



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Rigby Close, 1015  
**Date of Inspection:** 27 January 2015  
**Inspector's Name:** Ruth Greer  
**Inspection No:** 17821

**The Regulation And Quality Improvement Authority**  
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**1.0 General information**

<b>Name of home:</b>	Rigby Close
<b>Address:</b>	8 Rigby Close Belfast BT15 5JF
<b>Telephone number:</b>	028 95043200
<b>Email 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>	Mrs Lee Mrs A Campbell(line manager) was present for the feedback session
<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>	0
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	18 September 2014, secondary unannounced inspection
<b>Date and time of inspection:</b>	27 January 2015 from 10 00 am to 2 00 pm
<b>Name of Inspector:</b>	Ruth Greer

## 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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with 2 relatives

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	0
Staff	3
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	0

## 6.0 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:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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

## 7.0 Profile of service

Rigby Close Residential Care home is situated in a residential area of North Belfast. The residential home is owned and operated by the Belfast Trust. Mrs Lee is the manager of the home. Mrs Lee's registration with the RQIA as registered manager is pending on completion of the course she is currently undertaking.

It should be noted that Rigby Close does not provide permanent residential care for any person. The home is a respite unit only. Care is provided to a core group of individuals who live in the community, usually with their family. Respite is provided for one, two or three nights at a time and is agreed on a pre-planned "rolling programme" basis.

Accommodation for residents is provided in single rooms on the ground floor only. The first floor is used for office, staff facilities and storage purposes only.

The home is a small domestic house and provides a lounge, kitchen and bathroom on the ground floor.

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

Add or delete as required

### Residential care

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

## 8.0 Summary of Inspection

This primary announced care inspection of Rigby Close was undertaken by Ruth Greer on 27 January 2015 between the hours of 10 00 am and 2 00 p m. Mrs Lee was available during the inspection and Mrs A Campbell joined for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all had been addressed satisfactorily. One requirement made at the previous inspection had a completion date of 31 March 2015. This has been restated and will be reviewed at the next inspection of the home. The detail of the actions taken by provider/ manager can be viewed in the section following this summary.

Prior to the inspection, Mrs Lee completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Lee in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with staff and 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.

## **Inspection findings**

As already highlighted above Rigby Close does not provide “traditional” residential care. Therefore several criteria in the chosen standards were not applicable in regard to the specialist service offered by this home.

It should be noted that no residents were accommodated on the day of the inspection.

### **Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had policies in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with relatives and staff, confirmation was obtained that restraint is not used in the home and would only be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents' assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Rigby Close was compliant with this standard.

### **Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with relatives and staff, confirmation was obtained that the programme of activities was based on the assessed needs and preferences of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme identified that activities were provided in the evenings and weekends throughout the course of the week and were age and culturally appropriate. The programme facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use. The evidence gathered through the inspection process concluded that Rigby Close is compliant (as far as is feasible) with this standard.

### **Relatives and staff consultation**

During the course of the inspection the inspector met with relatives and staff. Questionnaires were forwarded to staff but none were completed and returned to the RQIA.

Resident representatives indicated their satisfaction with the provision of care and life afforded to their relative during his/her stay in Rigby and complimented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

## Care Practices

As there were no residents accommodated care practice could not be observed on this occasion.

## Environment

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 adequate for a temporary respite home.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report

No requirements and no recommendations were made as a result of the standards examined at this primary announced inspection. One requirement made at the previous inspection remains within the given timescale for completion. This is restated in the quality improvement plan for follow up at the next inspection of the home.

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



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 September 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Reg. 27 (2) (d)	The registered person should attend to damaged paintwork on living room walls.	This had not been actioned on the date of this inspection. The manager stated that a bid had been agreed by the Trust and that the work would be undertaken by the original completion date 31 March 2015. This item will be re stated for follow up at the next inspection of the home.	Not yet compliant

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.	Copies of pre review reports compiled by staff in the home were present in the care files examined by the inspector.	Compliant
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.	Minutes of care reviews were present in the care files examined by the inspector.	Compliant
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.	There are 40 plus Users of this respite service. The registered manager stated that staff continue to develop the care plans and reported that more than half the number were completed. These were available for inspection.	Compliant
4.	19.6	Further consider how service users or their representative can be involved in the recruitment of staff process, where appropriate.	Staff in the home have researched the opinions of Service users and their families and these were sent to Human Resources to be incorporated into the interview format for new staff.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have an understanding of each resident's usual conduct, behaviours and means of communication. These are written up in their care plans. Any changes in behaviour are discussed at daily handovers and written in daily notes. If it is necessary to change the care plan this will be done. Our interventions and responses are based on positive approaches, that is being person centred, trying to understand what might be wrong and promoting choice and control.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a Responding to Residents' Behaviour policy dated 10 April 2014 and a Restraint policy dated December 2014 in place. A review of the policies and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge. They detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge most recently in December 2014. Separate Human Rights training was provided in November 2014.</p> <p>A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Compliant

<p>One resident can communicate in Irish as well as English. The home ensures that an Irish speaking staff member is on duty when he comes for respite. This is good practice and is commended.</p>	
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<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Any uncharacteristic behaviour which causes concern will always be handled in the following manner:- staff will take the necessary action to safeguard residents' wellbeing while seeking to understand the reason for the behaviour. Staff are aware that behaviour can be a means of communication. It is important that the individual is given help to communicate their need at the time and that staff try their very best to appropriately help the person. Staff will report to person in charge who will monitor the situation and behaviour and make an initial assessment. If necessary, the matter will be reported and will be referred to all relevant professionals and to the resident's representative with the permission of the resident.	Compliant
<b>Inspection Findings:</b> The policies and procedures referred to in previous point included the following: <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the incident/accident record and discussions with visitors confirmed that they had been informed appropriately.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
<b>Provider's Self-Assessment</b>	
Should a particular consistent approach from staff to a behaviour be warranted, this will be detailed in the resident's care plan. Furthermore, the approach will be discussed at handovers and staff meetings. Where appropriate and with the resident's consent their representative will be informed of the approach being used.	Compliant
<b>Inspection Findings:</b>	
<p>This is of particular significance for Rigby as residents spend a very short period in the home. It is very important that the care they receive in Rigby is in line with the daily care planned and delivered at home. A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident has a specific behaviour management programme, this will be discussed with and approved by the behaviour team responsible. Should a behavioural management programme be needed this will be written up by the behaviour support team in conjunction with all necessary others. The behaviour management programme will form part of the care plan.	Compliant
<b>Inspection Findings:</b>	
There are approximately 40 - 45 persons who use the respite facility in Rigby Close. A small number of these have behaviour management programmes in relation to specific needs. For example, challenging behaviour/self-harm. Written information is updated from the specialist community team before each admission and the plan of care is followed comprehensively to ensure consistency with the other providers of the residents care. This is usually the family of the resident and a day care facility.	Compliant

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>All staff are trained in SCIP - Strategies for Crisis Intervention and Prevention. Staff are trained as soon as is possible upon commencement of appointment. The initial training is three days, thereafter staff are provided with annual one day refreshers. A considerate, gentle approach to dealing with difficult behaviour is used within Rigby Close. Positive reinforcement and prevention are used, alongside the staff teams' experience, values, knowledge and skills to implement the most appropriate and least intrusive form of guidance to promote harmony and cohesion within the home.</p> <p>Where a behaviour management programme is in place this will be discussed at handovers, staff meetings and training would be given by the behavioural support team and by the management in the home.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>A review of staff training records evidenced that staff had received training areas specific to the assessed needs of the persons who use the service including: -</p> <ul style="list-style-type: none"> <li>. Anaphylactic Shock (one service user has a nut allergy)</li> <li>. Prader Willi disease</li> <li>. Epilepsy</li> <li>. Dysphagia and Swallowing difficulties</li> <li>. Makaton</li> <li>. Buccal administration of medication</li> </ul> <p>Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme/s in place.</p>	<p>Compliant</p>



<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> If an incident is managed outside the scope of a person's care plan, this would be recorded and reported to relevant professionals such as GP, Community Learning Disability Nurse and necessary others. The resident's representative would be informed with the consent of the resident. Should a review of the care plan be necessary staff work in conjunction with the multi-disciplinary team to ensure this happens.	Compliant
<b>Inspection Findings:</b> A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.  A review of two number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.  Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

<p><b>Criterion Assessed:</b>                      10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>If a physical intervention (restraint) was deemed to be necessary it would only ever be used as a last resort (and for the least amount of time necessary) i.e. after all other possible interventions have been discussed and tried. All appropriate documentation would be completed i.e an incident form report and a separate form detailing which physical hands on approaches were used. Copies of these forms would sent to the Trust and to the behaviour support team for checking and statistical analysis. The person who had been restrained would be closely monitored for any adverse side effects to ensure their wellbeing and staff would know to contact emergency services/doctor should there be a need.                      As stated earlier all staff are appropriately trained to protect the resident and/or other persons. Their training includes how and when to use physical interventions.                      Staff follow the Belfast Trust Policy and Procedures in respect of restraint.</p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p> <p>Discussions with staff, visitors, a review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the resident’s representative are notified on occasions when any restraint has been used. In those instances the circumstances and nature of the restraint would be recorded on the resident’s care plan.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Residents are encouraged and facilitated to pursue their preferred social activities, hobbies and leisure interests whilst in respite. Residents give their preference for leisure and other activities through discussions with their keyworkers and staff on a daily basis and in their annual reviews. Activities are based on the needs and interests of residents using respite.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy on the provision of activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>It should be noted that the specific circumstances in this home means that residents are out each day at day care facilities and in the evenings enjoy watching T V, listening to music, chatting to staff. Their stay in Rigby is in itself an activity outside of their usual routine.</p> <p>Discussions with staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Our ethos is based on a number of values among them choice, communitisation and rights. Activities are discussed on a daily basis. Residents using respite are always involved in choosing what they would like to do and it is their right to decide which activities they want to take part in. Staff try to ensure they are age and culturally appropriate. Residents tell us they enjoy their activities. We try to include activities which promote movement and exercise such as walking and dance. Most of the activities are based in the community using local facilities or travelling to the scenic places. Staff facilitate any residents wish to attend place of worship however we find residents do not wish to attend whilst in Rigby Close on their holidays.	Compliant
<b>Inspection Findings:</b> Examination of the programme of activities identified that social activities are organised in the evenings and weekends.  The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The views of all residents are actively sought by the staff on daily basis during their stay. Most residents have a full week of activities at their day centres. Those residents who do not attend day care whilst in respite are asked on a daily basis what they would like to do whilst in respite.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided on the basis of what residents' choose to undertake after their return from day-care.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activities are not displayed in a schedule format instead they are discussed when the resident comes in for respite as to what they would like to do while they are there or if required it is discussed with their representatives when their belongings are dropped off.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>There are only two residents accommodated in the home at a time. The activities are often agreed on a daily basis when the residents return from their day care placements. It is not appropriate to display a list of activities as relatives do not visit the home. Written feedback is provided to the Representatives at the conclusion of each respite period. This information includes what activities the resident took part in while in Rigby.</p>	Not applicable

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Residents are able to participate in activities by means of staff support and the use of any assessed equipment they bring in during their respite stay. Also residents enjoy speaking with staff about what they like to do during their visits.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided in the evenings and weekends by care staff. The activities are not communal nor pre-set and include a high percentage of outings to cinema, bowling shopping trips. The home provides games, DVDs etc for any resident who wishes to stay at home. Records showed that some residents enjoy baking.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activities are designed to take into account the choice, needs and abilities of participating residents in respite with regard to duration, frequency and intensity. The activities are very much lead by individual respite users, staff know residents very well.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The manager would always check the qualifications of persons contracted to undertake an activity in the home and monitor such activities for competence and effectiveness. However there is currently no-one contracted in to provide activities to residents using the respite service.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Mrs Lee confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>N/A</p>	Not applicable
<p><b>Inspection Findings:</b></p>	
<p>Mrs Lee confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Not Applicable



<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff record details of activities in care notes for each resident using respite on a daily basis.	Compliant
<b>Inspection Findings:</b>	
A review of care files showed that a record is kept of all activities undertaken by each resident during their stay in the home.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The individual resident is asked at each stay what activities they would like to take participate in and therefore their wishes are being reviewed on a continual basis.	Compliant
<b>Inspection Findings:</b>	
Mrs Lee confirmed that individual preferences are re visited at each admission and planned activities were also changed at any time at the request of residents.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

No residents had been accommodated on the night before the inspection.

### **11.2 Relatives/representative consultation**

Two relatives who met with the inspector indicated total 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 was anxious about letting X come for respite initially but he really loves it and it gives him a bit of independence "

"The staff are really good about telling us how X got on each time he comes"

### **11.3 Staff consultation**

The inspector spoke with staff on duty. No staff completed and returned questionnaires. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"This is a very busy unit with a lot of admissions/discharges each week but it provides a vital service for families as well as the Service Users"

"We know all the Service Users really well many have been coming here for years"

### **11.4 Visiting professionals' consultation**

There were no visiting professionals in the home

### **11.5 Observation of Care practices**

As there were no residents care practice was not observed on this occasion

### **11.6 Care Reviews**

Respite care in the home forms just one part of a package of care provided by the Trust for the Service Users. Care reviews usually take place in the day care centres. Staff in Rigby attend reviews and present information in regard to the Service Users stay(s) in the home.

## 11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

Mrs Lee confirmed that lessons learnt from investigations were acted upon.

## 11.8 Environment

The inspector viewed the home accompanied by Mrs Lee and inspected both bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were not personalised given the nature of the service provided by the home. Décor and furnishings were found to be satisfactory.

## 11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## 11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home's most recent fire safety risk assessment was dated December 2014.

A review of the fire safety records evidenced that fire training, had been provided to staff on 3 December 2014. The records also identified that an evacuation had been undertaken on that date and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## 11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Lee. Mrs Lee confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the manager and line manager 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:

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



**Quality Improvement Plan**

**Unannounced Care Inspection**

**Rigby Close**

**27 January 2015**

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 Mrs Lee and Mrs Campbell either during or after the inspection visit. There were no actions as a result of the standards chosen. For one requirement from the previous inspection the achievement date had not expired and this is re stated to be followed up at the next inspection.

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.	Regulation 27 (2)(d)	The registered person should attend to damaged paintwork on living room walls.	Two	The damaged paintwork on the living room walls will be repaired and painted. Work to commence on 23 <sup>rd</sup> February 2015 and be completed by 27 <sup>th</sup> February 2015.	By 31 March 2015

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 and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Andrea Lee
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	martin dillon

<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	Ruth Greer	24 3 15
Further information requested from provider			