

Inspection Report

29 November 2021



24 Pettigo Road

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

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Praxis Care Group - Challenge Responsible Individual(s): Mr Greer Wilson, Acting	Registered Manager: Miss Emer McMulkin, Acting Manager
Person in charge at the time of inspection: Miss Emer McMulkin	Number of registered places: 8
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 is a residential care home which is registered to provide care for up to eight residents.	

2.0 Inspection summary

An unannounced inspection took place on 29 November 2021 between 12.00noon and 2.30pm. The inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

The inspection also assessed progress with two of the ten areas for improvement identified during the last care inspection. Following discussion with the aligned care inspector, it was agreed that the other areas for improvement would be reviewed at the next care inspection.

Review of medicines management found that residents were administered their medicines as prescribed. Medicine records were well maintained and there were arrangements for auditing medicines management. Staff had received training and competency assessment.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with one team leader, the manager and the head of operations. Residents were out of the home either at the day centre or Christmas shopping.

It was evident from discussions with staff that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no feedback had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last care inspection on 23 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) (c) Stated: 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"> • 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 	<p>Carried forward to the next inspection</p>

	<p>resident's bedroom.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p> <p>Stated: First time</p>	<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"> • 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. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: 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"> • potential trip hazards from raised door saddles • uneven floor surface within identified resident's bedroom • razors are secured when not in use. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</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>Action taken as confirmed during the inspection: The specified fire door had been resized and operated effectively.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: 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>Action taken as confirmed during the inspection: Discussion with the manager confirmed that identified issues had been addressed, however, as the monitoring system was not reviewed at the inspection this area for improvement was carried forward for review at the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</p>		<p>Validation of compliance summary</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff including any new employees.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: 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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 3 Ref: Standard 25.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The staff duty rota clearly documents the hours worked by staff. The abbreviations had a code to signify what they represent.	
Area for improvement 4 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that policies and procedures are in accordance with statutory requirements. With specific reference to COVID-19 visiting guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • IPC • Hand hygiene • Environment 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had verified and signed the personal medication records when they are written and updated to provide a check that they were accurate. One discrepancy was highlighted to the manager who confirmed that it was an oversight and updated the personal medication record.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is safe practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for three residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Care plans directing the use of these medicines were available. Directions for use were clearly recorded on the personal medication records and records of administration were accurately maintained. The reason for and outcome of administration were recorded.

The management of pain was discussed. Residents did not require regular pain relief. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

A medicine refrigerator and controlled drugs cabinet were available. The medicine refrigerator was used for the storage of nutritional supplements only. The current temperature was monitored and recorded each day. The manager was advised that in order to monitor the refrigerator temperature over a 24 hour period, a maximum/minimum thermometer should be obtained and that it should be reset each day after the current, maximum and minimum temperatures have been recorded. The temperature must be maintained between 2°C and 8°C. The manager agreed to purchase a thermometer following the inspection and to update the daily temperature log to facilitate the recording of the maximum, minimum and current temperatures and the room temperature.

Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. The sample of these records reviewed were found to have been fully and accurately completed. The manager was reminded that hand-written updates on the MARs should be verified and signed by two trained staff to ensure accuracy of transcribing.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a daily and monthly basis. A range of audits were carried out. The audits completed at the inspection indicated that medicines were administered as prescribed.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how

information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. The admission process for residents new to the home or returning to the home after receiving hospital care was discussed. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital and this was shared with the resident's GP and the community pharmacist. They also confirmed that the personal medication records would be updated by two trained staff.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter.

Records of staff training in relation to medicines management and competency assessments were available for inspection.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with regards to medicines management.

The outcome of the inspection indicated that the home was delivering safe, effective and compassionate care and was well led with regards to medicines management. Residents

were administered their medicines as prescribed. No new areas for improvement were identified at the inspection.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	*4	*4

* the total number of areas for improvement include eight which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Miss Emer McMulkin, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2021</p>	<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"> • 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.
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (23 September 2021)</p>	<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"> • 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.
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<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: 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"> • potential trip hazards from raised door saddles

<p>To be completed by: With immediate effect (23 September 2021)</p>	<ul style="list-style-type: none"> • uneven floor surface within identified resident's bedroom • razors are secured when not in use. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (23 September 2021)</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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2021</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff including any new employees.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect (23 September 2021)</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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: 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>

<p>To be completed by: With Immediate effect (23 September 2021)</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>



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