

Unannounced Care Inspection Report 25 May 2017



24 Pettigo Road

Type of service: Residential Care Home
Address: 24 Pettigo Road, Letterkeen, Kesh, BT93 1QX
Tel no: 028 6863 3132
Inspectors: Laura O'Hanlon and Jo Browne

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 24 Pettigo Road took place on 25 May 2017 from 10:10 to 15:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and risk management.

Six areas for improvement were identified in relation to the overall condition of the environment, the need for a staff recruitment checklist and the statement of purpose to be updated.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

One area for improvement was identified during the inspection in relation to the maintenance of accurate financial records.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

One area for improvement was identified in relation to the monthly monitoring reports.

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	3	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nicole West, registered 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.

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 21 March 2017.

2.0 Service details

Registered organisation/registered person: Praxis Care Group / Challenge Mr 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: RC - LD - Learning Disability RC - 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, notification of accidents and incidents, the submitted duty rotas and the submitted monthly monitoring reports.

During the inspection the inspectors met with two residents, five care staff, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Two staff competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of recent staff meetings

- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents’ meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

A total of fifteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

**4.1 Review of requirements and recommendations from the most recent inspection
Dated 21 March 2017**

The most recent inspection of the home was an unannounced care inspection. There was no QIP issued at this inspection. However the QIP from the inspection dated 30 January was carried forward for review at this 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
<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: On the day of the inspection the inspectors observed no doors propped open.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.2 Stated: First time To be completed by: 30March 2017	<p>The registered provider should ensure that refresher training is provided to staff in regard to infection prevention and control.</p> <p>Action taken as confirmed during the inspection: A review of the records of mandatory training confirmed that refresher training was provided to staff in regard to infection prevention and control.</p>	Met
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by:	<p>The registered provider should review and improve the current cleaning arrangements in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the cleaning arrangements were reviewed and a cleaner was provided some days each week. However on the day of the inspection areas of the home were observed to be unclean and this is further detailed within section 4.3. This recommendation was subsumed into a requirement.</p>	Not Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were 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.

The registered manager advised that she continues to spend a significant proportion of her time to ensure that adequate staffing levels are maintained. The registered manager advised that the staffing levels were being maintained with the ongoing support of agency staff. Following recent recruitment interviews new staff members were appointed including a deputy manager.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection. A review of records identified that annual staff appraisal was completed and staff supervision was undertaken monthly.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed that the Enhanced AccessNI disclosures were only viewed by the Personnel Department prior to the commencement of employment. A recommendation was made that a checklist is devised by the registered manager to ease assurance that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure was reviewed at the previous inspection and was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad systems at the exit doors and locked cupboards in bathrooms and the kitchen. The keypad number was displayed for those residents who were assessed as competent to leave the home independently. Such restrictions were recorded and signed appropriately within a restrictive practice register in each individual care record. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose identified that restrictions were not adequately described. A recommendation was made to ensure the statement of purpose was updated to reflect this. The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was appropriately heated. However there were a number of environmental issues identified for action. Mould was identified in two bedrooms on the walls. The registered manager was advised that this required immediate action during feedback.

A number of the bedrooms were unclean. This was identified at the inspection dated 30 January 2017 and a recommendation was made. During discussion with the registered manager it was confirmed that the organisation believed this was the responsibility of the residents to assist with the cleaning of their room. This was discussed with the registered manager during the inspection and with the registered provider following the inspection. Bedrooms contained spider webs and stains were observed on rugs. The recommendation made at the inspection dated 30 January 2017 was subsumed into a requirement to address the mould and review the cleaning arrangements of the home to ensure the home is maintained to the required standard.

The residents' bedrooms lacked careful attention to detail. One example of this included a broken shower holder in an en-suite. In another en-suite there was an unused curtain rail which was a potential hazard. In a bedroom a screw was observed on the end of a curtain pole which also was a potential risk to resident safety. A review of the maintenance records confirmed that such issues had not been reported. During feedback the registered manager was advised that this required immediate action. A requirement was made in this regard.

There were areas identified in the home where paint was missing. A requirement was made to provide an action plan for the refurbishment of the home. A recommendation was made to develop an environmental audit tool for the home to ensure that cleaning and maintenance are identified and addressed on a regular basis.

The home had an up to date fire risk assessment in place dated 2 May 2017 and all recommendations were in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 25 February 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Six completed questionnaires were returned to RQIA from staff. Two respondents described their level of satisfaction with this aspect of care as very satisfied and four respondents described their level of satisfaction as satisfied.

Areas for improvement

Six areas for improvement were identified in relation to the overall condition of the environment, the need for a staff recruitment checklist and the statement of purpose to be updated.

Number of requirements	3	Number of recommendations	3
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

During the inspection of the care records financial documentation pertaining to the residents was reviewed. Discrepancies in regard to the recording of the ledger maintained were observed. A recommendation was made to ensure that finance records are accurately maintained in the home.

Observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Six completed questionnaires were returned to RQIA from staff. Three respondents described their level of satisfaction with this aspect of care as very satisfied and three respondents described their level of satisfaction as satisfied.

Areas for improvement

One area for improvement was identified during the inspection in relation to the maintenance of accurate financial records.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager confirmed that consent was sought in relation to care and treatment. Care records contained evidence of signed consent forms. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents' meetings, monthly monitoring visits and annual reviews.

Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident is supported on a weekly basis to visit her family who reside in the South of Ireland.

The inspectors met with two residents in the home. The residents were observed to be appropriately dressed. Warm interactions were observed between staff and residents. Duties were undertaken at an unhurried pace.

Some comments made by staff members during the inspection were:

- "I am well supported in here."
- "This experience has been very positive. There is good team work and good passing on of information. The staffing arrangements are satisfactory."
- "There is good morale and the staffing arrangements are satisfactory. There is good communication and good team work. Nicole and Mark are both approachable."

Six completed questionnaires were returned to RQIA from staff. Five respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent described their level of satisfaction as satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed these policies are stored electronically and all staff can access a computer.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. However it was noted that these reports did not reflect any of the issues identified by the inspectors in regard to the environment. A recommendation was made to ensure that the monthly monitoring reports detail accurately the quality of service provided in the home to include the condition of the environment and any required actions.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular meetings and the monthly monitoring visits.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff. The on call management system remains in place.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction as satisfied.

Areas for improvement

One area for improvement was identified in relation to the monthly monitoring reports.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicole West, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered provider must address the following issues:</p> <ul style="list-style-type: none"> • Ensure that the areas of mould identified on internal walls within the home are addressed immediately. • Review the cleaning arrangements of the home to ensure the home is maintained to the required standard.
	<p>Response by registered provider detailing the actions taken: Mould has been inspected by maintenance employee and treated accordingly and removed. Additional auditing tools devised for person in charge to review cleanliness on a daily basis</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered provider must ensure that all areas of the home contain no hazards to the health and safety of residents, visitors or staff.</p>
	<p>Response by registered provider detailing the actions taken: Visual inspection of the home was carried out by management with the creation of a list of health and safety hazards. Currently being addressed by maintenance operative.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider must ensure that an action plan for the refurbishment of the home is undertaken and forwarded to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: Damaged structures have been documented in the list of health and safety hazards for replacement. Painting of bedrooms has commenced. These have been documented in a maintenance log also</p>

Recommendations	
Recommendation 1 Ref: Standard 19.2 Stated: First time To be completed by: 25 June 2017	The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.
	Response by registered provider detailing the actions taken: Checklist has been agreed with HR with registered manager to ensure compliance with minimum standards
Recommendation 2 Ref: Standard 10.7 Stated: First time To be completed by: 25 June 2017	The registered provider should ensure that the statement of purpose references the restrictive practices employed within the home.
	Response by registered provider detailing the actions taken: Section in Statement of Purpose has been dedicated to Restrictive Practices within the home and a signpost to the Restrictive Practice Register kept within the home
Recommendation 3 Ref: Standard 20.10 Stated: First time To be completed by: 30 June 2017	The registered provider should develop an environmental audit tool for the home to ensure that cleaning and maintenance are identified and addressed on a regular basis.
	Response by registered provider detailing the actions taken: Checklist for management to quality assure daily and weekly cleanliness and maintenance issues
Recommendation 4 Ref: Standard 15.4 Stated: First time To be completed by: 1 June 2017	The registered provider should ensure that finance records are accurately maintained in the home.
	Response by registered provider detailing the actions taken: Internal finance audit has been requested internally
Recommendation 5 Ref: Standard 20.11 Stated: First time To be completed by: 1 June 2017	The registered provider should ensure that the monthly monitoring reports detail accurately the quality of service provided in the home to include the condition of the environment and any required actions.
	Response by registered provider detailing the actions taken: Detailed overview will be provided within the report of cleanliness in the scheme and any environmental issues. Maintenance log book to be checked monthly by Assistant Director

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