

# Inspection Report

**Name of Service:** Pettigo House

**Provider:** Praxis Care

**Date of Inspection:** 30 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Praxis Care
<b>Responsible Individual:</b>	Greer Wilson
<b>Registered Manager:</b>	Jakki Collins – not registered
<b>Service Profile</b> This home is a registered Residential Care Home which provides health and social care for up to eight residents who are living with a learning disability. The home is a two storey building with residents' bedrooms located over two floors. Residents are all accommodated in single rooms with ensuite facilities. Residents have access to a lounge, dining area, a conservatory and garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 April 2025 from 9.50am to 3.20pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified during the inspection on 26 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were nicely decorated and were personalised to reflect the residents' interests.

Residents were observed to be able to interact easily with the staff and it was clear that the staff were very knowledgeable in relation to their specific needs.

Staff reported that the care provided to the residents' was important to them and compassionate interactions were observed between the staff and the residents.

One area for improvement from the last inspection was assessed as met. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Observations of residents found that they appeared content in their environment and in their interactions with staff. Residents were able to make their own choices and decisions, where possible.

Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard. Staff were observed to be very vigilant and attentive to residents, particularly when trying to redirect them.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "We all work well together and help each other out," "We do our best for the residents," and "There is good teamwork, good communication and the standard of care is good and the residents are safe."

Staff told us that the manager was supportive and available for advice and guidance.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role. Staff were always available and responded promptly to residents' needs. Staff knew what they were required to do each day in order to ensure they met 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.

#### 3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents' were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant. Observations of the staff and residents interactions found staff to be reassuring and compassionate.

At times some residents may live in a unit that is secure in order to keep them safe or may have other restrictions in place. This deprivation of their liberty was not consistently stated in care plans. This was identified as an area for improvement.

Furthermore some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, however there was no DoLS register in place. This was identified as an area for improvement.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Review of records that there was always a choice of meal offered. Staff were knowledgeable in relation to the residents' specific needs in relation to nutrition.

The importance of engaging with residents was well understood by the staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax. Activities for residents were provided which included both group and one to one activities. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

In relation to care plans regarding the management of DoLs, as stated above; an area for improvement was identified.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

There was a interim system in place to alert staff when assistance is required by residents. A new permanent call bell system is being progressed. This will be followed up at the next inspection.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Jakki Collins is the manager of this home.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was noted that there were some accidents and incidents which were not reported to RQIA. This was identified as an area for improvement.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Peter Leech, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.15 <b>Stated:</b> First time <b>To be completed by:</b> As from the date of this inspection (1 May 2025)	<p>The registered person shall ensure that all accidents and incidents are reported to RQIA, without delay.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>            All accidents and incidents will be reported to RQIA via the portal in a timely manner</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 15 May 2025	<p>The registered person shall ensure that care plans accurately reflect the needs of the residents. Reference to this is made specifically in relation to those with a Deprivation of Liberty.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Individual care plans have been reviewed to ensure they clearly reflect assessed needs. Updates also incorporate relevant references to Deprivation of Liberty safeguards that are in place.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 22.4 <b>Stated:</b> First time <b>To be completed by:</b> 15 May 2025	<p>The registered person shall ensure that a Deprivation of Liberty Safeguards (DoLS) register for the home is implemented, regularly reviewed, updated and changes made where necessary.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A Deprivation of Liberty safeguards register has now been implemented within the home. This register will be regularly reviewed and updated to ensure accuracy, with changes made as necessary to reflect current authorisations.</p>

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



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