

Announced Care Inspection Report 6 September 2018



Rigby Close

Type of Service: Domiciliary Care Agency
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 95043200
Inspector: Jim McBride
User Consultation officer: Clair McConnell

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust in association with Habinteg and Choice Housing Association, and private landlords. Currently 16 service users are supported by 28 staff. Service users live in single or shared tenancy accommodation in Rigby Close and the local vicinity. The aim of the scheme is to provide care and support to individuals with a learning disability, to promote independence within the community.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Andrea Lee
Responsible Individual: Martin Dillon	
Person in charge at the time of inspection: Andrea Lee	Date manager registered: 26 November 2016

4.0 Inspection summary

An announced inspection took place on 6 September 2018 from 09.30 to 14.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- quality monitoring
- the provision of compassionate care and governance arrangements

As part of the inspection the User Consultation Officer (UCO) spoke with seven service users to obtain their views of the service being provided by the Belfast Trust at Rigby Close. The UCO also spoke informally with two members of staff as well as observing their interactions with the service users.

The UCO also undertook a tour of some of the service users' homes with the service users' permission.

Staff comments:

- "The staff induction is comprehensive."
- "Good training for all staff."
- "Induction prepares you for the role."
- "Good supervision from managers."
- "Staff communicate well with each other."
- "We have a great staff team."
- "The manager has an open door policy and is available to all staff."

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrea Lee, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 8 February 2018

No further actions were required to be taken following the most recent inspection on 8 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussions with staff
- examination of records
- evaluation and feedback
- user consultation officer report (UCO)

The following records were viewed during the inspection:

- service users' care records
- staff meeting minutes
- staff training records pertaining to:
 - safeguarding
 - medication
 - moving and handling
 - infection control
 - management of records
 - complaints
 - human rights
 - equality
- staff rota information
- safeguarding policy (2018)

- whistleblowing policy (2018)
- statement of Purpose (2018)
- complaints policy (2017)
- service user guide (2018)

During the inspection the inspector met with the five members of care staff. The comments received have been included in this report.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff responses had been returned to RQIA via Survey Monkey.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision." No responses have been received by RQIA.

The inspector also asked the manager to distribute ten questionnaires to tenant's. Four service user questionnaires were returned.

Questionnaire Comments:

The inspector and the user consultation officer would like to thank the staff and service users for their warm welcome and full co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 February 2018

The most recent inspection of the service was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 February 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The service users who live at Rigby Close have a wide variation in support needs, ranging from one to one support to the outreach service users who live in the community with limited support. Through discussions with service users and staff, as well as the UCO's observations, it was evident that staff were knowledgeable about the individual service users and the level of support required to ensure their safety.

A number of examples were discussed during the UCO's visit including cleaning, shopping, cooking, management of money and medication, travel arrangements for trips and larger financial decisions. All of the service users interviewed confirmed that they had a key worker and felt able to raise any concerns. Service users were also aware of the contact arrangements should they require assistance at any time.

Staff recruitment is co-ordinated and processed by the BHSCT human resources (HR) department. Documentation viewed indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the staff show that staff are required to attend induction training. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. This was verified by the staff members on duty. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures both online and in a policy folder. It was good to note that policies and procedures are regularly discussed during staff meetings.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift pattern. The inspector viewed rota information for weeks ending: 26 August 2018, 2 September 2018 and the 9 September 2018 the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC). The inspector noted that staff competency and capability assessments had been completed for a number of staff who can act as manager during any absences.

The agency has an electronic system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. A system is in place to review staff mandatory training and update training as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme with updates two yearly. During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required. A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector noted some of the comments made by service users during their reviews:

- "I enjoy when the staff are present."
- "I'm happy with ***** placement and the level of staff support."
- "I'm happy in my house."
- "I have no concerns here."
- "Good staff and support."

The staff described how the people supported and/or their representatives are supported to be involved in the development and review of their care plans; these are reviewed and updated as required. The inspector noted that the current care plans are written in an "About Me" format, a comprehensive individual person centred plan for recording all care and support needs, with the overall aim to identify what is most important to each person for individuals, to achieve a good life and ensure that the support they receive is designed and coordinated around their desired outcomes.

Some of the areas covered include:

- "What's important to me?"

- “How best to support me?”

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Four returned questionnaires from service users indicated that safe service meant:

- there are enough staff to help you
- you feel protected and free from harm
- you can talk to staff if you have concerns

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Support is tailored to suit the needs of the individuals to enable them to live as independently as possible for example cooking, cleaning, shopping and budgeting support. It was evident that staff were knowledgeable regarding the level of support required by the individual service users.

Confirmation was received that the service users have a key worker and they felt that they could speak to staff if they had any complaints or concerns about the service. House meetings or meetings with their key workers are used instead of tenants meetings to allow the service users to raise any concerns or suggestions for activities they would like to do.

The agency’s data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency’s staff personnel and service users’ records were retained securely and in an organised manner.

The care plans reviewed evidence how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

The agency values diversity promotes inclusion and practices equal opportunities at all times. They are committed to ensuring that no one is discriminated against in accessing, receiving or leaving the service and staff will endeavour to provide information in a range of formats suitable to meet individual needs.

Discussions with staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit. The inspector noted some of the comments made by service users, staff, relatives and HSC Trust staff during quality monitoring:

Service users:

- “I enjoy sharing my house.”
- “Staff help me with my house.”
- “I’m happy with the quality of care and support.”

Staff

- “A good standard of care.”
- “Staff receive plenty of training.”
- “I have no concerns about the quality of care provided.”

Relatives:

- “I’m happy with the care and support***** is well looked after.”
- “Staff keep my **** safe in *** flat.”
- “It’s good to see how ***** skills have improved.”

HSC Trust Staff:

- “I’m happy with the level of communication.”
- “Rigby work well with the community teams and provide a quality service.”
- “I’m involved and updated as necessary.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The staff could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with staff during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders.

Staff meetings are facilitated within the agency. Staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during staff meetings:

- training
- service user updates
- complaints
- health and safety
- policies and procedures
- staffing
- medication
- care and support plans
- risk assessments

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to quality monitoring and communication between service users, agency staff and other relevant stakeholders.

Four returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The UCO visited a number of flats and houses, with consent from the service users, and the service users interviewed confirmed that they are given choice regarding the decoration of their home. During the visits two service users were discussing with a member of staff their plans to have work done to their home in the coming days.

Service users are encouraged by staff to participate in the day to day tasks of their home and are given choice regarding activities as much as possible. Below are a number of activities that the service users have carried out with the assistance of staff:

- Day trips i.e. Newcastle and Portrush
- Overnight trips i.e. Londonderry and Manchester
- Special Olympics
- Gateway and Shred Clubs

- Day Care Centres
- Beauty treatments
- Gardening
- Arts and crafts
- Meals out
- Concerts and plays
- Visiting family and friends
- Dance clubs
- Work placements

Examples of some of the comments made by the service users interviewed are listed below:

- “Someone is always here if I need help.”
- “I can raise any concerns with my key worker.”
- “I choose what I want to do and staff help me.”
- “I like living here with XXX.”

During the home visits the UCO observed interactions between the staff and service users. No concerns were noted during the interaction.

Discussions with staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engage and respond to the comments and views of service users and were appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, monthly care plan reviews, six monthly care review meetings involving HSC Trust keyworkers, stakeholder.

Service users are encouraged to make choices regarding their individual daily routine and activities. Staff stated that service users could speak to staff at any time.

Four returned questionnaires from service users indicated that compassionate care meant:

- staff treat you with kindness
- staff ensure you are respected and that your privacy and dignity is maintained
- staff inform you about your care
- staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced the staff do receive appropriate staff induction, training, supervision and appraisal.

The inspector identified from records viewed and discussions with staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

Staff could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice. The inspector identified from records viewed and discussions with staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. No concerns regarding the management of the agency were raised during the interviews with the UCO.

The inspector noted that the agency brings together equality information in relation to service users, during the referral process. The data is used effectively with individual service user involvement and when individual person centred care and support plans are being developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted evidence that supports equal opportunities, regardless of abilities, background or lifestyle. Some of the areas relating to equality and disability awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy

- human rights
- equal care and support
- individual person centred care
- about me care planning
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The Statement of Purpose for the service was in place. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated as required. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose.

Four returned questionnaires from service users indicated that a well led service meant:

- you always know who is in charge at any time
- you feel the service is well managed
- your views are sought about your care and the quality of the service
- you know how to make a complaint

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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