

Inspection Report

29 June 2023



Pettigo House

Type of service: Residential Care Home

Address: 24 Pettigo Road,

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Praxis Care Responsible Individual: Mrs Alyson Dunn	Registered Manager: Ms Sandra Murray – not registered
Person in charge at the time of inspection: Mr Peter Leech, Team Leader, 9.45am – 10am Ms Sandra Murray, manager, 10am – 3.50pm	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 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 29 June 2023, from 9.45am to 3.50pm 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.

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.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

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 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", "Getting well looked after here" and "Everyone is very friendly". One questionnaire was returned from a resident. The respondent indicated that they were happy within the home.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I love working here" and a further staff member said: "Great teamwork and staff morale is good". There was no feedback from the staff online survey.

Comments received during the inspection 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 13 September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment, staff practices and discussion with the manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: Second time	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.	Not met
	Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that this area for improvement had not been met and has been stated for a third time. This is discussed further in section 5.2.1.	
Area for improvement 2 Ref: Standard 20 Stated: First time	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.	Partially met

	<p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager 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 5.2.2.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 20</p> <p>Stated: First time</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"> • Care records. <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<p>Met</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 moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix evidenced that one staff member had not been included within the matrix and a number of staff were required to update their training in relation the Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS). 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 staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

Review of two staff recruitment files evidenced that not all relevant pre-employment checks were available within the home. Details were discussed with the manager who advised that

these records are held by human resource personnel at head office and acknowledged the need for a more robust managerial oversight of the recruitment process. An area for improvement has been stated for a third time.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

The inspector reviewed a sample of staff competency and capability assessments for the person in charge in the absence of the manager which evidenced that not all relevant staff had an assessment completed. This was discussed with the manager and following the inspection written confirmation was received confirming that the relevant assessments had been completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

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.

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 has been stated for a second time.

A discussion was held with the manager regarding the template for recording residents weight to include a section for the action taken where weight loss is evident. The manager confirmed that this information is recorded within the residents care file and agreed to have this included within the template.

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, and discussed in detail with the manager who agreed to have these records reviewed. Following the inspection written confirmation was received from the manager that relevant care records had been amended/updated.

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

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were clean, neat and tidy, a number of environmental issues were identified and discussed in detail with the manager to address. Following the inspection written confirmation was received from the manager that relevant action had been taken to address the issues identified.

Holes were identified to three fire doors and to a wall within an office. Details were discussed with the manager who agreed to have these repaired as a matter of urgency. Following the inspection, the manager provided written confirmation that relevant action had been taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire risk assessment completed on 16 March 2023 evidenced that any actions required had been signed off by the manager as having been completed.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. Review of the homes monitoring system evidenced that not all staff had participated in a fire evacuation drill at least once a year. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

Chemicals were not securely stored within one area of the home. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

5.2.4 Quality of Life for Residents

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.

During the inspection five residents attended day care and one resident was accompanied by staff to a local hair dresser. Residents returned from day care around 3pm and appeared to be content and settled in their surroundings and in their interactions with staff.

Residents commented positively about the food provided within the home with comments such as: "The food is fantastic".

5.2.5 Management and Governance Arrangements

There has been a change to the management arrangements for the home since the last inspection. Ms Sandra Murray is the Acting Manager since 9 June 2023. Staff commented positively about the manager stating that she was very supportive and approachable.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

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. The reports of these visits were completed and available for review by residents, their representatives, the Trust and RQIA.

6.0 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
Total number of Areas for Improvement	1	2*

* The total number of areas for improvement includes one standard that has been stated for a third time and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sandra Murray, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.3 Response by registered person detailing the actions taken: All items for COSHH are held now in a locked cupboard in the utility room , overstock is also held in a locked cupboard in the upstairs bathroom (this was in place on day of inspection) All areas of health and safety are monitored and actioned when required
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 19.2 Stated: Third time To be completed by: From the date of inspection	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. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Manager has placed the RQIA document on both new staff files as discussed with inspector. Going forward all new staff will have this information on file. All copies of the above are also retained electronically in HR department.
Area for improvement 2 Ref: Standard 20 Stated: Second time To be completed by: From the date of inspection	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. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Residents are now weighed on a monthly basis there is a section within the hard backed book that records action plan /outcome and Staff signature reference residents weights. The manager will monitor this monthly.

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



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