



# Announced Care Inspection Report 17 November 2020



## 24 Pettigo Road

**Type of Service: Residential Care Home**  
**Address: 24 Pettigo Road, Letterkeen, Kesh, BT93 1QX**  
**Tel No: 028 6863 3132**  
**Inspector: Debbie Wylie**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to eight residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group/Challenge  <b>Responsible Individual:</b> Greer Wilson	<b>Registered Manager and date registered:</b> Beverley Delap – 18 December 2017
<b>Person in charge at the time of inspection:</b> Beverley Delap	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 6

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- care plans
- quality improvement
- consultation with residents, residents' relatives and staff.

Residents consulted with spoke positively regarding their experience of living in 24 Pettigo Road. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide 24 Pettigo Road with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3*

The total number of areas for improvement includes one against the Standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Beverley Delap, 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.

## 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 19 October to 1 November 2020
- staff training matrix 2020
- staff supervision matrix 2020
- a selection of quality assurance audits
- person in charge competencies for two staff
- two regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- minutes of the last two residents' and staff meetings
- activity planner for September 2020
- menus for September 2020
- management /organisational structure of the home
- on call arrangements for the home
- complaints and compliments records for 2020
- three residents' personal care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via technology with Beverley Delap, manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection(s)**

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	The registered person shall ensure that the following matters are addressed: <ul style="list-style-type: none"> <li>• areas of rust on a raised toilet seat,</li> <li>• rust observed on a radiator</li> <li>• a shower chair was rusted and unclean.</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of several radiators showed areas of rust and a shower chair was unclean.  This area for improvement has been stated for a second time.	

**6.2 Inspection findings**

**6.2.1 Staffing**

We reviewed the staff rota from 19 October to 1 November 2020 which showed evidence that staffing was provided at a level to ensure safety and meet residents’ care needs. The manager confirmed that staffing levels were maintained based of the dependency levels of the residents. The manager and staff details and in what capacity they worked were included.

We observed staff responding in a timely manner to residents’ needs and requests. Staff spoken with confirmed that they had no concerns about staffing levels in the home.

Staff spoken with verified that they were provided with training to support them in their roles and had received an induction when they commenced working in the home. Review of the staff training matrix confirmed that regular training was completed. Staff were knowledgeable about the care needs of residents and their personal preferences during activities and their daily routines. Staff were familiar with what action they should take if they have concerns about residents' care or working practices. Comments from staff included:

- "There are no issues with staffing."
- "My training is all up to date."
- "I completed my induction before commencing work."
- "Good mix of staff here."

As part of the inspection process we asked residents, their family members and staff to provide comments on staffing levels via questionnaires. Feedback confirmed that ten staff, three residents and two relatives were either very satisfied or satisfied that staffing levels were appropriate and safe; one staff member was dissatisfied with staffing levels via an online questionnaire. This was discussed with the manager following the inspection.

### **6.2.2 Management arrangements**

We reviewed a comprehensive and informative outline of the existing management arrangements within the home. The information included the names and roles of the manager and senior management within the home.

The on-call arrangements, which were in place to ensure staff were adequately supported at all times, were clearly documented and contact details provided across the 24-hour period. Discussion with the manager confirmed that managers were available and staff were aware of who to contact out of hours.

### **6.2.3 Governance systems**

There had been no change of manager since the last inspection. The manager confirmed that the home was operating within its registered categories of care.

The record of accidents and incidents for the home was examined and this evidenced that not all notifiable events were consistently reported to RQIA. This is in relation to a missed administration of medication. This was discussed with the manager and an area for improvement was made.

We reviewed a selection of quality assurance audits for the home and found that audits were completed for care plans, restrictive practice, incidents and accidents and infection prevention and control. No audits had been completed for nutritional care or wound care. An area for improvement was made.

The record of the monthly monitoring visits was reviewed for September and October 2020 and had been completed. The record of complaint as also reviewed and showed that the home had received no complaints during the period 2020.

### **6.2.4 Infection prevention and control (IPC)**

The manager confirmed that due to the current COVID–19 pandemic, all visitors to the home had their temperature checked prior to entering the home and were required to complete a health screening questionnaire. Personal Protective Equipment (PPE) and hand sanitising gel were available for use and this was evident when we completed our inspection of the environment using video technology. Staff were observed using PPE appropriately when delivering care to residents.

Residents were observed to comply with social distancing with the encouragement of staff. The sitting rooms, dining rooms and hallways of the home were tidy and free from obstruction. PPE stations and hand gel dispensers were available throughout the home.

We inspected several en-suite bathrooms and found that radiators were chipped, some had areas of rust and toilet seats required cleaning. This has been stated for improvement for a second time. We observed toilet rolls sitting on a toilet cistern and open packets of gloves in a bathroom. This was discussed with the manager and removed. An area for improvement was made.

### **6.2.5 Quality of life for residents**

We undertook a virtual walk around the home on the day of inspection with the use of video technology. Residents appeared relaxed and were participating in a variety of activities including colouring in, bingo and reading. We viewed the activities schedule which was displayed in pictorial format and easy to understand. There were no activities shown for the weekends and the manager agreed to add this to the schedule. Activities planned included music, walks, board games, arts and crafts, baking, bingo, relaxation and letters.

Residents' bedrooms were personalised with many items of memorabilia which was important to them. One floor in a resident's bedroom required repair and furniture required repair or replacement. The manager informed us these improvements were planned by the home for completion. This will be reviewed at the next inspection.

The dining area was arranged to allow social distancing while meals were served. Residents had a choice of seating and meals were served from the kitchen by staff. Residents also had a choice of eating in the dining room, the lounge or elsewhere in the home. Residents and staff were observed carrying out hand hygiene prior to lunch. Staff chatted with residents and were aware of their choices and preferences.

We reviewed the minutes of the previous two residents meetings and saw that the areas discussed had been documented. This included menus, activities, COVID-19, use of masks and how we like to be treated.

### **6.2.6 Care plans**

Three residents' care records were forwarded and reviewed prior to the inspection. An everyday living plan was in place and completed. Care plans for continence, personal care and oral hygiene were not in place for all residents who required them or were not up to date and accurate. An area for improvement was made.

Residents presented well on the day of inspection with personal care having been attended to and clean clothing was worn. Residents had signed the care plans in place indicating their agreement with these.



**6.2.7 Quality improvement**

We requested information on any completed or planned quality improvement work which the home had in place. No information was provided prior to or during the inspection.

**6.2.8 Consultation** with residents, residents’ relatives and staff.

The home had been notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home and informed residents and their representatives of contact numbers and an email address by which they could contact RQIA or provide feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provided the home with questionnaires to be distributed to residents, residents’ representatives and staff. Staff also had the opportunity to complete an online survey.

We received completed questionnaires from three residents, two residents’ relatives and ten members of staff. All respondents indicated that they were very satisfied or satisfied that care was safe, effective, compassionate and well led. One staff response showed they were dissatisfied that care was well led. This was discussed with the manager following the inspection.

A record of compliments was retained in the home to be shared with staff. Some of the comments received included:

- “You are all doing a fantastic front line job and deserve our heartfelt thanks...”
- “Thank-you for your care and kindness looking after my (relative).”
- “The team are doing a fantastic job in difficult times. Thank-you for your hard work.”

**Areas for improvement**

Areas for improvement identified included: reporting of notifiable events to RQIA, completion of audits, infection prevention and control practices and care plan documentation.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	2

**6.3 Conclusion**

Residents were happy and relaxed on the day of inspection. Activities were taking place and residents were happy to join in. The areas identified for improvement were discussed with the manager. Staff were attentive and responded to residents’ needs in a timely and professional manner.

Residents were happy and relaxed on the day of inspection. Activities were taking place and residents were happy to join in. Staff were attentive and responded to residents’ needs in a timely and professional manner. The areas identified for improvement were discussed with the manager.



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Beverley Delap, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

## **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<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 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered person shall ensure all notifiable events are reported to RQIA. This is in relation to medicines management.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All team leaders have been made aware of reporting requirements verbally following inspection also via email from manager on 21.01.21 and QIP shared within the team meeting held on the 21.01.2021. They have ben asked to ensure they maintain their access to the portal for this purpose and to report any inability to record via the portal so that this may be acted upon in a timely manner.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered person shall ensure arrangements are in place to minimise the risk of infection. This is in relation to an open packet of gloves in a bathroom and toilet roll placed on a toilet cistern.</p> <p>Ref 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff were notified of this at staff meeting on 21.01.21. This is recorded on staff meeting notes which staff are asked to read. Domestic staff member has also been asked to ensure compliance on this matter.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2020	<p>The registered person shall ensure that the following matters are addressed:</p> <ul style="list-style-type: none"> <li>• areas of rust on a raised toilet seat,</li> <li>• rust observed on a radiator</li> <li>• a shower chair was rusted and unclean.</li> </ul> <p>Ref: 6.4 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            It has been reinforced with Domestic staff member to ensure she reports any maintenance matters to team leader and record in maintenance book which will be reviwed by manager so action can be taken. Additional domestic support for scheme has been successful and awaiting start date as of 16.01.21.            All cleaning signed off when completed. In addition manager shall visibly inspect all areas on monthly basis to ensure compliance.</p>

	<p>This will be recorded on the EAT On a monthly basis.</p>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2020</p>	<p>The registered person shall ensure auditing of all working practices in the home is completed. This is in relation to completion of nutrition and wound audits.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Manager has discussed the request with Head of Operations who has passed the matter to ther quality and governance team to develop standardised audit tool. In the interim food intake book records food eaten and menu's on display notify of food offered. Wounds when they occur will be recorded as part of accident reporting and on this notification there would be details of any first aid and follow up treatment required.</p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2020</p>	<p>The registered person shall ensure care plans are completed and up to date. This is in relation to care plans for continence, personal care and oral hygiene which were not in place for all residents who required them or were not up to date and accurate.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> All residents have everyday living plans and details of physical well being , appearance and hygiene needs are recored within their plan. Manager has reviewed plans and updated them with more detailed information as required.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)