

**Unannounced Care Inspection  
of  
Rigby Close**

**1 October 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 1 October 2015 from 10.30 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

The details of the QIP within this report were discussed with the deputy manager Joan McVeigh deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered organisation/Registered person:</b> Belfast Health and Social Care Trust	<b>Registered manager:</b> Andrea Lee
<b>Person in charge of the home at the time of inspection:</b> Joan McVeigh, deputy manager	<b>Date registered:</b> 30/11/12
<b>Categories of care:</b> RC-LD,RC-LD (E)	<b>Number of registered places:</b> 2
<b>Number of residents accommodated on Day of Inspection:</b> 2	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/Process

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

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents submitted to RQIA.

We met with six members of staff of various grades.

We inspected two care records, complaints records, staff training records, fire safety risk assessment, accident and incident records.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 27 January 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(d)	The registered person should attend to damaged paintwork on living room walls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The walls were inspected and have been painted.	

### 5.3 Standard 1- Residents' involvement

#### **Is care safe? (Quality of life)**

Staff actively seek respite service users and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that respite service users' choices and preferences were clearly detailed. Care plans we reviewed were signed by the service user or representative.

In our discussions with the deputy manager and staff members they confirmed that residents' meetings have been held. Parents and friends had been contacted at the end of each stay.

We noted that there were policies in place regarding consent, communication and residents involvement.

In our discussions with the deputy manager and staff members they confirmed that residents' complete a satisfaction questionnaire after their stay in the home.

In our discussions with the deputy manager and staff we confirmed that areas of care and complaints were covered during staff induction and in staff training.

#### **Is care effective? (Quality of management)**

We noted a range of methods and processes where respite service users and their representatives' views were sought about the respite care. We found that staff maintained a record of actions taken to improve the service experience.

In our discussions with the deputy manager and with care staff we confirmed that satisfaction questionnaires were provided to respite service users and to families. Service users were encouraged to have independent assistance, if required, to complete these questionnaires.

The returned satisfaction questionnaires identified that respite service users and representatives were happy with the service provided. We noted also that staff met with respite service users individually and in groups to explore any issues which might arise and to exchange information between the staff team and service users.

We noted a range of methods and processes where resident's views were sought about the care. We found that staff maintained a record of actions taken to improve the service experience.

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**Is care compassionate? (Quality of care)**

The values underpinning the standards, as appropriate to the ethos of care, inform the philosophy of care in the home. These values are documented in the home's Statement of Purpose.

In our discussions with staff we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

**Areas for improvement**

There were no areas for improvement within the standard inspected. The standard was met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**Theme: Residents receive individual continence management and support****Is Care Safe? (Quality of life)**

The staff reported to us should any resident need specialist support with continence care, the district nurse or community continence advisor would provide guidance to staff. The staff members were able to demonstrate knowledge and understanding of continence care.

Through our inspection of the premises and in discussion with staff we could confirm that there was a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members had received training in infection control and were aware of the process for safe disposal of used continence items, should this be required in future.

**Is care effective? (Quality of management)**

The home had a written policy and procedure relating to continence management and promotion. This policy provided guidance in this area to staff if needed. Residents are in the home for short stays only. Their continence regime is already established on admission. The home receives a copy of their care plan and continue to provide continence care and support as recorded.

There were no malodours noted during inspection of the premises.

**Is care compassionate? (Quality of care)**

There is a core group of individuals who regularly use this respite service. Staff were aware of the potential loss of dignity associated with continence care. In our discussions with staff we found that they were knowledgeable about residents and acknowledged the importance of ensuring their dignity and respect when being assisted by staff.

**Areas for improvement**

There were no areas for improvement within the theme inspected. This theme was met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

One resident was accommodated in the home. The resident was out for the day and therefore unable to share his/her views with the inspector. Ten residents' questionnaires were left for completion none were returned in time for inclusion in the report.

### **5.4.2 Staff views**

We met with six staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Some comments included:

- "I like working here. There is good team work"
- "Staff are all great to work with"

Ten staff questionnaires were distributed on the day of inspection. Three were returned in time for inclusion in report. No issues were identified in the returned questionnaires. Comments were positive about the home.

### **5.4.3 Visiting professional**

There were no visiting professionals during inspection.

### **5.4.4 Care practices**

Direct care delivery was not observed.

### **5.4.5 Accidents / incidents**

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### **5.4.6 Complaints / compliments**

Complaints recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

### 5.4.7 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was in date. Fire alarms were tested weekly in different zones. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

### 5.4.8 Environment

We found that the home was clean and tidy. The general décor and furnishings were of a good standard. However, the kitchen units and work surfaces require repair or refurbishment. The kitchen floor covering is not fitted properly. Gaps between the floor covering and walls may pose an infection control hazard. A requirement was made in this regard.

Boxes of archived records had been stored in the manager's office. These may pose a fire hazard and must be removed. A requirement was made in this regard.

We inspected the laundry and found residents belongings being stored. This may pose a health and safety hazard. A requirement was made in this regard.

Residents' bedrooms were comfortable and personalised to a degree. Communal lounges were comfortable and offered choice of seating for residents.

### Areas for improvement

There were three areas of improvement identified within the additional areas inspected.

<b>Number of requirements:</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with deputy manager Joan McVeigh as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.- (4) (b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 01 September 2015	The registered person must ensure that the archived records are removed.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.- (2) (b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 December 2015	The registered person must ensure the kitchen units, work top and flooring are refurbished or replaced.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27.- (2) (l)  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 December 2015	The registered person must provide adequate storage for residents' belongings.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>

Registered manager completing QIP		Date completed	
Registered person approving QIP		Date approved	
RQIA inspector assessing response		Date approved	

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)