

Inspection Report

23 April 2024



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: Ms Sandra Murray, Manager 9.30 am – 10.30 am Mr Nigel Funston, Team Leader, 10.30 am – 2pm Ms Sandra Murray, Manager, 2pm – 3.30 pm	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: 5
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 23 April 2024, from 9.30 am to 3.30 pm 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", "I am getting well looked after", "Plenty to do" and "The staff are very good". There were no questionnaires received from residents or relatives.

Staff said that the manager was very approachable, teamwork was good and that they felt supported in their role. Comments from staff included: "I really enjoy working here", "Great support from manager", "Staffing was an issue in the past but has settled recently", "Difficult to get agency to cover sick leave or annual leave" and "Good induction". Comments were shared with the manager to review and action as necessary.

Two responses were received from the staff online survey; one respondent stated that they were very dissatisfied with all four aspects of care (safe, effective, compassionate and well led). The other respondent stated they were neither satisfied/dissatisfied with the 'safe' aspect of care, very satisfied with the 'effective' and 'compassionate' aspects of care and very dissatisfied with the 'well led' aspect of care. Both respondents commented regarding not feeling supported by management and issues with staffing arrangements. Comments were shared with senior management of Praxis to review and written confirmation was received of the action taken to address the issues raised.

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 29 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	<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>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: Third time	<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 taken as confirmed during the inspection: Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 2 Ref: Standard 20 Stated: Second time	<p>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.</p> <p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	Met

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.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff competency and capability assessments for the person in charge of the home in the absence of the manager had been completed. There was evidence that staff received regular supervisions and appraisals.

During the inspection, staff reported that there was good team work, they felt 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 generally satisfactory to meet the needs of the residents. As mentioned above in section 4.0 regarding comments received from staff in relation to staffing; this was discussed in detail with the manager who confirmed that recruitment for suitably skilled staff was ongoing.

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.

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. Staff were observed to respond to requests for assistance in a caring and compassionate manner.

The manager described how staff were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). A menu was on display within the dining room with a choice of two meals. The manager confirmed that they were in the process of developing a pictorial menu.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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. A discussion was held with the manager regarding 'morning shift', 'evening shift' and 'night shift' being entered by staff instead of the exact time. The manager agreed to discuss this with staff and to monitor going forward. Following the inspection, written confirmation was received that relevant action had been taken to address this.

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.

Review of a folder containing all residents' personal emergency evacuation plans (PEEPS) evidenced that the residents' bedroom numbers were not included and the floor plan within the folder was not reflective of the current layout of the home. It was further identified that not all bedroom doors had numbers on them. This was discussed with the manager who agreed to have this reviewed as a priority. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

A wardrobe in one resident's bedroom was not secured to the wall. This was discussed with the manager and following the inspection, written confirmation was received that this had been addressed.

Observation of the environment and discussion with the manager evidenced that there was no effective system in place, such as a call bell system, to alert staff when assistance is required. Details were discussed with the manager and an area for improvement was identified.

A number of maintenance related issues were identified requiring repair/replacement. For example; surface damage to identified floor coverings, a sofa and identified walls. Details were discussed with the manager and following the inspection written confirmation was received 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 held electronically and completed on 15 December 2023, evidenced that any actions required had been recorded 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. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly. A discussion was held with the manager regarding updating these records to include the area of the home where the alarm was set off. Following the inspection, written confirmation was received that relevant action had been taken to address this.

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.

Residents had access to a large lawn with football goal posts and nets; raised vegetable and flower beds and an enclosure with hens. The manager said that residents also participated in the daily collection of eggs from the chicken coop with assistance from staff.

During the inspection four residents attended day care. 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 very nice".

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 29 January 2024.

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.

Whilst a folder was maintained with any residents who required a Deprivation of Liberty Safeguard (DoLS), there was no evidence that a system of auditing this was in place to ensure that the information obtained was kept up to date. This was discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

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' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	1

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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard E8 Stated: First time To be completed by: 23 July 2024	<p>The registered person shall ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We are currently in the process of looking for a specific effective system that will be suitable for the service which will meet the needs of staff residents and visitors to the service..</p> <p>In the interim period I have discussed with our property development team in relation to a system that we will implement and we have agreed on a walkie talkie system for staff team which means that staff can be alerted when assistance is required. I have shared this information with my inspector.</p> <p>I have agreed to keep my inspector updated in relation to the alarm system</p>

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