Unannounced Care Inspection Report
26 May 2016

24 Pettigo Road

Address: 24 Pettigo Road, Kesh, BT93 1QX
Tel No: 028 6863 3132
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of 24 Pettigo Road took place on 26 May 2016 from 10:00 to 15:30.

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

Is care safe?

A recommendation was made to review the policy on adult safeguarding to ensure it reflects the current regional guidance.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. 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 to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mark McNally, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Praxis Care Group	**Registered manager:** Nicole West (acting)
Person in charge of the home at the time of inspection: Mark Mc Nally, team leader	**Date manager registered:** Application not yet submitted
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 8
Weekly tariffs at time of inspection: £1015.85 - £1497.00 €1104.86 - €2758.85	**Number of residents accommodated at the time of inspection:** 8

3.0 Methods/processes

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

During the inspection the inspector met with three residents, two support workers and the team leader.

Three resident views, six representative views and eight staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 23 May 2016
- Supervision and appraisal schedules
- Record of a completed induction programme
- Mandatory training records
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2016

The most recent inspection of 24 Pettigo Road was an announced estates inspection. This report is currently in the process of completion.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 27.1 **Stated:** First time **To be completed by:** 10 January 2015	The registered person should ensure the following areas are addressed: • A malodour within one residents bedroom • A damp area on the ceiling in an upstairs bathroom • Identified storage facilities within residents' bedrooms which require varnishing.	**Met**
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that • There was no malodour within one residents bedroom • The damp area on the ceiling in an upstairs bathroom was repaired • The identified storage facilities within residents' bedrooms were either varnished or replaced	

Recommendation 2 **Ref**: Standard 27.8 **Stated:** First time **To be completed by:** 10 January 2016	The registered person should review and replace the identified furniture within the main sitting room.	**Met**
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that the furniture in the main sitting room was replaced.	

4.3 Is care safe?

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

On the day of inspection the following staff were on duty – one team leader and three support workers.

Review of completed induction records and discussion with the team leader and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

Subsequent discussion with the acting manager and discussion with staff during the inspection 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. One staff competency and capability assessment, which had been completed on 14 April 2016, was reviewed was found to be satisfactory.

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

The adult safeguarding policy in place dated May 2015 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The adult safeguarding policy did not reflect the current regional guidance. A recommendation was made to address this.

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

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

A review of accident and incidents notifications, review of care records and review of complaints 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.

Discussion with the team leader identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed at least monthly and updated on a regular basis or as changes occurred.

The team leader confirmed that areas of restrictive practice were employed within the home, notably keypad on external doors. The keypad number was displayed for those residents who were assessed as competent to leave the home independently. Such restrictions were recorded and signed appropriately within a restrictive practice register in each individual care record. Discussion with the team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with staff confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff. Hand wash notices were displayed in picture format.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

A review of the fire safety risk assessment, dated 29 June 2015, identified that any recommendations arising had been addressed appropriately. A subsequent fire safety risk assessment was completed on 25 April 2016 and the acting manager is awaiting receipt of this assessment.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 13 January 2016 and 29 January 2016 and records retained of staff who participated. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained.

Areas for improvement

One area for improvement was identified during the inspection. A recommendation was made to review the policy on adult safeguarding to ensure it reflects the current regional guidance.

Number of requirements:	**0**	**Number of recommendations:**	**1**

4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were comprehensive and updated regularly to reflect the changing needs of the resident. Residents and / or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The team leader confirmed that records were stored safely and securely in line with data protection.

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

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

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The team leader confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and a review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff and a review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.
The team leader confirmed that consent was sought in relation to care and treatment. Care records contained evidence of consent being sought in terms of photography, medication, finances and assistance with personal care.

Residents and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection whilst most of the residents attended day care, the remaining residents went on an outing to Omagh. The daily notes recorded outings for residents on most days.

Arrangements were in place for residents to maintain links with their friends, families and wider community. One example of this was where a resident uses skype to speak with his sister who lives abroad. This was also recorded in their care plan. This is to be commended.

The team leader confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The team leader confirmed that 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. Menu planners were displayed in picture format.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. Questionnaires were completed by staff and residents in order to ensure service improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

The team leader confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of posters and leaflets in residents' bedrooms and on the notice boards. Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included satisfaction questionnaires.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The organisation has supported one staff member to complete additional training relevant to their qualification.

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

There was an organisational structure in place and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. The team leader confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The team leader confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

The team leader confirmed that there were effective working relationships with internal and external stakeholders. The team leader confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mark Mc Nally, team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 26 August 2016	The registered person should ensure that the policy on adult safeguarding is reviewed to reflect the current regional guidance. **Response by registered person detailing the actions taken:** Praxis head office have been informed and are working on reviewing the policy.

The Regulation and Quality Improvement Authority

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