

Unannounced Care Inspection Report

21 March 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

1.0 Summary

An unannounced inspection of 24 Pettigo Road took place on 21 March 2017 from 10:00 to 11:45.

The focus of this inspection was to follow up on recent concerns in regard to the staffing arrangements of the residential care home.

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Nicole West, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 30 January 2017.

2.0 Service details

Registered organisation/registered person: Praxis Care Group Andrew Mayhew	Registered manager: Nicole West
Person in charge of the home at the time of inspection: Nicole West	Date manager registered: 1 March 2017
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 the following records were analysed: the previous inspection report, the returned quality improvement plan, the submitted staff duty rotas, the monthly monitoring reports and the accident and incident notifications.

During the inspection the inspector met with two residents, four care staff and the registered manager.

The staff duty rota was examined during the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 30 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be carried forward for review at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection Dated 30 January 2017

Last care inspection statutory requirements		Validation of compliance
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> <p>Action taken as confirmed during the inspection: This requirement was not reviewed at this inspection and will be carried forward for review at the next care inspection.</p>	Carried forward for review at the next care inspection

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.2 Stated: First time To be completed by: 30March 2017	The registered provider should ensure that refresher training is provided to staff in regard to infection prevention and control.	Carried forward for review at the next care inspection
	Action taken as confirmed during the inspection: This recommendation was not reviewed at this inspection and will be carried forward for review at the next care inspection.	
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by:	The registered provider should review and improve the current cleaning arrangements in the home.	Carried forward for review at the next care inspection
	Action taken as confirmed during the inspection: This recommendation was not reviewed at this inspection and will be carried forward for review at the next care inspection.	

4.3 Inspection findings

Staffing arrangements

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

- 1 x registered manager
- 1 x senior support worker (went home sick at 10.30)
- 3 x support workers

A team leader who was scheduled on duty in the afternoon had agreed to commence his shift at 12:00 due to the senior support worker going home sick. Another senior support was scheduled on duty from 15:00 to 22:00 in addition to the three support workers. On night duty there was a team leader on the sleepover shift with a support worker on wakened night duty. A review of the duty roster confirmed that it accurately reflected the staff working within the home and that the staffing levels were currently being maintained.

The registered manager confirmed these staffing levels for the home. The registered manager reported that the staffing levels were being maintained with the support of agency staff. The registered manager also advised that a significant amount of time is spent working on the duty rota's to ensure the staffing levels are maintained.

Confirmation was provided by the registered manager that following staff recruitment interviews in February 2017 new support workers had been appointed. This process was at different stages for the individual applicants and a planned induction was in place.

The registered manager advised that the permanent team leaders were leaving their positions on 31 March 2017 and 13 April 2017. A further phase of recruitment is planned for these vacant posts. The registered manager confirmed that currently there is one team leader and one senior support worker temporarily working in the home for a three month period.

The registered 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.

Discussion with the registered manager confirmed that the on call support arrangements from senior management remain in place.

Residents Views

During the inspection the inspector met with two 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. Observations made during the inspections confirmed that staff responded promptly to the needs of the residents.

Staff Views

During the inspection the inspector met with four staff members, one of which was an agency staff member. All 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 staff members reported that they find the registered manager very supportive and approachable. Comments made by staff included:

- “Nicole (Manager) and the staff team are very supportive. The staffing levels are always met when I am here. I am aware that different days are hard to cover but there has never been a situation where cover has been short. The staff have good routines in the home and I have no concerns.”
- “There are always enough staff on duty. There is good morale in the team. The residents get the best care in here and the residents are all treated the same.”
- “I have recommended this place to other staff. I completed an induction and the training is fantastic. Staff morale is quite good and communication is good and clear. Nicole (Manager) is very approachable, I would go straight to her if there was an issue. Nicole (Manager) is very reasonable towards myself. The residents are treated like royalty here in the home.”
- “I like it in here, if I didn’t like it here, I wouldn’t have stayed. Everyone works well together and they are treated as equal. Overall the staff are relatively content. I like Nicole (manager), she is very approachable. I would be confident that any issues would be dealt with. The care of the residents is very good and Nicole is good at getting stuck in and helping out.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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