

Unannounced Care Inspection Report 30 January 2017



24 Pettigo Road

Type of service: Residential Care Home
Address: 24 Pettigo Road, Kesh, BT93 1QX
Tel No: 028 6863 3132
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 24 Pettigo Road took place on 30 January 2017 from 11:00 to 14:30.

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	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nicole West, acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Following the most recent care inspection on 8 December 2016 a serious concerns meeting was held at RQIA offices on 19 December 2016. The areas of concern related to inadequate staffing levels and the on call support arrangements for staff in the home. At this meeting representatives of the home provided information regarding actions taken to address the issues raised during the previous inspection.

2.0 Service details

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

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan, the staff duty rotas, the monthly monitoring reports and the accident and incident notifications.

During the inspection the inspector met with three residents, two support workers and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Two resident's care files
- Minutes of recent staff meetings
- Monthly monitoring report

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspections dated 1 and 8 December 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 1 and 8 December 2016

Last care inspection statutory requirements from 8 December 2016		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 9 December 2016	<p>The registered provider must ensure that adequate staff are working in the home in such numbers as to meet the assessed needs of the residents.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and staff along with a review of the staff duty rota confirmed that adequate staffing levels were maintained in the home.</p>	Met
Requirement 2 Ref: Regulation 20 (2)	<p>The registered provider must ensure that adequate on call management arrangements are in place to support staff on duty in the home.</p>	Met

Stated: First time To be completed by: 22 December 2016	Action taken as confirmed during the inspection: Discussion with the acting manager and staff along with a review of the minutes of staff meetings confirmed that the on call management arrangements were reviewed and improved so as to support staff on duty in the home.	
Requirement 3 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 9 December 2016	The registered provider must ensure that RQIA are informed of any event which adversely affects the care, health, welfare or safety of any resident. Action taken as confirmed during the inspection: A review of the record of accident and incidents confirmed that RQIA were appropriately informed.	Met
Last care inspection recommendations 1 December 2016		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time To be completed by: 1 January 2017	The registered provider should ensure that: <ul style="list-style-type: none"> • Windowsills are varnished • Identified items of furniture are varnished • Contenance products for residents and gloves for staff are stored in enclosed washable cabinets in communal bathroom areas. Action taken as confirmed during the inspection: An inspection of the environment confirmed that: <ul style="list-style-type: none"> • Windowsills were varnished • Identified items of furniture were varnished or replaced • Contenance products for residents and gloves for staff were stored in enclosed washable cabinets in communal bathroom areas. 	Met

4.3 Inspection findings

Staffing arrangements

At the time of the inspection the following staff were on duty in the home:

- 1 x registered manager
- 2 x support workers

An additional support worker was out of the home with a resident during the inspection. A team leader was scheduled on duty in the afternoon. On night duty there was a team leader on the sleepover shift with a support worker on wakened night duty.

The acting manager confirmed these staffing levels for the home. The acting manager advised that following the last care inspection staff Praxis have introduced a directive that staff are not to

work any longer than 12 hours in one day. This was implemented to ensure that staff members were not working excessive hours.

The acting manager reported that the staffing levels were being maintained with the support of agency staff. Confirmation was provided by the acting manager that staff recruitment interviews were scheduled for February 2017.

The acting manager reported that the staffing levels are 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home and that the staffing levels were being maintained.

Discussion with the acting manager confirmed that the on call management support arrangements were reviewed. This was further verified during a review of the minutes of staff meetings where this review was discussed and recorded.

The acting manager and staff 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; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the acting manager and review of one staff personnel file confirmed that staff recruitment records were retained by the organisation's personnel department. A confirmation letter was provided to the acting manager to confirm that staff were recruited in accordance with the legislation.

Review of one staff personnel file contained a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A written induction checklist was also in place for all agency staff working in the home.

Residents Views

During the inspection the inspector met with three residents. While none of the residents could articulate their views they did appear to be comfortable and content in their environment. Positive interactions were observed between residents and staff. Some of the residents were involved in activities while another was resting in bed.

Staff Views

During the inspection the inspector met with two staff members, one of which was an agency staff member. Both staff confirmed that the staffing levels were maintained in the home. The staff advised that while there is a regular use of agency staff it is usually the same agency staff that are utilised. In addition both staff members reported that they find the acting manager very approachable. Comments made by staff included:

- "The same agency staff are always used and there is always a member of the permanent staff on duty with them. All the residents get out and about often. The staffing levels are maintained."

- “The staffing levels are fine and there are always enough staff on duty. All the same agency staff are being used. At present the staffing is good, there is good teamwork and good communication.”

Care Records

Two care records were reviewed during the inspection. These records 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. The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be 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, care planning and review process, where appropriate.

A review of the record of the night checks for the residents confirmed these were completed and maintained on an up to date basis, where appropriate.

Accidents and incidents

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

Environment

A general inspection of the home was undertaken and the residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling and appropriately heated. During the inspection fire doors were noted to be wedged open and the self-closing device on the door in the kitchen was broken. A requirement was made to ensure that this practice is ceased with immediate effect.

During the inspection a staff member was observed mopping a bedroom floor using the same mop as was used in the bathroom areas. This was discussed during the inspection and a recommendation was made for refresher training to be provided to staff in regard to infection prevention and control.

While the environment was noted to be personalised and comfortable, a number of the bedrooms and communal areas were identified as requiring specific cleaning and general dusting. This was discussed with the acting manager during the inspection who confirmed that there is no domestic staff employed in the home and these duties are undertaken by the care staff. The acting manager reported that this is an area of concern which she has previously highlighted to senior management. A recommendation was made to review and improve the current cleaning arrangements in the home.

Areas for improvement

Areas for improvement were identified in relation to fire safety issues, staff training and the cleaning arrangements in the home.

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicole West, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 31 January 2017	<p>The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.</p> <hr/> <p>Response by registered provider detailing the actions taken: Lounge door has been replaced Kitchen door battery changed</p>
Recommendations	
Recommendation 1 Ref: Standard 35.2 Stated: First time To be completed by: 30 March 2017	<p>The registered provider should ensure that refresher training is provided to staff in regard to infection prevention and control.</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff nominated for refresher training Discussed in team meeting on 25.02.17 Signs advising of infection control issues continue to be displayed in the home</p>
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by:	<p>The registered provider should review and improve the current cleaning arrangements in the home.</p> <hr/> <p>Response by registered provider detailing the actions taken: Budget currently amended to reflect part time cleaner- Cleaner to commence 06.03.17</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews