



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report

## 14 September 2017



## Rigby Close

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

[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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with two beds that provides respite care for adults with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Andrea Lee
<b>Responsible Individual(s):</b> Martin Dillon	
<b>Person in charge at the time of inspection:</b> Joan O'Neill senior care assistant then joined later by Andrea Lee	<b>Date manager registered:</b> 30 November 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 14 September 2017 from 10:40 to 13:00 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 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 the staff training, governance arrangements and maintenance of good working relationships. Good practice was also evident with care records, communication between residents, their representatives and aligned health care professionals.

One area requiring improvement was identified in relation to the most recent fire safety risk assessment.

The one resident in the home at the time of this inspection appeared well cared for and the staff member had good communication skills to attend to this resident's needs. These were done in a sensitive, caring manner.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Lee, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of 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 11 May 2017.

## 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 and QIP and accident and incident notifications.

During the inspection the inspector met with one resident, one member of staff and the registered manager.

A total of ten questionnaires were provided for distribution to residents' representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Two residents' care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- 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

The one area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as partially 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 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 11 May 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	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should ensure a review of all care files is undertaken. <b>Action taken as confirmed during the inspection:</b> Discussions with the registered manager indicated that this review is underway and staff have been trained accordingly to do this.	<b>Partially met</b>

### 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 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 staff.

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

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 of staff was regularly provided. A schedule for mandatory training was inspected and was found to be appropriately maintained.

Staff 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; records of competency and capability assessments were retained.

Discussion with the registered manager 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 personnel department of the Belfast Health and Social Care Trust.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Discussion with the registered manager confirmed that no staff had been recruited since the previous inspection and that staffing in the home was very stable, therefore staff personnel files were not inspected on this occasion.

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

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

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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. 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.

Discussion with the registered manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed there were restrictive practices employed within the home, notably locked door and bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records confirmed that all staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control 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.

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.

Staff reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA, with appropriate records retained.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Inspection of the internal environment identified that the home was 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.

The home's fire risk assessment was dated February 2017. A recommendation made from this had no corresponding evidence to confirm that this was addressed. This issue has been identified as an area of improvement in respect of the standards.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of 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 (PEEPs) in place.

### **Areas of good practice**

There were examples of good practice in respect of this domain found throughout this inspection in relation to staff training, adult safeguarding and infection prevention and control.

### **Areas for improvement**

One area of improvement was identified during the inspection. This was with regard to the fire safety risk assessment.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

### **6.5 Is care effective?**

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

Discussions with the registered manager and the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents' care records 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 assessments and risk assessments such as manual handling, nutrition and swallowing 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. The resident's representative was encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records reviewed were observed to be signed by the resident's representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff in-depth knowledge and understanding of individual resident needs. Staff also had an excellent knowledge and understanding of residents' communication needs.

Records were stored safely and securely in line with data protection.

The senior care assistant confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. It was also confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, 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.

Observation of practice evidenced that staff were able to communicate effectively with residents.

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 this inspection in relation to care records and communication between residents, their representatives and aligned health care professionals.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	<b>Regulations</b>	<b>Standards</b>
<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.**

The inspector met with the one resident in the home at the time of this inspection. This resident appeared comfortable, content and at ease in their environment and interactions with staff. The resident appeared well cared for with attention to personal care and attire.

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

Discussion with staff confirmed that residents' spiritual and cultural needs.

Discussions with the registered manager and senior care assistant confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by inspection of care records with care plans in place for management of pain, which included trigger factors and prescribed interventions.

The senior care assistant confirmed that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected.

It was confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Observations of care practices 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. These included care review meetings and day to day contact with management.

One resident in the home was out at a day care placement.

Arrangements were in place for residents to maintain links with their friends, families and wider community. These included close contact with the residents' representatives in involving them with consultations, feedback and welcoming into the home.

### **Areas of good practice**

There were examples of good practice in respect of this domain found throughout this inspection in relation to general observations of care practices and atmosphere in the home.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	<b>Regulations</b>	<b>Standards</b>
<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 and senior care assistant confirmed that 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.

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. Discussion with

staff confirmed that they were knowledgeable about how to receive and deal with complaints. No expressions of complaint had been received.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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 senior care assistant and inspection of staff training records confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken on behalf of the registered provider 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. Inspection of three of these reports found these to be maintained in informative detail.

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 senior care assistant 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 registered manager confirmed that staff could also access management to raise concerns and that appropriate support will be given.

Discussion with senior care assistant confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The senior care assistant also confirmed there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas of good practice**

There were examples of good practice in respect of this domain found throughout this inspection in relation to governance arrangements and maintenance of good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Andrea Lee, Registered 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

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

<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 14 November 2017	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            In response to this area of improvement, the registered person will submit (on or before 14<sup>th</sup> November 2017) an action plan with timescales to the homes estates inspector detailing the actions taken in response to the recommendations made form the February 2017 fire safety risk assessment.</p>
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*\*Please ensure this document is completed in full and returned Web Portal*



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