

Inspection Report

14 December 2022



Rigby Close

Type of service: Residential Care Home
Address: 8 Rigby Close, Belfast BT15 5JF
Telephone number: 028 9504 3200

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Arlene Kerr
Responsible Individual: Dr Catherine Jack	Date registered: 10 February 2021
Person in charge at the time of inspection: Mr Keith McMinn – deputy manager	Number of registered places: 2
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 1
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to two residents.	

2.0 Inspection summary

An unannounced medicines management inspection took place on 14 December 2022 from 9.30am to 11.05am; this was completed by a pharmacist inspector. An unannounced inspection took place on the same day from 11.05am to 4.00pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0. Two areas for improvement identified at a previous care inspection were met. One area for improvement identified at the previous care inspection was partially met and is stated for a second time.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were generally well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. One area for improvement was identified in relation to personal medication records.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Rigby Close was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in Rigby Close. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The resident spoke positively about the care that they received and about their interactions with staff. The resident confirmed that staff treated them with dignity and respect.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 August 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p>	Met
	<p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene. 	
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff evidenced that sufficient improvement had been made to meet this area for improvement. Minor shortfalls in staff knowledge were discussed with the manager who agreed to continue monitoring staff knowledge and practice through their audits systems.</p>	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Partially met
	Action taken as confirmed during the inspection: Review of training records evidenced some improvements in staff training. However, further improvements in uptake of mandatory training are required. This is discussed further in Section 5.2.1. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Standard 8.6 Stated: First time	The registered person shall ensure the resident's records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Discussion with the person in charge confirmed staff selection and recruitment records are retained centrally by the Belfast Health and Social Care Trust (BHSCT) human resources department, although no recruitment oversight records were retained on site. This was discussed with the manager who agreed to review current arrangements. This will be reviewed at a future care inspection.

Checks were made to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis; however, the rota also reflected the staffing in a separate registered service on the same site. The manager reviewed the rota following the inspection and shared a copy with RQIA by email. The manager agreed to ensure the rota consistently identifies the person in charge when the manager is not on duty.

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

However, review of training records evidenced that although some improvements were made since the last care inspection, further work was required to ensure compliance with mandatory training, particularly with infection prevention and control (IPC), control of substances hazardous to health (COSHH) and food safety training. An area for improvement identified at the previous care inspection was stated for a second time.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

The resident spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff told us they respected residents' privacy by knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Discussion with staff evidenced that not all of them were clear regarding modification of diets in line with the International Dysphasia Diet Standardisation Initiative (IDDSI) guidelines. This was discussed with the deputy manager and assurances were provided that this would be addressed as a priority with competencies reviewed and training arranged where required. The operations manager confirmed they would arrange for colleagues from speech and language therapy (SALT) to come to the next staff meeting also. Given these assurances and to allow time for dysphasia management to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. There was evidence that care records were regularly reviewed and updated regarding changes in residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. It was pleasing to note that these daily evaluations were personalised and person centred. It was noted that daily evaluation records did not consistently record the time the entry was made. This was discussed at the previous care inspection and assurances were provided that this would be monitored. To ensure best practice with regards to record keeping is maintained an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Bedrooms and communal areas were suitably furnished and clean. There was some staining noted on a carpet at the entrance to the home. This was discussed with the operations manager who advised he planned to meet with the BHSCCT estates team with a view to refurbishing the home. Assurances were provided that this would be addressed. This will be reviewed at a future care inspection.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals, access to sharps in the kitchen area and two fire doors were observed to be wedged/propped open. This was discussed with staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the deputy manager that further action would be taken to reduce risks to residents in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 31 March 2022. The manager confirmed in an email to RQIA following the inspection that all actions identified by the fire risk assessor had been addressed.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There was an adequate supply of personal protective equipment (PPE) and hand sanitisers were readily available throughout the home. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff knowledge were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

5.2.4 Quality of Life for Residents

Examination of records and discussion with residents confirmed that they were able to choose how they spent their day. The resident confirmed that they could go out outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Records reviewed confirmed residents enjoyed a variety of activities including visiting the local park and listening to music. One resident was observed watching TV and they told us they enjoyed watching wrestling.

Staff members said they did a variety of one to one and group activities to ensure all residents had some activity engagement.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Arlene Kerr has been the manager since 10 February 2021.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Shortfalls identified following review of the IPC audits were discussed with the manager who agreed to review how to improve the governance of these areas. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

Review of records evidenced that at least one notifiable incident had not been reported to RQIA in keeping with regulation. This was discussed with deputy manager who agreed to have the accidents and incidents audited and retrospective notifications submitted as required. An area for improvement was identified.

Examination of records and discussion with the deputy manager confirmed that improvements were required for staff to receive supervision and an annual appraisal. A planner for 2023 with dates to address this was shared with RQIA via email following the inspection. To ensure staff supervision and appraisal requirements are met, an area for improvement was identified.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were generally well completed although some elements of the report were insufficiently robust so as to identify deficits and drive necessary improvements within the home. This was discussed with the operations manager who gave assurances that the arrangements for the completion of the monthly monitoring reports would be reviewed. This will be reviewed at a future care inspection.

5.2.6 Medicines Management

The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents being admitted for respite stay. Written confirmation of the resident's medicine regime was obtained at or prior to admission. The medicine records had been accurately completed.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. The personal medication records reviewed at the inspection were accurate and up to date. However, the prescription details on the personal medication records were not verified and signed by two designated members of staff in line with best practice. Two designated members of staff should always verify and sign the personal medication records when they are written and updated to confirm they are accurate. An area for improvement was identified.

The records inspected showed that medicines were available for administration when residents required them. Satisfactory arrangements were in place for the return of medicines to residents at the conclusion of their periods of respite stay in the home.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of the medicines administration records was reviewed and was found to have been completed to the required standard.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for one resident. Directions for use were clearly recorded on the personal medication record; and a care plan directing the use of the medicine was in place. Staff knew how to recognise a change in a resident's behaviour and were aware of the factors that may contribute to this change. The medication had not been used.

Care plans were in place when residents were prescribed emergency medication to manage their epilepsy. There was sufficient detail in the care plans to direct staff.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. A controlled drugs cabinet was available for use as needed.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

Management and staff audited medicine administration on a regular basis within the home.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents. The acting manager was familiar with the type of incidents that should be reported.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	4*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Keith McMinn, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required (14 December 2022)	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Operations Manager contacted Estates services and arranged a site visit reviewing refurbishment options for the Short break unit at Rigby. The service sent job requests for cleaning of hallway carpet and fixing of the lock for chemical cupboard. New signage is in place alerting staff that cupboard should remain locked at all times as it contains COSHH materials. There is staff training regarding responsibilities for IPC measures, COSHH and knife safety. Planned meeting for 03/02/2023 to highlight these issues and a memo sent for and to, all staff. The Interim Registered Manager has raised these issues in communications for all staff to read.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (14 December 2022)</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The notifiable incident highlighted by the inspector as unreported was then reported retrospectively by the Interim Registered Manager via the portal on 18/12/2022. A further notifiable medication incident was reported contemporaneously via the portal on 03/01/2023. The Interim Registered Manager is aware of what constitutes a RQIA notifiable event. The manager has reviewed the RQIA Statutory notification of incidents and deaths document, a copy is available in their office.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (14 December 2022)</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Management are currently undertaking an audit of all outstanding training to identify staff requiring updates. This is then raised at Staff meetings and handovers highlighting the importance of ensuring staff update their training records. The Interim Registered Manager emailed all staff requesting full compliance by 30/03/2023. The Interim Registered Manager contacted the training team for assistance regarding staff with lapsed food hygiene training.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (14 December 2022)</p>	<p>The registered person shall ensure that the time is recorded against daily progress evaluations by the person making the entry.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (1 March 2023)</p>	<p>Response by registered person detailing the actions taken: The Interim Registered Manager highlighted this issue in the service communication book. Staff to sign and date when read and understood. This issue has been raised at staff handovers and supervision sessions. The Interim Registered Manager is aware that all daily progress evaluations should be dated, signed and time entered alongside each entry. The Interim Registered Manager sent an email to all staff highlighting responsibility for documenting contemporaneously. The Interim Registered Manager completes weekly spot check audits to assess compliance and take action accordingly.</p> <p>Response by registered person detailing the actions taken: The Interim Registered Manager has ensured a supervision and appraisal schedule is now in place, and has already emailed the inspector on 01/01/2023. Due to sickness absence of Registered Manager, additional managerial support has been obtained to assist the Interim Registered Manager to progress with the supervision and appraisal schedule.</p>

Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that the prescription details on personal medication records are verified and signed by two designated members of staff. Ref: 5.2.6
To be completed by: Immediate action required (14 December 2022)	Response by registered person detailing the actions taken: The Interim Registered Manager has reminded senior staff via communication book, handovers, staff meetings and email, the requirement for two signatures verifying prescription details on personal medication records. The verification signatures are checked during the weekly and monthly medication audits.

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



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