



Announced Care Inspection Report 8 October 2020



Rigby Close Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 95043200
Inspector: Jim McBride

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust in association with Habinteg and Choice Housing Association, and private landlords. Currently 15 service users are supported by 28 staff.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Arlene Kerr
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Mrs Arlene Kerr	Date manager registered: Arlene Kerr - application received - registration pending.

4.0 Inspection summary

An announced inspection took place on 8 October 2020 from 09.30 to 12.00.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the agency since the last inspection on the 6 September 2018. Correspondence included Incident notifications and other intelligence including concerns raised in relation to:

- Staffing levels
- Staffing skill mix
- Infection prevention and control (IPC) practices

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach in line with social distanced guidance.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guidelines.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

4.1 Inspection outcome

	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 Mrs A Kerr, manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 6 September 2018

No further actions were required to be taken following the most recent inspection on the 6 September 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

RQIA provided the following information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them to avail of the opportunity to contact us after the inspection with their views. No responses were received prior to the issuing of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire to RQIA. No responses were received prior to the issuing of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. No responses were received prior to the issuing of the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection we met with one service user two staff members and the manager who gave a comprehensive overview of the service.

No responses were received from the above; however we did speak with service users and staff during the inspection and received positive feedback included below:

Service user comments during inspection

- “I have no complaints.”
- “I have good choices.”
- “Good communication with staff.”
- “I’m getting used to the masks.”
- “I live living here.”
- “I enjoy my social outings with staff.”
- “I know all the staff well.”
- “Staff listen to me if I have a problem.”
- “Staff are always helpful.”

Staff comments during inspection

- “Great management support.”
- “We provide human rights support with service users with community involvement.”
- “Good social outreach and equality of opportunity.”
- “There is good communication between staff.”
- “The manager has an open door policy.”
- “My induction was excellent and I was well supported by all experienced staff.”
- “Good training and I feel safe and secure with the Covid-19 training and guidance.”

We would like to thank the registered manager, service users, and staff for their support and co-operation throughout the inspection process

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection 6 September 2018.

6.1 Inspection findings

Recruitment

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality

We noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring:

Service users

- “I’m happy in my home.”
- “I’m very happy all the staff know me well.”
- “Staff take me out for walks and I like them.”

Staff

- “Staff are in service users homes every day to offer support.”
- “Good communication ensures good care.”
- “Care is bespoke for each service user.”

Relatives

- “I have no concerns about **** care and staff keep in regular contact.”
- “Supported living is a great environment for *****.”
- “There is good communication between staff and families.”

HSC Trust professionals

- “The service provides a safe place for service users and provides a wide range of activities.”
- “The care is good and service users always appear happy.”
- “The level of care is high and we have effective communication.”

We reviewed the following areas of concerns raised prior to inspection and reviewed information place regarding the following:

Staffing levels

We reviewed a number of staff rotas available and it was clear that staffing levels currently in place meets the requirement that enables staff to provide effective care and support for service users.

Staffing skill mix

We reviewed the number of staff available to service users and management of staff numbers. The documentation available showed a good skill mix of both senior cover and care staff.

Infection prevention and control (IPC) practices

We reviewed records relating to Infection prevention and control policies which were in-line with the Covid -19 guidance. Policies and guidance were available to all staff in hard copy within the agency office and staff confirmed they were familiar with the procedures.

No concerns were raised by either staff or service users relating to any of the issues above. We also noted that staff complete a daily communication and handover book. The manager or senior staff member completes a daily shift planner that includes the allocation of duties to staff. This good practice has to be commended for its commitment to the individual needs of service users.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Care planning and review

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Risk assessments
- Reviews

Review comments from service users and relatives

- "I'm very happy here."
- "It's good living here."
- "I'm very happy and like the staff."
- "Staff are great with *****."
- "***** is well looked after and it's the best place for***."
- "I like living here and like my co-tenants."

Covid-19

We spoke with the staff who were aware and knowledgeable in relation to their responsibility related to Covid-19. Staff stated they were aware of the guidance in relation to use of Personal Protective equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on, Infection prevention and control and the use of PPE equipment, in line with guidance.

We reviewed records relating to Infection prevention and control policies which were in-line with the Covid -19 guidance. Policies and guidance were available to all staff in hard copy within the centres office and staff confirmed they were familiar with the procedures.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC. Training records reviewed verified this. Staff spoken to confirmed their training and were knowledgeable in this area.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The staff discussed the procedures that both they and senior staff spot check the use of PPE by staff during the day.

Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedures and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives. This was supported by discussions with service users and staff.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the centre.

Areas of good practice

- Dissemination of information to staff.
- Monitor staff practice.
- IPC policies and procedures.
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.
- Reopening preparation and guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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