Unannounced Care Inspection Report
11 May 2018

Rigby Close

Type of Service: Residential Care Home
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 9504 3200
Inspector: Patricia Galbraith

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

This is a residential care home with 2 beds which provides short stay breaks care, for residents who fall under the categories of care cited in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust **Responsible Individual:** Martin Dillon	**Registered Manager:** Andrea Lee
Person in charge at the time of inspection: Frank Hall until 13.00 and then Paul Hardy	**Date manager registered:** 30 November 2016
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 2

4.0 Inspection summary

An unannounced care inspection took place on 11 May 18 from 11.15 to 16.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Paul Hardy, Person in Charge 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 September 18.

5.0 How we inspect

During the inspection the inspector met with two residents and five staff.

A total of ten questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. A poster was left with the manager requesting staff to complete electronic questionnaire. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 22 January 18

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 29.1 **Stated:** First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing the actions taken in response to the recommendations made from the fire safety risk assessment dated February 2017. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: The fire safety risk assessment recommendations had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge 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, residents' representatives and staff.

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

Review of 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the person in charge 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.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult *sa*feguarding training was provided for all staff.

Discussion with the person in charge, 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 person in charge 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and bed rails etc. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The person in charge and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to 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 person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust'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 fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 22 February 18 and all recommendations were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill had been completed on 5 December 17. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that not all weekly fire checks had been completed. This was identified as an area of improvement. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection in relation to weekly fire checks.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the person in charge 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 not maintained in line with the legislation and standards. They had not included up to date risk assessments and residents, care plans did not accurately reflect residents care needs. This was identified as an area for improvement. The daily/regular statement of health and well-being of the resident had been completed.

The care records had reflected the multi-professional input into the residents' health and social care needs. 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are able to decide on a daily basis what they would like to do while on their short break stay.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The person in charge confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The person in charge 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.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative 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. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from resident were as follows:

- "I always get what I need"

Areas of good practice

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

Areas for improvement

Areas for improvement were identified during the inspection in relation to risk assessments and care records did not reflect up to date care needs.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

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

The person in charge 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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. This was further evidenced by the review of care records for example, care plans in place for management of pain and trigger factors.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example pictorial cards and sign language are used.

The person in charge and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The person in charge 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, residents 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. For example residents individual meetings and a questionnaire is completed prior to their discharge.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents go shopping and had been to the cinema. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example family can visit any time.

Comments received from residents and staff were as follows:

- "I love coming here." (resident)
- "Staff are good." (resident)
- "We try to get the residents whatever they want." (staff)

Areas of good practice

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.

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

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents

Guide, Poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home.

The person in charge 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.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns and they will offer support to staff.

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 person in charge 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.

Comments received from staff were as follows:

- "The manager is very supportive"
- "I have been supported form starting here, good team work."
- "Managers door is always open"
- "Good support"

Areas of good practice

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

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Hardy, Person in Charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation15.-(2) (a) (b) **Stated:** First time **To be completed by:** 14 July 2018	The registered person shall ensure all residents risk assessments are kept under review and revised at any time necessary to do so having regard for any change of circumstances and in any case not less than annually. Ref: 6.5
	Response by registered person detailing the actions taken: All service users' risk assessments are currently being reviewed and will be updated with regard to any change of circumstances within the timeframe stipulated by the inspector. All Risk Assessments, including those using "short breaks" will be reviewed no less than yearly.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 29.2 **Stated:** First time **To be completed by:** 12 May 2018	The registered person shall ensure weekly fire checks are completed and recorded. Ref: 6.4
	Response by registered person detailing the actions taken: There is a nominated person within Rigby Close who completes fire checks on a weekly basis. The Trust acknowledges that the weekly fire checks were not completed on two occasions; this was due to the staff member's absence. All staff have now been informed that weekly fire checks must be completed and recorded. This will be audited on a monthly basis by the Registered Manager.
Area for improvement 2 **Ref**: Standard 6.6 **Stated:** First time **To be completed by:** 14 July 2018	The registered person shall ensure all residents care plans are kept up to date and reflects current needs. Ref: 6.5
	Response by registered person detailing the actions taken: All service users' care plans are being reviewed and will be updated to reflect current needs wiithin the timeframe stipulated by the inspector. All Care Plans, including those using "short breaks" will be reviewed no less than yearly.

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

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