

Inspection Report

29 December 2023



Rigby Close SLS

Type of service: Supported Living Service
Address: 8 Rigby Close, Belfast, BT15 5JF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Arlene Kerr
Responsible Individual: Dr Catherine Jack	Date registered: 16 December 2020
Person in charge at the time of inspection: Mrs Arlene Kerr	
Brief description of the accommodation/how the service operates: Rigby Close is a domiciliary care agency, supported living type service operated by the Belfast Health and Social Care Trust (BHSCT) which currently provides care and support to adults with a learning disability. Service users receive care and support in their own individual apartments and staff are available to the needs of service users 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 29 December 2023 between 9.10 a.m. and 2.40 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, Restrictive practices and Dysphagia management was also reviewed.

An area for improvement was identified, this related to checking of documentation for staff recruited from recruitment agencies.

Good practice was identified in relation to the checking of professional registrations and complaints management.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that both service users and staff were concerned in relation to staff shortages. The manager was informed of these concerns.

Comments received included:

Service users' comments:

- "I love living here."
- "The staff are very good and will help me in any way I need help, like with my ironing."
- "I have lots to do every week, I go to Everton and an art class, I do photography and it is really hard."
- "Sometimes the staff take a long time to come up here, but we are short of staff because of the virus."
- "I feel safe here, but sometimes it gets really noisy outside on the street, but the glass at the door can't get broken."

Staff comments:

- “I am happy to work here.”
- “The only thing of concern, is that we are short staffed on occasion.”
- “My manager is very approachable and I am confident in her ability to sort out any issues”
- “I am NISCC registered and my training is all up to date.”
- “The service users receive a high standard of care.”
- “I have no concerns for the welfare of any of the service users.”
- “The service users are treated like family.”

There were no returned questionnaires and no responses to the electronic staff survey.

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

The last care inspection of the agency was undertaken on 5 August 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to raising concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised mobility equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had not consistently been undertaken in keeping with the agency's policies and procedures. There was evidence that the manager had been proactive in requesting reviews. This will be reviewed at future inspections.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with an oral syringe. The manager was aware that should this be required, that a competency assessment should be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The manager was advised regarding implementing a system for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had a number of meetings with service users. The manager was advised to establish regular meetings and how these meetings could be improved to promote service user involvement.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The review of profiles of a number staff working in the service from external recruitment agencies, contained expired right to work and expired training dates, these issues were not identified as requiring clarification before the workers commenced working in the service. An area for improvement has been made.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs Arlene Kerr, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)(e) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall, ensure that all workers, have documentary evidence of any relevant qualifications or accredited training of the person and a right to work, this specifically relates to agency staff.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Prior to a staff member completing a shift the registered manager has ensured that the agency staff profile is received and is accurate. The registered person has produced an audit which monitors each agency staff member’s right to work, qualifications and training. This audit is completed at least monthly or sooner when required.</p>

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