area for improvement.

IPC practice and measures were not effectively managed in accordance with best practice guidelines. One staff member was observed wearing nail polish and staff were observed wearing long sleeve tops which would inhibit effective hand hygiene. It was further identified

that the staff sleep over facilities were not appropriate to maintain IPC with bedding such as pillows and duvet not able to be wiped clean between staff use. Further discussions with the manager also identified that staff were not changing their clothing on entering or leaving the home to reduce the risk of infection. IPC deficits were discussed in detail with the manager and an area for improvement was identified.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis but acknowledged that cleaning schedules needed to be updated to include regular deep cleaning and high and low level dusting. Following the inspection the manager provided written confirmation that cleaning schedules had been appropriately updated.

5.2.4 Quality of Life for Residents

Arrangements were in place for residents to maintain links with the community, their friends and families. During the inspection the majority of residents were out at day care. Observation and discussion with staff confirmed that residents were able to choose how they spent their day. For example, residents could go outside, remain in their bedroom or go to a communal room when they requested.

The external grounds to the home were well maintained with access to a large lawn with football goal posts and nets; raised vegetable and flower beds and an enclosure with hens. The manager said that residents also participated in the daily collection of eggs from the chicken coop with assistance from staff.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been a change in the management of the home since the last inspection. Miss Emer McMulkin has been the manager in this home since August 2021. The manager said they felt well supported by senior management and the organisation.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. Accident/incident audits were completed during the provider's monthly monitoring visit.

Audits reviewed did not capture the deficits identified during the inspection in relation to IPC and the environment. Furthermore, environmental audits did not provide the location reviewed and where deficits had been identified there was no action plan, time frame, person responsible and/or management follow up. It was further identified that audits specific to hand hygiene had not been completed in several months. Quality governance audits were discussed in detail with the manager and identified as an area for improvement.

A representative of the responsible individual completed a monthly monitoring visit to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports generated from these visits did not state if they were unannounced and did not specify the person responsible for completing agreed actions. This was discussed with the manager who agreed to discuss with the relevant person undertaking the visit and to monitor going forward.

6.0 Conclusion

There was a relaxed and pleasant atmosphere within the home and residents were seen to be content and settled in their surroundings and interactions with staff.

Areas for improvement were identified in relation to MCA/DoLS training, management and oversight of recruitment, maintenance of staff duty rota, fitness of the environment, cleanliness of the environment, risk management, fire safety, COVID-19 visiting guidance, infection prevention and control (IPC) and quality governance audits.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in 24 Pettigo Road and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

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 the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	5	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Emer McMulkin, Manager, as part of the inspection process. 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

Area for improvement 1

Ref: Regulation 27 (2) (b) (c)

Stated: First time

To be completed by:
23 November 2021

The registered person shall ensure that the environmental issues identified during this inspection are addressed.

With specific reference to:

- surface damage to identified walls, door, floor coverings and bedroom furniture
- repair or replacement of an armchair within an identified bedroom
- surface damage to window ledges, floor covering and walls within an identified resident's bedroom.

Ref: 5.2.3

Response by registered person detailing the actions taken:

Renovations in the Scheme are commencing on 15/11/21, included in the renovations are the full redecoration of the identified bedrooms above, including new flooring. A conversation has been had in relation to the flooring in one Service User's bedroom and it has been agreed by Property Development within Praxis Care that this floor will be replaced on a 2-3 yearly basis or as and when required.

The armchair has been removed from other identified bedroom and replaced with an alternative that suits his needs.

Area for improvement 2

Ref: Regulation 27 (2) (b) (c) (d)

Stated: First time

To be completed by:
With immediate effect

The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated.

With specific reference to ensuring:

- high and low surface dusting is maintained
- the malodour in the conservatory is addressed
- staining to the suite of furniture in the conservatory is removed and thoroughly cleaned
- the floor mat in the conservatory is replaced
- the cupboard within the identified bathroom is cleaned.

Ref: 5.2.3

Response by registered person detailing the actions taken:

High and low dusting along with a deep cleaning of Service Users bedrooms have been added to the cleaning schedule for domestic staff. Deep clean of service users bedrooms will be completed by the 12/11/2021

	<p>The settee identified has had upholstery professionally cleaned and the conservatory mat has been replaced as we believe this is where the odour was coming from.</p> <p>There is now a checklist in all bedrooms and bathrooms for cleaning and sign off to ensure all is completed.</p> <p>Cupboard within the identified bathroom has been cleaned</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • potential trip hazards from raised door saddles • uneven floor surface within identified resident's bedroom • razors are secured when not in use. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Risk assessment has been completed in relation to trip hazard of door saddles - 50ml is the allowance for same. To date there has been no trips/falls in relation to the door saddles that are in situ within the residential scheme.</p> <p>Floor surface within identified bedroom will be replaced during renovations which are scheduled to commence on the 15th November. Plans have been submitted to RQIA inspector.</p> <p>Razors will be secured in Service users locked cabinet in the main bathroom as this is held on restrictive practice register due to the needs of the Service User when not in use. -this has been cascaded to staff team through handovers and communication book.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure fire doors are maintained to operate effectively. With specific reference to the identified fire door on the first floor.</p> <p>Ref: 5.2.3</p>

To be completed by: With immediate effect	Response by registered person detailing the actions taken: Completed on 29.09.2021
Area for improvement 5 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Manager has addressed nail polish and appropriate clothing for undertaking good hand hygiene and personal care and staff are adhering to same.</p> <p>Hand Hygiene audits have now re-commenced.</p> <p>Pillows in sleepover room are now fitted with wipeable covers.</p> <p>Duvet in staff sleepover room was discussed with Head of Operations and Inspector it was agreed this was not necessary as Duvet cover is washed daily.</p> <p>Staff are now changing clothes before and after each shifts. Individual sealable boxes provided for staff.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 23 October 2021	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff including any new employees.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Email sent on 27/10/2021 to Inspector to inform staff member had completed DOLs training on 20/09/2019 in another scheme she works in - updated on 24 Pettigo Road training tracker .</p>
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks and that evidence of these checks are available during inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Now in place - Inspector forwarded template that is now held on all staff files.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the staff duty rota clearly documents the hours worked by staff and that any use of abbreviation has a code to signify what they represent.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All abbreviations now held on Rota.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that policies and procedures are in accordance with statutory requirements.</p> <p>With specific reference to COVID-19 visiting guidance.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Manager has now reviewed the recent COVID guidelines.</p> <p>Actioned - all visitors are encouraged to take a lateral flow test prior to visit and if refused this will be documented that they have declined . All visitors are informed to remain two meter distance and wear their PPE when pre arranged visiting takes place.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2021</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • IPC • Hand hygiene • Environment <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Environmental Audit Tool continues to be completed on a monthly basis.Any actions identified will be completed within time frame.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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