

# Announced Care Inspection Report 8 February 2018



## Rigby Close Supported Living Service

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

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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 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 16 service users are supported by 26 staff. Service users live in single or shared tenancy accommodation in Rigby Close and the local vicinity.

The aim of the project is to provide care and support to individuals with a learning disability, to promote independence within the community.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Martin Joseph Dillon	<b>Registered manager:</b> Andrea Lee (Acting)
<b>Person in charge of the service at the time of inspection:</b> Andrea Lee (Acting)	<b>Date manager registered:</b> (Not applicable)

### 4.0 Inspection summary

An announced inspection took place on 8 February 2018 from 09.30 to 15.50 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

Service users spoken with by the inspector provided feedback regarding the service provided by Rigby Close supported living service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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.

### 4.1 Inspection outcome

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Andrea Lee and the operations 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 23 February 2017

No further actions were required to be taken following the most recent inspection on 23 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- All communication with the agency

The inspector spoke with seven service users who live at Rigby Close and had the opportunity to observe interactions between the service users and staff.

During the inspection the inspector spoke with the manager and with two staff members to obtain their views of the service provided and observed staff supporting service users.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. At the time of issuing this report no staff surveys were received by RQIA.

The inspector also asked the manager to distribute questionnaires to service users/relatives. Six service user/relative questionnaires were returned which highlight positive feedback and comments have been included into the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- Two staff members recruitment and induction records
- Two long term staffs' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for December 2017 and January 2018
- Annual quality report dated August 2016
- Communication records with HSCT professionals

- Complaints log
- A range of notification and incident records
- A range of compliments records

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 February 2017

The most recent inspection of the agency was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

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

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency has in place a comprehensive recruitment policy; this was updated December 2017 by Belfast HSC Trust policy review department. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector noted that in staff files reviewed, the registered person or registered manager had not completed a statement confirming that each staff member was physically and mentally fit for the purposes of the work he is to perform. These records are required for all staff recruited since the agency was first registered 27 August 2009. This area was discussed with the operations manager following the inspection day. Prior to issuing this report, the inspector was provided with a satisfactory assurance that the manager has completed a statement confirming staff are physically and mentally fit for the purposes of the work he is to perform. These records are retained within the agency office staff files and will be reviewed during the next inspection.

The inspector found that staffing arrangements maximise the provision of familiar staff to service users. The manager confirmed that there had been a need for the use of employment agency staff occasionally over the last year; however this has not been required recently.

The induction programme for support workers was viewed, which includes a detailed induction programme and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager had signed all records to confirm that the staff member had been deemed competent at the end of their probationary period.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The organisation has a system of requiring staff to complete competency assessments subsequent to key training events, to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their protocol. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol.

The agency's whistleblowing policy and procedure was found to be satisfactory, and had been reviewed by the organisation's policy committee 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

All six returned questionnaires from service users/relatives indicated that safe service meant:

- "There are enough staff to help you"
- "You feel protected and free from harm"

- “You can talk to staff if you have concerns.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, adult safeguarding and management of risks.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required.

Feedback received by the inspector from service users and staff indicated that service users have a genuine influence on the content of their care and support plans. The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

It was clear through observations that the staff have good knowledge of the service users’ needs and preferences; and how they are working with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a number of service users communicate effectively with staff and were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and monthly support plan reviews between keyworker and service users.

Service users and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. The service users described the positive value of the service user’s involvement in a range of activities and interests which are facilitated by staff support.

**Service user comments:**

- “I am looking forward to bus taking me to centre this morning. I really like it there.”
- “Staff have helped me get ready for Valentine night party next week. I have my suit and shoes and ticket all ready. It will be great.”
- “Doctor said I shouldn’t eat too much chocolate, but it is my choice.”

All six returned questionnaires from service users/relatives indicated that effective service meant:

- “You get the right care, at the right time in the right place”
- “The staff knew their care needs”
- “You are kept aware of your care plans”
- “Your care meets your expectations”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

The service users have lived at Rigby Close for a number of years and it was noted that the shared areas had been personalised by the service users to their individual tastes. Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported and encouraged to consider healthy meals of their choice, and the social activities they engaged in were very person-centred.

The inspector was able to speak to service users who expressed their satisfaction with the service during conversations or by nodding appropriately when prompted with questions. It was evident to the inspector that service users had individual plans and goals, which the agency



staff were enabling them to progress. One service user explained; “I’ve changed my support day so I can do the choir practise at the day centre instead. I love singing.”

The agency has provided service users with information relating to human rights, advocacy and adult safeguarding in pictorial formats. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. The manager explained that service users had declined offers to arrange tenants meetings. Service users had expressed a preference to meet in their own house with fellow tenants if/when they wanted to discuss individual house plans.

Compliments from service users, representatives and other professionals reviewed during inspection provided the following examples in support of compassionate care:

- “I had a great day today.”(Service users comment on return from shopping day)
- “I am very happy with care and communication between myself and staff, who keep me up to date with all of xxx events.”(Relative feedback during a service user review meeting)
- “The level of communication is very good. I am happy with the level of care a support provided.” (Social worker feedback obtained during monthly monitoring contact).

All six returned questionnaires from service users/relatives indicated that compassionate care meant:

- “Staff treat you with kindness”
- “Staff ensure you are respected and that your privacy and dignity is maintained”
- “Staff inform you about your care”
- “Staff support you to make decisions about your care.”

**Comments:**

- “my xxx is very happy and well looked after.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency. The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, supported by a deputy manager, twelve senior care and support workers and a team of support workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

Monthly monitoring reports were viewed for December 2017 and January 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a manager who have a good working knowledge of the service. Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted no complaints were received during the reporting period of 1 April 2016 to inspection date 8 February 2018 which the manager confirmed. The staff training records viewed confirmed all staff had received update training on handling complaints.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There was one incident notified to RQIA which had been received in line with the required timescale. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of all service users living at Rugby Close.

The inspector examined the annual quality review report of service user/representatives/staff satisfaction completed for 2016. This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treat service users along with an action plan. The manager explained the satisfaction surveys for 2017 have mostly been returned and feedback is currently being collated. Their annual quality report is planned to be completed and shared with service users individually and copies provided to relatives/staff and the HSC Trust by the end of February 2018.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

All six questionnaires from service users/relatives indicated that a well led service meant:

- "You always know who is in charge at any time"
- "You feel the service is well managed"
- "Your views are sought about your care and the quality of the service"
- "You know how to make a complaint"

### Areas of good practice

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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