

Unannounced Care Inspection Report 30 August 2016



Rigby Close

Type of service: Residential care home
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 95043200
Inspector: Patricia Galbraith

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rigby Close took place on 30 August 2016 from 10.30 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One requirement was made in regard to residents care plans did not accurately reflect their needs. There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management.

Is care effective?

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.
No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Conor Hardy support worker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 1 October 2015.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Andrea Lee
Person in charge of the home at the time of inspection: Conor Hardy support worker	Date manager registered: 30 November 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

3.0 Methods/processes

Prior to inspection we analysed the following records, the previous inspection report and the accidents and incidents register.

During the inspection the inspector was not able to meet with residents as it is a respite facility and no residents were in the home. Two care staff were available and spoke with the inspector.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures on adult safe guarding

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector. This QIP will be validated by the medicines management inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.- (4) (b) Stated: First time To be Completed by: 01September 2015	The registered person must ensure that the archived records are removed.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the records had been removed.	
Requirement 2 Ref: Regulation 27.- (2) (b) Stated: First time To be Completed by: 31 December 2015	The registered person must ensure the kitchen units, work top and flooring are refurbished or replaced.	Not Met
	Action taken as confirmed during the inspection: This requirement has been stated a second time in the Quality Improvement Plan appended to this report.	
Requirement 3 Ref: Regulation 27.- (2) (l) Stated: First time To be Completed by: 31 December 2015	The registered person must provide adequate storage for residents' belongings.	Partially Met
	Action taken as confirmed during the inspection: This requirement has been stated a second time in the Quality Improvement Plan appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty :

Support worker x 2

Two support workers were due to be on duty overnight.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the support worker, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments had not been reviewed and updated on a regular basis. A requirement was made in this regard.

The support worker confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, pressure alarm mats, etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of three care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The support worker and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The support worker confirmed there were risk management policy and procedures in place. Discussion with the support worker and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The support worker reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The kitchen area had been identified as needing refurbishment and the project worker confirmed there are plans in place for the work to be carried out in the near future. The requirement has been stated for a second time.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the support worker confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in dated and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly /monthly and regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified in relation to plan of care to accurately reflect residents' needs.

Number of requirements:	1	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records showed they had not been maintained in line with the legislation and standards. As stated in previous section a requirement was made in this regard. The care records did 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The support worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity / who required specialist supports.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The support worker confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The support worker, and records confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents were able to attend day care facilities while in the home and one resident liked to go shopping. Arrangements were in place for residents to maintain links with their friends, families and wider community

The support worker and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example menus were given in pictorial format.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example on discharge residents are given a satisfaction questionnaire to complete.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Comments received from staff were as follows:

- “ we try to ensure residents feel at home when here”
- “its very important to ensure residents can get what they want when they want it”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The support worker outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The support worker confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the support worker and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The support worker confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The support worker confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The support worker confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments received from were as follows:

“we work well as a team”

“our manger is very approachable”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Conor Hardy support worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27.-(2) (b) Stated: Second time To be Completed by: 31 March 2017	<p>The registered person must ensure the kitchen units, work top and flooring are refurbished or replaced.</p> <p>Response by registered provider detailing the actions taken: In response to this requirement, estates personnel are sourcing costing for replacing or refurbishing the existing kitchen and flooring. The timescale for completion is 31st March 2017.</p>
Requirement 2 Ref: Regulation 27.-(2) (l) Stated: Second time To be Completed by: 31 March 2017	<p>The registered person must provide adequate storage for residents' belongings.</p> <p>Response by registered provider detailing the actions taken: In response to this requirement the equipment that was stored in service user areas has been removed.</p> <p>The manager is currently sourcing storage offsite.</p>
Requirement 3 Ref: Regulation 16.-(b) Stated: First time To be completed by: 31 November 2016	<p>The registered provider must ensure residents' care records are kept under review and accurately reflect residents' needs.</p> <p>Response by registered provider detailing the actions taken: In response to this requirement the registered provider has undertaken a review of all care records with the involvement of the Multidisciplinary Team, to ensure the care plans accurately reflect the Service Users' needs. A ongoing schedule for the review of all files has been developed.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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