

# Inspection Report

**19 August 2021**



## Rigby Close

**Type of service: Residential**  
**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

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Dr Catherine Jack	<b>Registered Manager:</b> Mrs Arlene Kerr  <b>Date registered:</b> 10/02/2021
<b>Person in charge at the time of inspection:</b> Ms Linda Atcheson – 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 care home on the day of this inspection:</b> 0
<b>Brief description of the accommodation/how the service operates:</b>  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 inspection took place on 19 August 2021, from 9.05 am to 1.05 pm 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.

New areas requiring improvement were identified in relation to infection prevention and control practices, mandatory training and resident's photographs.

Residents and their families were happy to engage with the inspector and share their experiences of living in the home. They expressed positive opinions about the home and the care provided. Residents said that the staff 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 an effective and compassionate manner.

### **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 residents, staff and relatives were asked 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 deputy manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with one resident and three relatives on the phone and four staff on site. No questionnaires were returned and we received no feedback from the staff online survey.

The resident and families spoke highly of the care delivered in the home and about their interactions with staff. They confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID-19 pandemic but all staff agreed that Rigby Close was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

## 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 15 December 2020		
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 27.3 and 27.12  <b>Stated:</b> Second 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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	The registered person shall ensure that: <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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 3</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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. Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). Review of records confirmed all staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. These records were shared by the manager by email following the inspection.

There were systems in place to ensure that staff were trained and supported to do their job. 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. The majority of training during the COVID-19 pandemic had been completed electronically. Review of training compliance records identified improvements in mandatory training uptake was required. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Staff told us the home was currently closed to admissions due to unforeseen staffing challenges. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager should ensure the first and surname of all staff is recorded on the duty rota.

No residents were in the home on the day of the inspection. We spoke with one resident and three relatives of residents to obtain their views on staffing; no concerns were raised. They spoke highly about the care delivered in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff told us they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff told us they were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to residents' next of kin, their care manager and to RQIA, as required.

At times, some residents may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of residents' records and discussion with the staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, residents were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The staff were knowledgeable as to how to assist residents who required a modified diet and posters in relation to the International Dysphasia Diet Standardisation Initiative (IDDSI) were displayed appropriately. The resident spoken with told us "the food is lovely" and relatives expressed no concerns regarding the meals provided.

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. Residents care records were held confidentially. It was noted that two records reviewed did not contain a photograph of the residents. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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 a small number of records did not consistently record the time the entry was made or did not always have a signature. This was discussed with the manager who agreed to address this with staff and include it as an area of focus in care record audits.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen and communal areas such as lounge and bathroom. The home was warm, clean and comfortable. There were no malodours detected in the home. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. There were no actions required from the last fire risk assessment conducted on 18 March 2021. All staff had attended fire training and there were good records of regular fire safety checks conducted in the home.

Bedrooms and communal areas were appropriately decorated and suitably furnished. One storage area was seen to require decluttering while an identified shower chair required cleaning. This was discussed with the person in charge who agreed to address this.

The person in charge said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for staff and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE). It was not clear however if the home were adhering to the regional guidance regarding visiting and isolation of residents on admission to the home. This was discussed with the manager following the inspection who agreed to liaise with the BHSCT infection control team to seek further clarity.

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, although deficits in knowledge were noted. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. An area for improvement was identified.

#### **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. For example, residents could have a lie in or stay up late to watch TV. Residents 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 listening to music, going on bus trips and visiting the local park. Residents spoke positively about activities delivered in the home. One resident spoken with told us they enjoyed going to the local shopping centre with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

#### **5.2.5 Management and Governance Arrangements**

Staff 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 registered manager in this home since 10 February 2021.

There was evidence that a robust 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. From records reviewed it was not clear if care record audits were consistently completed. The manager confirmed that they were and agreed to review the current system to ensure the audit is signed and the completion date of the audit is recorded along with any actions identified.

Discussion with staff and review of records confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by residents, their representatives and RQIA.

## 6.0 Conclusion

Residents and their families told us they were comfortable in their surroundings and were attended to by staff in a timely and effective manner. The staff recognised the importance of maintaining the residents' privacy and dignity and were observed to be polite and respectful when speaking about residents and each other. Residents, staff and relatives did not express any concerns about the service.

New areas requiring improvement were identified in relation to infection prevention and control practices, mandatory training and resident's photographs.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in an effective and compassionate manner.

## 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).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Linda Atcheson, senior care and support worker, as part of the inspection process and with Mrs Arlene Kerr, Registered Manager, during a phone call following the inspection on 23 August 2021. 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 13 (7)

**Stated:** First time

**To be completed by:**  
From the date of the inspection onwards

The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.

This area for improvement relates to the following:

- donning and doffing of personal protective equipment
- appropriate use of personal protective equipment
- Staff knowledge and practice regarding hand hygiene.

Ref: 5.2.3

#### **Response by registered person detailing the actions taken:**

The Registered Manager will ensure that all staff complete refresher Infection Prevention and Control training which includes training regarding donning and doffing and use of personal protective equipment.

The Registered Manager will continue to complete Hand Hygiene Audits, provide feedback to staff and highlight to staff the importance of hand hygiene.

### Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)

#### Area for improvement 1

**Ref:** Standard 23.3

**Stated:** First time

**To be completed by:**  
From the date of the inspection onwards

The registered person shall ensure that mandatory training requirements are met.

Ref: 5.2.1

#### **Response by registered person detailing the actions taken:**

The registered manager is currently reviewing the completion of mandatory training for all staff and working to schedule dates for any outstanding training. Records are maintained and will be updated to reflect any training completed by staff.

#### Area for improvement 2

**Ref:** Standard 8.6

**Stated:** First time

**To be completed by:**  
From the date of the inspection onwards

The registered person shall ensure the resident's records contain a recent photograph of the resident.

Ref: 5.2.2

#### **Response by registered person detailing the actions taken:**

The registered manager has reviewed and updated all current folders and put a system in place that will ensure that a photograph will be taken of each service user upon admission with the service user's consent.

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



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