



Unannounced Care Inspection Report 22 & 24 September 2019



Rigby Close

Type of Service: Residential Care Home

Address: 8 Rigby Close, Belfast, BT15 5JF

Tel No: 028 9504 3200

Inspectors: John McAuley and Joseph McRandle

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.

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 registered residential care home which provides care for up to two residents for respite care.

3.0 Service details

Organisation/Registered Provider: Belfast Health Social Care Trust (BHSCT)	Registered Manager and date registered: Arlene Kerr – acting, no application required
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Beverly Boyd senior care assistant	Number of registered places: 2
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 2

4.0 Inspection summary

This unannounced inspection took place on 22 September 2019 from 10.30 to 13.30 hours and 24 September 2019 from 10.30 to 11.30 hours.

This inspection was undertaken by the care and finance inspectors.

The inspection sought 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 nice atmosphere in the home, which was person centred with a relaxed ambience. Good practice was also found in relation to staffs knowledge and understanding of residents' needs and prescribed care interventions, including their social well-being and the general financial arrangements for residents.

Two areas requiring improvement were identified. These were in relation to identifying a nominated person in charge in the duty rota and provision of handing washing gel.

Residents indicated that their stay in the home as being a good experience/in positive terms.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Beverley Boyd, senior care assistant, 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 December 2018

No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, such as notifiable reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from these questionnaires were received in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident / incident records
- sample of reports of visits by the registered provider/monthly monitoring
- fire safety risk assessment

- fire safety records
- RQIA registration certificate
- a sample of various financial records, including residents' personal allowance monies and transactions undertaken on behalf of residents.

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 last care inspection dated 11 December 2018

There were no areas for improvements made as a result of the last care inspection.

One area for improvement identified at the last finance inspection has been reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents in the home at the time of this inspection indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection. However the rota did not identify who was in charge of the home in the absence of the manager. This has been identified as an area of improvement to put in place.

The senior care assistants on duty advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the manager.

Staff induction, supervision and appraisal

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and other training needs were largely being met. Deprivation of liberty (DoLs) training was being put in place. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with décor and furnishings being maintained, such as new furnishings in the dining rooms. It was reported that plans are in place to replace a chair in the communal lounge that had torn marks to its arms.

Residents' bedrooms were comfortable and tastefully furnished.

The small enclosed patio to the home was well maintained.

An area of improvement in accordance with standards was identified for the lack of hand washing gel provision to the reception foyer of the home. Otherwise there was good provision of infection prevention and control aids and equipment in the environment. There was also accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 26 February 2019, was undertaken. There were eight recommendations made as a result of this assessment, which had corresponding evidence of actions taken.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and support.

Areas for improvement

There were two areas of improvement identified. These were in relation to putting in place an identified person in charge in the rota and provision of hand washing gels.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

Discussions with the senior care assistants on duty confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

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 records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with dietary needs.

Residents were dressed well in matching clean attire.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Discussions with residents throughout this inspection confirmed that they felt staff were kind, caring and treated them with dignity and respect. General observations of care practices also evidenced that this was the case.

Residents' views

Residents indicated with praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general ambience in the home.

Care practices

Residents were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment.

Staff interactions were polite, friendly, warm and supportive. Staff gave respect to residents by seeking their agreement in engaging in assistance with care. Choice was also facilitated from staff statements such as "would you like to..." or "how about...."

Choice was also evident in the provision of residents' meals and snacks. At the time of this inspection residents choose to have a late cooked breakfast with the dinner time then being served at around 16.00 hours. This was to facilitate residents with a rest from their weekday care placements. This is nice practice.

The genre of the television programmes was appropriate to the age group and taste of residents.

Discussions with staff also confirmed that they had knowledge of residents' personal background and interests that helped them meet their social well-being.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative and the general observation 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.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 two senior care assistants on duty were available to support and facilitate this inspection. Both had good knowledge and understanding of their roles and duties and the ethos of the home.

Monitoring visits

An inspection of the last two months monitoring visits' reports on the behalf of the responsible individual was undertaken. Both these visits were unannounced. The reports were recorded in good detail and had an action plan in place for any issues identified. Added to this there was corresponding evidence recorded in response to the action plan and dates of when actions had been addressed.

Audits

A good programme of audits was in place. These included infection prevention and control, staff training, health and safety and audits of care records.

Complaints

Discussions with staff, together with an inspection of the records of complaint found that expressions of dissatisfaction were taken seriously and managed appropriately. Complaints were also welcomed as areas to improve on the quality of care and experience in the home.

The complaints procedure was readily displayed in the home for residents and their visitors.

Accident / incidents

An inspection of the last three months accidents/incident reports confirmed that these were managed appropriately and reported to the relevant persons, including the resident's next of kin, their aligned named worker and/or RQIA.

Staff views

Discussions with three members of staff during this inspection confirmed that they felt positive about their roles and duties, the staffing levels, support, teamwork and morale. Staff advised that a good standard of care was provided for. Staff also advised that if there were any concerns they would have no difficulties raising these with management and that they felt confident these would be acted on appropriately.

Management of residents' monies

A finance inspection was conducted on 24 September 2019. A review of a sample of residents' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included transactions undertaken on behalf of residents. Of the total number of areas for improvement all were assessed as met.

Financial systems in place at the home, including controls surrounding the management of residents' finances, were reviewed and found to be satisfactory. A review of a sample of purchases undertaken on behalf of residents showed that the details of the purchases were recorded. Two signatures were recorded against each entry in the residents' transaction sheets. Receipts were available for all of the purchases sampled.

No new areas for improvement were identified as part of the finance inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, maintenance of good working relationships, the recording of transactions undertaken on behalf of residents and the retention of receipts from these transactions.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 Beverley Boyd, senior care assistant, 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 29 September 2019	<p>The registered person shall ensure that it is clearly recorded in the duty rota the member of staff in charge in the absence of the registered manager.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person now assigns a member of staff to be in charge in the absence of the manager. This is clearly marked on the rota.</p>
Area for improvement 2 Ref: Standard 35.7 Stated: First time To be completed by: 29 September 2019	<p>The registered person shall review the lack of hand washing gel provision to the reception foyer of the home.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has ordered the relevant equipment and is currently awaiting its delivery. When this hand wash dispensers are delivered they will be installed at the reception foyer of the home.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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