

Inspection Report

Name of Service: Pettigo House

Provider: Praxis Care

Date of Inspection: 14 May 2026

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

1.0 Service information

Organisation/Registered Provider:	Praxis Care
Responsible Individual:	Grainne Close
Registered Manager:	Jack Stronge – not registered
Service Profile 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. Residents are accommodated in single bedrooms with ensuite facilities over two floors and they have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2026, from 10.00am to 4pm, 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 areas for improvement identified at the last inspection undertaken by RQIA on 30 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the well-being of residents and understood the needs of the residents in order to deliver safe and effective care.

Residents indicated that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Bedrooms were found to be personalised to reflect residents' interests and preferences.

While we found care to be delivered in a compassionate manner, improvements were required in relation to the governance arrangements to assist the recently appointed manager in their role.

The inspection findings were shared with the Person in Charge during feedback and with the Responsible Individual (RI) after the inspection. The inspection findings were further discussed with the RI, registered manager and management team during a meeting with RQIA on 28 May 2026. Assurances were provided of the actions planned to address the inspection findings.

One area for improvement was assessed as met by the provider. Two areas for improvement will be stated for the second time. Full details, including five 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Residents were observed to be at ease in their environment and in their interactions with staff. Residents were able to move around freely throughout the home. For those residents who had limited verbal communications; they were able to make their wishes known to staff and could choose how to spend their time. Residents were welcomed back to the home on their return from day care and were excited to see the staff.

Staff spoke positively about the provision of care for the residents and advised that this was important to them. Staff reported that the residents were safe and that they strived to provide a good standard of care. Staff confirmed that there was good team work in the home and that they all work well together for the good of the residents.

Concern was expressed by staff in relation to recent staffing challenges; these comments were shared with the manager for further consideration and action as required.

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. Review of a recent staff recruitment file identified that there was no evidence of the pre-employment health assessment being completed. This was identified as an area for improvement.

Discussion with staff identified that there were challenges in maintaining the planned staffing arrangements. Review of the staff duty rota evidenced that planned staffing levels were not always met. This was identified as an area for improvement to ensure that staffing is consistently provided in accordance with the planned staffing levels, ensuring there are adequate staff on duty to meet the assessed needs of the residents.

Review of records of staff training confirmed that these were maintained on an up to date basis and evidenced good staff compliance.

The records of staff registration with their relevant professional body were reviewed and all staff were appropriately registered.

The records provided of staff supervision and appraisal were incomplete and not updated. This will be reviewed at the next inspection.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the number and skills of the staff on duty. Staff reported that there was good teamwork and it was clear that staff were knowledgeable in relation to the individual needs of the residents.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. The register for the Deprivation of Liberty (DoL) was not up to date. Furthermore the care plan for one resident who's DoL had been revoked had not been updated to reflect this change. These two areas for improvement will be stated for the second time.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. However it was noted that the care plan/risk assessment were not reviewed following a fall. This was identified as an area for improvement.

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.

Observation of the serving of the mid-morning snacks confirmed that enough staff were present to support residents with their food and that choices were offered. The atmosphere was calm.

A range of activities was provided for the residents. During the inspection a number of residents were out at day care. For those residents who remained in the home; they were supporting staff with chores which they were able to safely undertake. Staff talked about taking the residents out shopping as well as attending local events within the community.

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.

Care records were person centred, detailed and written with a human rights perspective. However one care record did not reflect the needs of the resident in relation to prescribed supplements and there was no evidence of regular review of some of the care records. This was identified as an area for improvement.

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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Corridors and fire exits were clear and free from obstruction.

The most recent fire safety risk assessment was completed on 14 October 2025. Within the report provided, there was no evidence that the recommendation made as a result of this assessment, had been actioned. Discussion with the manager following the inspection confirmed that there was a separate copy maintained where this had been completed. This will be reviewed at the next inspection.

Systems and processes were in place to manage infection prevention and control (IPC).

3.3.5 Quality of Management Systems

There has been a temporary change in the management of the home since the last inspection. At the time of the inspection Mr Jack Stronge was the manager the home. Discussion took place with the RI following the inspection in relation to the induction arrangements in place to support the manager in their role. RQIA were notified since the inspection that the registered manager has returned to their position in the home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

It was established that systems were in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

Review of the system of audits identified that there were only two records of audits provided during the inspection. This audit system needs to be developed to include audits of IPC, hand hygiene, care records and the environment. This was identified as an area for improvement.

The home was visited each month by a representative on behalf 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 in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

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
Total number of Areas for Improvement	0	7*

* the total number of areas for improvement includes two areas that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jack Sleator, Person in Charge, 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 (Dec 2022)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: 31 May 2026	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. Ref: 3.3.2 Response by registered person detailing the actions taken: A comprehensive review of care planning documentation is currently underway, with specific focus on ensuring that care plans clearly evidence the conditions, restrictions, and individual needs associated with DoLS authorisations. This includes strengthening the linkage between assessment, authorisation conditions, and person-centred care planning to ensure consistency, clarity, and compliance. This work is in progress and will be fully completed by 15/07/2026, at which point all relevant care plans will accurately reflect residents' needs, including those with DoLS in place.
Area for improvement 2 Ref: Standard 22.4 Stated: Second time To be completed by: 31 May 2026	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. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager can give assurance that a DoLS register is implemented within the home and is up to date. The manager has introduced monthly monitoring of the register, in addition to the existing monthly oversight undertaken by the Head of Operations. The register will be regularly reviewed to ensure accuracy, with any necessary updates or changes made promptly in line with current legislation and residents' needs.

Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: As from the date of this inspection (15 May 2026)	The Registered Person shall ensure that the before making an offer of employment that the pre-employment health assessment is completed. Ref: 3.3.1 Response by registered person detailing the actions taken: Assurance can be given that a Pre-Employment Health Assessment is completed prior to any offer of employment. Robust processes to support this are already embedded within the organisation, including mandatory checks, HR verification, and recruitment checklists.
Area for improvement 4 Ref: Standard 25.1 Stated: First time To be completed by: As from the date of this inspection (15 May 2026)	The Registered Person shall ensure that staffing is provided in accordance with the planned staffing level. Ref: 3.3.1 Response by registered person detailing the actions taken: The manager has reviewed staffing rotas and associated processes and can provide assurance that staffing levels have been appropriately maintained. Rotas are monitored on an ongoing basis to ensure that sufficient staff are in place to meet service needs safely and effectively. In the event of any staffing shortfalls or unforeseen issues, the manager will implement the organisation's Business Continuity Plan to ensure continuity of care and safe service delivery. This includes utilising approved contingency measures such as redeployment, use of bank/agency staff, and prioritisation of service delivery where required.
Area for improvement 5 Ref: Standard 6.2 Stated: First time To be completed by: As from the date of this inspection (15 May 2026)	The registered person shall ensure that care plans/risk assessments are reviewed for any resident, following a fall. Ref: 3.3.2 Response by registered person detailing the actions taken: All relevant care plans and risk assessments are currently under review. The manager will ensure that these are updated promptly following any fall and that staff are reminded of their responsibilities in this area. This action will be fully completed by 15/07/2026.

Area for improvement 6 Ref: Standard 6.6 Stated: First time To be completed by: As from the date of this inspection (15 May 2026)	The registered person shall ensure that all care records accurately reflect the needs of the residents and are subject to regular review. Reference to this is made specifically in relation to those with specific nutritional needs who require a prescribed supplement. Ref: 3.3.3 Response by registered person detailing the actions taken: A structured review process is being implemented, including auditing of care records, updating care plans to reflect current assessed needs, and reinforcing staff accountability for accurate and timely documentation. This action will be fully completed by 15/07/2026.
Area for improvement 7 Ref: Standard 20.10 Stated: First time To be completed by: As from the date of this inspection (15 May 2026)	The Registered person shall ensure that there is a robust system of auditing implemented. This should include but is not limited to: care records, IPC, hand hygiene and the environment. Ref: 3.3.5 Response by registered person detailing the actions taken: Monthly manager audits are conducted, alongside monthly audits by the Head of Operations. The manager will maintain oversight to ensure audit records and reports are properly documented, stored, and readily available for future inspection.

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