

# Unannounced Care Inspection Report 15 December 2020



## Rigby Close

**Type of Service: Residential Care Home**  
**Address: 8 Rigby Close, Belfast, BT15 5JF**  
**Tel No: 028 9504 3200**  
**Inspector: Laura O'Hanlon**

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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.

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 residential care home registered to provide care for up to two residents.

### 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> Catherine Jack	
<b>Person in charge at the time of inspection:</b> Joan O'Neill, Senior care and support worker	<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>Number of residents accommodated in the residential home on the day of this inspection:</b> 1

### 4.0 Inspection summary

An unannounced inspection took place on 15 December 2020 from 10.45 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- the environment
- care records
- governance and management arrangements.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*3

\*this includes one area for improvement which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jane McGowan, statutory accommodation 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

There were no residents present in the home at the time of the inspection. During the inspection the inspector met with four staff. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two residents' records of care
- accidents and incident records
- complaint records
- compliment records
- a sample of governance audits/records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) and (2)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that all aids and equipment were fit for purpose, and in good working order. A new profiling bed was in place in a bedroom.	
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 28.3  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff confirmed that staff were aware of the guidance in relation to the use of bedrails and this was available for staff in care records.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.3 and 27.12  <b>Stated:</b> First time	The registered person shall ensure that the environment of the service users bedrooms are enhanced regarding: <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>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that this work was not yet completed due to the current pandemic.  This area for improvement will be stated for the second time.	

## 6.2 Inspection findings

### 6.2.1 Staffing

During discussion with the person in charge the planned staffing levels were confirmed. The staff reported that these levels were adjusted accordingly depending on the needs of the residents. Staff duty rota's were reviewed and we found that they accurately reflected the staff on duty. The manager's hours and the full names and grades of staff were recorded. However the person in charge in the absence of the manager was not clearly identified on the rota.

In addition separate duty rotas were not maintained for the residential care home and the supported living service. It was unclear from the rota what staff were working in the specific areas. This was discussed during the inspection and we were advised that the designation of staff to specific areas is recorded on the daily shift planner. These matters were identified as an area for improvement to ensure that the person in charge of the home in the absence of the manager is clearly identified and separate staff duty rota's are maintained for the residential care home and the supported living service.

Discussion with staff confirmed that the staffing levels were maintained to meet resident's needs. Some staff reported that morale was low due to staffing pressures as a result of the Covid 19 pandemic. This was followed up during the inspection and we were advised that the delivery of services in this home has been changed during the pandemic to accommodate new service users and this has affected staff morale.

We were advised that this is a stable staff team. Some of the staff spoken with told us that teamwork was good and that the management team was both supportive and approachable. All of the staff reported that they all work together for the benefit of the residents. Staff spoken with commented on their work in the home; some comments included:

- “There is good teamwork for the residents and their needs are met.”
- “The care is excellent here for the residents. The staff have done really well and there have been no corners cut. We all feel a bit demoralised generally and people are fed up with Covid.”
- “We all work together to help each other out.”

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). All staff were found to be appropriately registered.

### **6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)**

We were advised that during the current pandemic all residents and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

### **6.2.3 Care records**

We reviewed two care records which evidenced that care plans and risk assessments were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents.

This home accommodates residents on a regular basis for short periods of respite. We noted that there was no system in place to obtain an update in relation to any changes or review of the care plans for the needs of the resident prior to admission to the home. This was discussed during the inspection and the manager has devised a care plan review form for staff to use prior to any admission of a resident.

We also noted that the care records contained a lot of older information which required to be archived. This was discussed during the inspection and we were advised that the manager is working with staff to streamline and improve the care records. Within one care record reviewed we identified a resident who has epilepsy. There was no supporting care plan in place. This was identified as an area for improvement.

Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including moving and handling assessments were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

## 6.2.4 Care Environment

We reviewed the environment and looked at the bedrooms, the bathroom, the lounge, the dining area, storage areas and the treatment room. We observed that the home was warm, clean and fresh smelling throughout. Corridors and fire exits were clear of obstruction.

We observed one bedroom which was found to contain a significant amount of inappropriate storage and was not being used as a bedroom. This was discussed during the inspection and email confirmation was provided by the manager following the inspection to advise that the inappropriate storage was removed and this room would now be used as a bedroom.

In another bedroom we observed a trolley containing open PPE and continence products were loose. We discussed this during the inspection as these products could be contaminated in the event of an outbreak. Email confirmation was provided by the manager following the inspection to advise that these items were now contained within washable trolleys.

We observed where some new flooring was in place however the flooring in another bedroom remains marked and scuffed. The exposed pipework at the sinks in the service users' bedrooms is still awaiting completion. This area for improvement was stated for the second time.

## 6.2.5 Governance and management arrangements

We were advised of the line management arrangements for the home and staff confirmed that they felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns. Two staff commented that:

- “The manager is very approachable.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environment, hand hygiene, accidents and incidents and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and recorded appropriately.

An inspection of accidents and incident reports confirmed that these incidents were managed and reported appropriately.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits dated September, October and November 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.



## Areas of good practice

Good practices were observed in regards to IPC practices, the management of accidents and incidents and staff knowledge of individual resident's needs.

## Areas for improvement

Two areas for improvement were identified in relation to the staff duty rota and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

There was evidence of good practice in relation to IPC practices; management of accidents and incidents and staff knowledge of individual residents.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane McGowan, statutory accommodation 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.3 and 27.12  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 March 2021	<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: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A Minor Works request for the completion of the above work was authorised by the BHSCT last year, there have been delays in progressing work due to Covid-19 therefore the request was resent on 24<sup>th</sup> February 2021. The registered person is in contact with the Estates Team to progress this work and will update the RQIA inspector when a date for commencement has been received.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2020	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• separate staff duty rotas are maintained for the residential care home and the supported living service.</li> <li>• the person in charge of the home in the absence of the manager is clearly identified on the rota</li> </ul> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has introduced a separate rota for the residential care home and the supported living service. The rota for the residential care home now clearly indicates who is in charge of the home in the absence of the manager.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2020	<p>The registered person shall ensure that care plans are in place which accurately reflects the needs of the residents. This relates specifically to the management of epilepsy.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has reviewed all care plans to ensure they are accurate and reflect the needs of the residents. The registered person has ensured that the care plans clearly state the residents needs in relation to the management of epilepsy.</p>

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



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