



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 12 March 2020



## Rigby Close

**Type of Service: Residential Care Home**  
**Address: 8 Rigby Close, Belfast, BT15 5JF**  
**Tel No: 028 95043200**  
**Inspector: Heather Sleator**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to two persons (service users) for respite care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Services (BHSCT)	<b>Registered Manager and date registered:</b> Arlene Kerr – registration pending
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Arlene Kerr	<b>Number of registered places:</b> 2
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 0

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2020 from 10.25 to 14.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 staffs' knowledge of the needs of the service users and they worked well as a team to deliver the care service users' required. Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement were identified regarding the environment of the home; the flooring in service users' bedrooms should be replaced, exposed pipework at the sinks in the bedrooms should be boxed in and the appropriate equipment/beds to safely meet the needs of any service user should be provided.

The term 'service user' is used to describe those using Rigby Close as the home provides short term respite care.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Arlene Kerr, Manager, 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 22 September 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with service users, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give service users and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 February to 12 March 2020
- staff training records
- incident and accident records
- two service user care records
- a sample of governance audits/records
- complaints record
- minutes of staff meetings
- reports of the monthly quality monitoring reports from November 2019 to January 2020
- RQIA registration certificate
- selected policy documentation

Areas for improvement identified at the last 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 previous inspection.

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that it is clearly recorded in the duty rota the member of staff in charge in the absence of the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the staff duty rotas from 17 February to 12 March 2020. The person in charge in the absence of the manager was highlighted on the rotas.	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time	The registered person shall review the lack of hand washing gel provision to the reception foyer of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A hand sanitiser unit was provided in the entrance foyer of the home.	

## 6.2 Inspection findings

### 6.2.1 Staffing Arrangements and care practice

A system was in place to identify staffing levels to meet the service users' needs. A review of the staff rotas for the period 17 February to 12 March 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the service users. On each shift senior staff and support workers were rostered.

We discussed the provision of staff for any service users who require additional supervision. The manager has a clear understanding that staff required to provide increased supervision were in addition to the number of staff required to meet the overall needs of the service users. A review of the rotas confirmed that additional staff were rostered to provide this level of supervision. Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of regular individual supervision and an annual staff

appraisal. Staff also confirmed that communication in the home was good and that regular staff meetings took place.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that the person in charge in her absence was identified on the duty rota. A review of the duty rota and the completed competency assessments confirmed a robust system was in place.

In discussion with the manager and staff it was confirmed that arrangements were in place for the completion of the Mental Capacity Act/Deprivation of Liberty Standards training for staff. All are completing level 2 training and senior staff, as directed by line management in the Trust, will be completing the additional levels.

We reviewed two service users care records. There was evidence of multidisciplinary team input and liaison and that the assessment of need and associated care plans were reviewed and updated in response to service users changing needs. We discussed with the manager how they ensure that the information they retain reflects the current needs of the service users given that there can be a period of time between each planned short stay. The manager stated that prior to any service user coming in, staff contact the service user's carer to confirm that the service user will be coming and if there has been any change in the health and wellbeing of the individual from the time they were previously in the home. This information is then transferred to the service users care records and the relevant care plan updated as required.

We were advised that the use of potential restrictive practices was limited, for example, the use of bedrails or alarm/pressure mats when and where there is assessed need. We reviewed a service user's care records regarding the use of bedrails. Evidence of a risk assessment was present and a corresponding care plan regarding the use of bedrails which monitored the continued use of this type of equipment. Evidence was also present of consultation with the service user's representative in respect of the need for bedrails. However, we observed that one of the beds in the service users bedrooms had been adapted by staff so as 'higher' bedrails could be used for a service user; in effect staff were using third party bedrails. There are guidelines for the use of third party bedrails which must be implemented by staff if they continue to use them. This was discussed with the manager. The bed which had been adapted was showing signs of wear and tear and should be replaced. The Trust should provide the appropriate equipment/beds to safely meet the needs of any service user. This has been identified as an area for improvement.

## **6.2.2 Environment**

The home provides short term care and support for a number of service users on a rotational basis. One or two service users can be using the service at any given time depending on the needs of the individuals. The facilities for the service users included a lounge, kitchen area, two bedrooms and shower facilities. There was a small external courtyard area for service users to use. The manager stated that new lounge furniture had been ordered and was due to arrive in the near future. This will enhance the overall appearance of the lounge and provide for the comfort of the service users. The built in wardrobes in the two bedrooms had been removed and replaced with free standing wardrobes. This provided more useable space in the bedrooms. However; due to this the flooring was mismatched and should be replaced to provide a smooth surface. The manager was also advised that the pipework at the sink units in the bedrooms should be boxed and this would also provide storage for personal toiletries. This has been identified as an area for improvement.

The home was clean and fresh smelling. The manager confirmed that the cleaning routines in the home were monitored and schedules put in place to ensure that all areas of the home are regularly attended to. Information was present advising visitors to the home of the need to be attentive to good hand hygiene principles and hand sanitisers were readily accessible in the home.

We saw that fire safety measures were in place to ensure service users, staff and visitors to the home were safe. The most recent fire risk assessment had been completed in March 2020 but the manager had not, as yet, received the report. The review of the fire risk assessment of February 2019 evidenced that the manager had actioned the recommendations of the report. No issues were observed with fire safety. The access to fire escapes was clear.

### **6.2.3 Service user's views.**

We arrived in the home at 10.25 hours and were met immediately by staff who offered assistance. The service users who had been in the home the previous night had already left for day care. One service user was due to arrive for respite later in the afternoon. Therefore we were unable to directly seek the views of service users at the inspection.

We discussed how the manager is assured of the quality of service provided by the home and staff. The manager stated that a satisfaction survey is issued to the carers of the short break (respite) service. The most recent collated survey report (2018/19) was made available and viewed. Comments received to the following questions were:

What things do you like best about Rigby Close?

- "Friendliness of staff."
- "One to one attention."
- "Loves the staff and enjoys meeting up with friends."
- "Care is of a good standard."

What would you like to see improved?

- "More activities outside the unit."
- "Wheelchair accessible vehicle."
- "More outings."

Should you need to make a complaint do the staff/manager listen and take appropriate action?

- "Never had to complain."
- "When I have had a discussion with staff they have responded positively to points raised."

Activities are decided by the service users and staff. Service users do go out on outings as a number of staff are designated drivers and the home has their own transport. However; as indicated above transport for service users who are wheelchair users can be problematic.

There were no questionnaires completed and returned to RQIA from patients, patients' representatives or staff at the time of issuing the report.

## 6.2.4 Management and governance arrangements

The manager, Arlene Kerr, had been working as the manager in an acting capacity however; the manager stated that she had recently been appointed as the permanent manager. The manager was advised to submit an application for registration with RQIA and to view this as a priority. The manager facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, monitoring reports, audit records, service users care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Areas audited included care records, staffing levels, staff supervision, complaints and accidents and incidents. The manager stated that she had developed health and safety audits regarding, for example; the control of substances hazardous to health, water temperatures and fire safety. These audits had not yet commenced or discussed with staff. The manager was advised to implement these audits as soon as possible. The manager agreed to do so.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. The reports of November and December 2019 and January 2020 were reviewed. The monthly quality monitoring visit had been completed for February 2020 but the report was not yet available. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care service users required. Effective systems were in place to provide the manager with oversight of the services delivered.

### Areas for improvement

Areas for improvement were identified regarding the environment of the home; the flooring in service users' bedrooms should be replaced, exposed pipework at the sinks in the bedrooms should be boxed in and the appropriate equipment/beds to safely meet the needs of any service user should be provided.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Arlene Kerr, Manager, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) and (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2020</p>	<p>The registered person shall ensure that the care, treatment, if necessary, and other services provided to each service user meet individual need, reflect current best practice and are provided by means of appropriate aids or equipment. The registered person shall also ensure that all aids and equipment are suitable for purpose and properly maintained and in good working order.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> In response to this area of improvement, the registered person will ensure that care, treatment and if necessary, other services provided to each service user meet their individual needs, reflect current best practice and are provided by appropriate aids or equipment. In response to this a new profiling bed has been ordered to replace the current bed in use.</p> <p>The registered person will also ensure all aids and equipment are suitable for purpose and properly maintained and in good working order.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate</p>	<p>The registered person shall ensure that staff are aware of the guidance for the use of third party bedrails and records are maintained regarding the safe practice of the bedrails.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> In response to this area of improvement, guidance regarding the use of third party bedrails has been made available to all staff.</p> <p>Records are now in place regarding safe guidance.</p> <p>The registered manager has ordered a new profiling bed to replace the bed currently used which will result in the use of 3<sup>rd</sup> party bedrails ceasing.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.3 and 27.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2020</p>	<p>The registered person shall ensure that the environment of the service users bedrooms are enhanced regarding:</p> <ul style="list-style-type: none"> <li>• Replacing the flooring in the bedrooms to provide an even and smooth surface.</li> <li>• The exposed pipework at the sinks in the service users' bedrooms should be boxed in.</li> </ul> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement, the registered manager has requested the flooring to be replaced in the bedrooms. This was requested 10/03/2020.</p> <p>The registered manager has requested for the pipes to be boxed in with vanity cabinets installed under the sink in the two bedrooms. This was requested on 11<sup>th</sup> May 2020.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)