



Unannounced Care Inspection Report

25 October 2019



24 Pettigo Road

Type of Service: Residential Care Home
Address: 24 Pettigo Road, Letterkeen, 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

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to eight residents living with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Andrew James Mayhew	Registered Manager and date registered: Beverley Delap – 18 December 2017
Person in charge at the time of inspection: Kerry Donnell, team leader	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Total number of residents in the residential care home on the day of this inspection: 6

4.0 Inspection summary

An unannounced care inspection took place on 25 October 2019 from 09.30 to 15.00.

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.

Evidence of good practice was found in relation to staff recruitment, the provision of activities, staff knowledge of individual residents and the management of accidents and incidents.

One area requiring improvement was identified in relation to equipment in the home.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Kerry Donnell, team leader, 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 inspection dated 10 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas
- staff training schedules
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments
- fire safety risk assessment

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 last care inspection dated 10 January 2019

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
Area for Improvement 1 Ref: Standard 25.1 Stated: First time To be Completed by: 10 February 2019	The registered person shall ensure that the staffing levels are reviewed in the afternoon/evening time.	Met
	Action taken as confirmed during the inspection: Review of the staff duty rota and discussion with staff confirmed that the staffing levels were reviewed in the afternoon/evening time.	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival to the home we found that the residents were washed and dressed and ready to go out to day care. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly and respectful manner. We observed residents to be appropriately dressed for the cold weather.

Staffing and recruitment

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The person in charge confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. Two assessments were reviewed and found to be satisfactory.

Two records of agency staff recruitment records were reviewed. This confirmed that the required pre-employment checks including Access NI were completed prior to their commencement in the home. Staff spoken with and review of records confirmed also that staff completed an induction relevant to their roles and responsibilities.

Staff supervision, appraisal and training

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. The person in charge advised that additional training was also provided for staff if required.

Safeguarding residents from harm

The home had a policy in regards to safeguarding residents from harm which was reflective of the Safeguarding regional policy and procedure. Staff training in adult safeguarding was included within mandatory training records.

Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. The person in charge was able to describe how safeguarding referrals would be made to the trust and who to contact.

An annual safeguarding position report had been completed for the home covering the period of 2018-2019.

Environment

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home.

Infection prevention and control (IPC)

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in IPC. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection and the importance of handwashing.

We observed areas of rust on one raised toilet seat, rust was present on a radiator and a shower chair was rusted and unclean. This was identified as an area for improvement to comply with the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

One area requiring improvement was identified in relation to equipment in the home.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home. It was noted that prompt and responsive action was recorded by staff should this be required.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agrees the delegated duties for the provision of care for each resident.

Effectiveness of care

Residents were well dressed in clean attire. Staff were able to describe the individual needs of residents and how these would be met in the home.

Lunch meals were observed. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner.

On arrival to the home one resident advised that he was going to a music concert later on that day and was excited about this. Another resident had attended a music concert of his choice earlier in the week. Short overnight stays were also being planned with other residents.

Comments made by staff during the inspection were:

- “All the residents are safe and you know they feel secure within the home. The residents have lots of choices and are involved.”
- “The staffing is satisfactory. The manager is fantastic, supportive and approachable. We have a very good staff team. I have no concerns; safe care is provided here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There is a clear management structure within the home. All staff spoken with commented positively about the manager and described her as supportive and approachable.

Management and governance arrangements

The manager retains oversight of the home. The person in charge confirmed that the manager works shifts in the home and listens to staff handovers to ensure she is aware of what is going on in the home.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 26 September 2019, 8 August 2019 and 9 July 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Management of accidents/incidents

An inspection of accidents and incident reports 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 inspected as part of the inspection process.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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
Total number of areas for improvement	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 Kerry Donnell, team leader, 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>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the following matters are addressed:</p> <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. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Manager has contacted OT for new equipment. Email received from team leader after telephone call on 19.11.19 to state that this will be delivered in due course. In interim period rust has been treated on all areas identified and this has been added to cleaning schedule. Sign also up in service user bathroom.</p>

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



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