



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Rigby Close, 1015  
**Date of Inspection:** 18 September 2014  
**Inspector's Name:** Lorna Conn  
**Inspection ID:** 16817

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Rigby Close
<b>Address:</b>	8 Rigby Close Belfast BT15 5JF
<b>Telephone number:</b>	028 95043200
<b>E mail address:</b>	andrea.lee@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust Mr Martin Dillon Acting Chief executive
<b>Registered Manager:</b>	Mrs Andrea Lee (Registration pending)
<b>Person in charge of the home at the time of inspection:</b>	Mairead McGinley, Residential worker
<b>Categories of care:</b>	RC-LD ,RC-LD(E)
<b>Number of registered places:</b>	2
<b>Number of residents accommodated on Day of Inspection:</b>	2
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	15 February 2014, primary unannounced inspection
<b>Date and time of inspection:</b>	18 September 2014 10:15 am - 12:15 pm 3:30 pm – 4.00 pm (consultation with relatives)
<b>Name of Inspector:</b>	Lorna Conn

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Rigby Close Residential Care home is situated off the Cavehill Road in North Belfast and is operated under the auspices of the Belfast HSC Trust.

Rigby Close is registered as a residential care home to provide a specialist resource for adults with a Learning Disability in the form of regular respite care for a pool of people who live with their families, and whose primary carers are their relatives.

The average stay of any resident is two/three nights, five or six times per year. These are approximate figures and can be subject to review if circumstances dictate.

Outside, there is a small enclosed garden which provides a quite outdoor area which is private for residents' use, despite the home's close proximity to neighbours and a major road.

Accommodation for residents is provided in single rooms in a single storey dwelling.

The home is registered to provide care for a maximum of two persons under the following categories of care:

RC-LD (Learning Disability) and RC-LD (E) (Learning Disability– over 65 years).

## 7.0 Summary of inspection

This secondary unannounced care inspection of Rigby Close was undertaken by Lorna Conn on 18 September 2014 between the hours of 10:15 am and 12:15 pm and 3:30pm - 4pm. The acting registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. There was evidence that the home was still progressing all of the areas. One requirement regarding the flooring was met. However, the other requirement regarding re-decoration and three recommendations concerning review and care plan documentation were moving towards compliance. One recommendation was not examined as no new staff had been recruited. This will be assessed at the next inspection. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspector met with staff and spoke to relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, examined a selection of records and carried out a general inspection of the residential care home environment. One resident had just gone home and the other was on day activities.

Relatives who spoke to the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from staff and their representatives are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of an adequate standard although in places décor and furnishings were rather tired.

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 15 February 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Reg. 27 (2) (d)  Restated from previous inspection dated 25 June 2013.	The registered person should ensure that the condition of flooring from the sitting room through to the hallway and into one bedroom is reviewed.  As per previous inspection	This has been reviewed and additional covering has been ordered. In the interim two mats have been provided. The new flooring should be in place by January 2015 and this will be monitored at the next inspection.	Compliant
2.	Reg. 27 (2) (d)	The registered person should attend to damaged paintwork on living room walls.	This has been included in a bid submitted but has not been addressed fully. This is restated on a second occasion.	Moving towards compliance



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.1 11.3	Developments within the unit, regarding the practice of staff attending respite service user's reviews, should be further developed, with staff preparing a written report for the review meeting.	The two current residents' files were inspected and one was found to have had a written report prepared by staff. This is restated on a second occasion.	Moving towards compliance
2.	11.5	Records of a copy of each service users annual review meetings should be retained on the service users files in the unit.	The two current residents' files were examined and one was found to contain a copy of the review meeting. The other file was overdue for its review. This is restated on a second occasion.	Moving towards compliance
3.	11.6	Work commenced by staff in the unit to ensure care plans are developed in a format and language appropriate to service users' needs should continue. Care plans should be updated accordingly following each service users annual review or as appropriate.	Work is ongoing within the home to update care plans into a new care and support format. Both of the files reviewed contained information indicating how care had been updated following review or as needed. However, only one had an actual care plan rather than a PCP plan. This is partially restated on a second occasion.	Moving towards compliance
4.	19.6	Further consider how service users or their representative can be involved in the recruitment of staff process, where appropriate.	There have been no new staff recruited since the last inspection. This will be reviewed at the next inspection.	Not assessed

## **10.0 Additional areas examined**

### **10.1 Relatives/representative consultation**

One relative who spoke with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'I'm very happy with the service and the care staff. They have got to know my relative well. There's good communication with staff and they are very careful with his medications'.

### **10.2 Staff consultation**

The inspector spoke with two staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

### **10.3 Visiting professionals' consultation**

There were no professionals who visited the home during the inspection.

### **10.4 Environment**

The inspector viewed the home by care staff and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of an adequate standard although in places décor and furnishings are rather tired.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Andrea Lee, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Andrea Lee during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Reg. 27 (2) (d)	The registered person should attend to damaged paintwork on living room walls.	Two	A Capital Bid has been put forward for inclusion at the BHSCT Capital Bid meeting which will be held by 31/01/15. Following the capital bid meeting, work will be commenced. The Trust would be grateful if RQIA would revise the timescale for completion to 31/03/15.	By 31 March 2015.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.1 11.3	Developments within the unit, regarding the practice of staff attending respite service user's reviews, should be further developed, with staff preparing a written report for the review meeting.	Two	Staff will continue to attend the annual reviews for the respite service users. Staff will prepare a written report for the review meeting and report will be available for inspection. Commenced October 14.	By 31 January 2015
2.	11.5	Records of a copy of each service users annual review meetings should be retained on the service users files in the unit.	Two	This has been completed. A copy of each service users annual review meeting is retained in their file situated within the unit.	By 31 January 2015
3.	11.6	Work commenced by staff in the unit to ensure care plans are developed in a format and language appropriate to service users' needs should continue.	Two	Work commenced on the development of care plans is ongoing. The Speech and Language Therapist is working with staff in the Unit to ensure that each service user has a careplan in a format and language appropriate to their needs.	By 31 January 2015

4.	19.6	Further consider how service users or their representative can be involved in the recruitment of staff process, where appropriate.	One	The involvement of services users and /or representatives in the recruitment of staff process will be explored with managers, staff, Human Resources and Staff Side. In the interim staff will discuss with the Service Users and/or their representatives the qualities that they would wish a staff member to have to work with them or their relative. The recommendations will be forwarded to the Interview panel for inclusion at interviews scheduled for November 2014.	By 31 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Andrea Lee
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon, Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Lorna Conn	20/11/14
Further information requested from provider			