The Regulation and Quality Improvement Authority

Inspection Report

11 October 2021

Rigby Close SLS

Type of service: Supported Living Service
Address: 8 Rigby Close, Belfast, BT15 5JF
Telephone number: 028 9504 3200

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust **Responsible Individual:** Dr Catherine Jack	**Registered Manager:** Mrs Arlene Kerr **Date registered:** 16/12/2020
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust. Currently 13 service users are supported by 28 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 November 2021 between 09.00am and 12.00a.m by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff and others.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.
The inspection focused on:

- talking to the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with two service users the manager and staff.

We received no questionnaires from service users/relatives and no electronic feedback from staff prior to the issue of this report.

Comments received during inspection process-

Service users' comments:

- "I feel safe and secure here."
- "My keyworker is great."
- "We get good support with outings."
- "All the staff are friendly and very good to us all."
- "I would talk to the manager if I had any complaints."
- "I have no problems and I can't complain here."

Staff comments:

- "Good staff training."
- "Very supportive managers."
- "My induction was comprehensive and prepared me for the role."
- "Good staff supervision and support."
- "We promote choice and independence."
- "Good effective staff communication."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Rigby Close was undertaken on 8 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that two adult safeguarding referrals had been made since the last inspection. These were and are being processed through the BHSCT procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

All staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for a number of service users. We established that the processes had been discussed the HSCT representatives.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Question with regards care- Dysphagia

The discussions with the Manager, staff and review of service user care records reflected the Multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007 Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I'm very happy in my home."
- "Any problems I would speak with the manager."
- "I'm happy in Rigby Close."

Staff:

- "Care and support is very good."
- "Service users are getting good support from staff."
- "We work at service users pace and respect their choices."

Relatives:

- "Good communication between staff and myself."
- "I'm happy with the support my ****** receives."
- "***** always looks well and talks about his home in Rigby."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance.

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Manager, as part of the inspection process and can be found in the main body of the report

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