



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 11 December 2018



## Rigby Close

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

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Assurance, Challenge and Improvement in Health and Social Care

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 registered to provide care for residents living with a learning disability. This care and accommodation is for short term respite.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust  <b>Responsible Individual:</b> Martin Dillon	<b>Registered Manager:</b> Andrea Lee
<b>Person in charge at the time of inspection:</b> Andrea Lee	<b>Date manager registered:</b> 24 April 2016
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 2

### 4.0 Inspection summary

An unannounced care inspection took place on 11 December 2018 from 10:30 to 13:50 hours.

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 staff training, supervision and maintenance of good working relationships. Good practices were also found in relation to care records and communication with relevant parties such as aligned named workers and residents' representatives.

No areas requiring improvement were identified during this inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrea Lee, registered manager, as part of the inspection process and can be found in the main body of the report.

## 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 11 May 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: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with three staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 11 May 2018

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 11 May 2018

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15.(2) (a) (b) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of care records and discussion with the registered manager confirmed that this has been acted on.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.2 <b>Stated:</b> First time	The registered person shall ensure weekly fire checks are completed and recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of fire safety records confirmed these checks to be maintained on an up-to-date basis.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure all residents care plans are kept up to date and reflects current needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of care records and discussion with the registered manager confirmed that this has been acted on.	

### 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 registered manager assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in an infrequent basis in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. Staffing in the home was reported as being very stable.

No concerns were raised regarding staffing levels during discussion with staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of an induction record and discussion with 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 annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Records of recruitment are maintained in the Belfast Health and Social Care Trust's human resource department. A checklist from the human resource department is made available to the registered manager to confirm that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). This record was also inspected and found to be appropriately maintained.

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The home also liaises with the resident's aligned named workers and families before admission so as to ensure the assessment is up-to-date and to ensure the home can meet any assessed needs. Arrangements are also in place for prospective residents and/or their representatives to visit and assess the suitability of the home prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge 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).

Restrictive practices were employed within the home, notably the use of keypad entry systems, pressure alarm mats and splints. Restrictive practices were described in the Statement of Purpose and Residents' Guide. No other obvious restrictive practices were observed at the time of this inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management 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 home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Inspection of staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff also 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.

The “Falls Prevention Toolkit” guidance was being used to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for patterns and trends. Referrals were made to the Trust’s falls team in line with best practice as required.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents’ bedrooms were found to be comfortable and tastefully furnished.

It was established that no residents in the home smoked.

A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary on a weekly basis.

The home’s most recent fire risk assessment was dated September 2018. No recommendations were made from this assessment.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “This is a good place to work. There is a low turn-over of staff, which bring good consistency”
- “The training is very good and you can see how it works through time with dealing with challenging behaviours.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation induction, training and adult safeguarding.

**Areas for improvement**

No areas of improvement were identified in respect of this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care effective?

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

Discussion with staff established that the home responded appropriately to and met the assessed needs of the residents. Staff also declared that they felt a good standard of care was provided for and that they had the necessary skills, training and resources to do so. The home's records management policy in place included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of two residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, manual handling, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records inspected were observed to be signed by the resident's representative.

An evaluation report of the resident's progress and well-being during the respite care is issued to the resident's aligned named worker and representative at the end of the stay.

Care records were maintained in an organised, methodical manner with good access to information.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to recognise individual resident's social preferences and acted on these create a homely environment.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The catering facility was tidy and well organised.

Staff advised that they were able to recognise and respond to pressure area damage. It was reported that there are no residents in the home with pressure area damage.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised 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, staff meetings and staff shift handovers. Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection 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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, their representatives, staff and other interested parties.

### Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussions with staff indicated that 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.

The registered manager advised that consent was sought in relation to care and treatment. For example, staff described how they gave clarification and sought agreement with undertaking tasks such as assistance with personal care.

Staff were able to describe their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. Staff also described how such values had positive effect with dealing with residents' distressed behaviours and how they had seen an overall decrease in incidents as a result. Staff stated that they had a sense of pride in this and that it added to their own self-worth and achievement.

Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate. Further evidence of this was contained with progress records, in that issues of assessed need, such as pain had a recorded statement of care/treatment given with effect of same.

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. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings and day to day contact with management.

Discussion with staff and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. One example of this was described how staff facilitated a resident to enjoy a special family birthday.

No residents were in the home at the time of this inspection, as the one resident due for admission was at their respective day care placement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from staff and registered manager.

**Areas for improvement**

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager outlined the management arrangements and governance systems in place within the home. It was also advised that the needs of residents were met in accordance with the home’s Statement of Purpose and the category of care for which the home is registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure is 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 Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Inspection 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. Inspection of these records found these to be appropriately maintained. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these 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.

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

Discussion with staff confirmed that information in regard to current best practice guidelines was made available to staff. Staff also advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Inspection of training records found that both mandatory and additional areas of training were being met.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The reports of the last three months' visits were inspected and found to be recorded in informative detail with recorded evidence that previous agreed actions had been dealt with.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Feedback from staff also confirmed that there were good working relationships within the home and that management were

responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

One staff member spoken with during the inspection made the following comments:

- “It’s a well-managed facility. I would have no problems or concerns at all about the care here.”

**Areas of good practice**

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

**Areas for improvement**

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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