

# Inspection Report

## 13 September 2022



## 24 Pettigo Road

Type of service: Residential Care Home  
Address: 24 Pettigo Road,  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Praxis Care Group / Challenge  <b>Responsible Individual:</b> Mrs Alyson Dunn - not registered	<b>Registered Manager:</b> Miss Emer McMulkin – not registered
<b>Person in charge at the time of inspection:</b> Miss Emer McMulkin	<b>Number of registered places:</b> 8  LD and LD (E) with associated physical disability.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD (E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6
<b>Brief description of the accommodation/how the service operates:</b> 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 13 September 2022, from 9.25am to 2.30pm 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 identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement have been stated for a second time in relation to infection prevention and control (IPC) and management oversight of recruitment.

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.

The findings of this report will provide the management team 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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or 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**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "I am very happy here", "The staff are very friendly" and "We are well looked after here". There were no questionnaires returned from residents or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "The manager is fantastic" and a further staff member said "(I) enjoy working here". There was no feedback from the staff online survey.

Comments from residents and staff were shared with the Manager.

## 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 29 November 2021		
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) (b) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• surface damage to identified walls, door, floor coverings and bedroom furniture</li> <li>• repair or replacement of an armchair within an identified bedroom</li> <li>• surface damage to window ledges, floor covering and walls within an identified resident's bedroom.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b) (c) (d)  <b>Stated:</b> First time	<p>The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• high and low surface dusting is maintained</li> <li>• the malodour in the conservatory is addressed</li> <li>• staining to the suite of furniture in the conservatory is removed and thoroughly cleaned</li> <li>• the floor mat in the conservatory is replaced</li> <li>• the cupboard within the identified bathroom is cleaned.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</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"> <li>• potential trip hazards from raised door saddles</li> <li>• uneven floor surface within identified resident's bedroom</li> <li>• razors are secured when not in use.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	<b>Partially met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff including any new employees.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant training records and discussion with the manager evidenced that this area for improvement had been met.</p>	<b>Met</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of recruitment records and discussion with the manager evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.1.</p>	<p><b>Not Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</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"> <li>• IPC</li> <li>• Hand hygiene</li> <li>• Environment</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant governance audits and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

## 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 fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

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

Review of one employee's recruitment records evidenced that not all relevant pre-employment information was available within the home. This was discussed with the Manager who 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 has been stated for a second time.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector requested competency and capability assessments for the person taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

### 5.2.2 Care Delivery and Record Keeping

The Manager said that staff members meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated a detailed knowledge of residents' wishes, preferences, how to meet residents' assessed needs and how to provide comfort if required. Staff were observed responding to residents in a caring and compassionate manner and assisted five residents to attend day care during the inspection.

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. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

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. However, the time that notes were entered onto the daily records was not recorded. This was discussed with the Manager and following the inspection written confirmation was received that relevant action had been taken to address this.

There was evidence that residents' weights were being checked to monitor weight loss or gain, however, these were not being obtained on a consistent basis. Details were discussed with the Manager and an area for improvement was identified.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A small number of deficits were identified, for example; scoring out resulting in the original entry not being able to be read and not all care records were signed/dated by the staff member who made the entry. Details were discussed with the Manager who agreed to discuss with relevant staff and to monitor going forward. This is discussed further in section 5.2.5.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Since the last inspection positive improvements had been made to the décor of the home with the replacement of identified floor coverings and bedroom furniture. A number of walls had also been painted. The Manager discussed further redecoration plans to ensure that the home is well maintained.

Corridors and fire exits were clear from clutter and obstruction. However, two doors were unable to close fully. This was discussed with the Manager and following the inspection written confirmation was received from the Manager that both doors had been repaired.

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 and that any outbreak of infection was reported to the Public Health Agency (PHA). Visiting arrangements were managed in line with Department of Health and infection prevention and control (IPC) guidance.

Observation of staff practices and the environment evidenced a number of issues that were not in accordance with IPC best practice. For example, one staff member was observed wearing nail polish and a further staff member was wearing a wrist watch which would inhibit effective hand hygiene. It was further identified that the staff sleep over facilities were not being fully managed in line with IPC best practice. IPC deficits were discussed in detail with the Manager and an area for improvement has been stated for a second time.



### 5.2.4 Quality of Life for Residents

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. During the inspection staff assisted five residents to attend day care.

Residents commented positively about the food provided within the home with comments such as; “(The) food is nice” and “I like the food”.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible. The Manager said she felt very supported by senior management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed. However, audits specific to care records were not robust at identifying the deficits as mentioned above in section 5.2.2 and an area for improvement was identified in relation to the oversight of care records.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

## 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) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3*

\* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Emer McMulkin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All care and domestic staff have been reminded that there is to be no nail polish worn in the service. Person in question on day of inspection has had nail polish removed and has been informed reference the infection control policy which has to be adhered to.            Protective pillowcases were provided for bed, staff have been informed if they do not wish to sleep on these pillows they can bring in their own pillow. Infection control policy now displayed for staff team. This will also be presented in staff meeting November 2022.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 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: 5.1 and 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Recruitment Team are now sending excel spreadsheets with information regarding Access NI Checks and Reference Checks for new recruits, these include dates references have been approved by Head of Operations and dates will be included on checklist in staff files.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p>The registered person shall ensure that residents are weighed in accordance with their assessed needs and that a record is maintained and available for inspection.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> Manager has advised through Team Meeting on the 13<sup>th</sup> September 2022 that all Service Users to be weighed monthly and recorded appropriately within designated weight management book. This has been taking place since the inspection. Manager will monitor on a monthly basis . This will be all electronic calendars from November 2022.</p> <p>The registered person shall ensure that effective 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"> <li>• Care records.</li> </ul> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Schedule now in place for file audits bi-monthly of all Service User files for Manager and Team leaders and communicated via email to all Team Leaders. Reminders will be all electronic calendars from November 2022. The manager will review Daily notes monthly.</p>

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



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