



The Regulation and
Quality Improvement
Authority

Name of Service
RQIA ID: 11015
8 Rigby Close
Belfast
BT15 5JF

Inspector: Rhonda Simms
Inspection ID: IN22590

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**Unannounced Care Inspection
of
Rigby Close Supported Living Service
5 May 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 05 May 2015 from 09.45 to 17.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the Andrea Lee acting registered manager, and with the agency's Operational Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Rigby Close	Registered Manager: Andrea Lee
Person in charge of the agency at the time of Inspection: Andrea Lee	Date Registered: 27/8/2009
Number of service users in receipt of a service on the day of Inspection: 19	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users.

Theme 2 – Service User Involvement

Service users are involved in the care they receive.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Incidents
- Correspondence
- Report and QIP of previous RQIA care inspection.

During the inspection the inspector met with six service users, four care staff, three staff, two visiting professionals and two relatives.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- A monthly monitoring report
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Service user guide
- Induction procedure
- Records of induction
- Staff register
- Staff rota information
- Financial agreement
- Staff handover information.

Staff questionnaires were left for staff to complete; none had been returned at the time of writing the report.

Questionnaires were left for service users to complete; none had been returned at the time of writing the report.

5. The Inspection

Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust in association with Habinteg and Oaklee Housing Association. Currently 19 service users are supported by 27 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.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 8 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14(b)(c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to review the arrangements for the apportionment of payments for utilities shared by service users and agency staff.</p> <p>The registered person is required to quantify all losses experienced by service users as a result of inappropriate practices and to outline and agree with RQIA the arrangements in place for appropriate restitution.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The acting registered manager confirmed that the arrangements for the apportionment of payments for utilities shared by service users and agency staff had been reviewed by the agency.</p>	

	<p>A new financial agreement signed by the representative of the service user was seen.</p> <p>The Trust has calculated losses experienced by the service user and made reimbursement accordingly.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14(b)(c)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person shall ensure that the financial agreement for any service user who contributes to a grocery budget with staff is revised to ensure it clearly states what the service user pays for. The revised financial agreement should be sent to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed a financial agreement and discussed arrangements with the acting registered manager. The acting registered manager confirmed that service user and staff food budgets have now been completely separated; the service user purchases their own food only. The inspector noted that this arrangement is clearly defined and ensures that the service user will not be financially disadvantaged regarding the purchase of groceries.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 15 (2)(a)(b)(c)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall:</p> <p>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) Specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) Specify how those needs are to be met by the provision of prescribed services:</p> <ol style="list-style-type: none"> 1. This refers to any restrictive practices agreed with the HSC Trust Designated Officer but not included in the care plans or risk assessments. Restrictive practices agreed with the HSC Trust should be included in care plans and risk assessments. In addition, there should be evidence of consultation with service users and/or their representatives. 2. This also refers to the provision of prescribed services to service users where the needs specified by the commissioning HSC Trust and actions required to meet those needs are not clear. 3. This also refers to the requirement to ensure that the care plan is consistent with any HSC Trust plan. <p>(This requirement is stated in relation to Theme 2 statement 4 and Theme3 statement 1).</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that service users had reviews of their care plans and risk assessments which involved service users and/or their representatives. Care and support plans examined by the inspector were consistent with any HSC Trust plan.</p>	<p>Met</p>

	Discussion with the acting registered manager and staff confirmed that staff have received clarity regarding service users' needs where this was required.	
<p>Requirement 4</p> <p>Ref: Regulation 15 (3)(c)</p>	<p>The registered person shall:</p> <p>(c) Where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, revise the care plan</p> <p>This refers to restrictive practices which were agreed with the HSC Trust but not revised in the care plan or risk assessment. There should be evidence of consultation with service users or their representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that service users and/or their representatives were consulted with regarding any practices which could have been considered restrictive. The care practices in place at the time of the previous inspection of 8 July 2014 have been reviewed and discontinued.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 23 (1) (5)</p>	<p>23 (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives</p> <p>The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>Reports of monthly monitoring reviewed by the inspector during and subsequent to the inspection showed a system of evaluation which included consultation with service users, relatives, and professionals.</p>	Met

Previous Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1 Ref: Standard 2.2</p>	<p>Prospective service users are provided with information on the services provided by the agency.</p> <p>2.2 The service user's guide contains information on the following:</p> <ul style="list-style-type: none"> The name of the registered manager and the general staffing arrangements <p>It is recommended that the registered person ensures that the agency's documentation does not describe staff working in a supported living service as residential workers. Staff should be described in terms appropriate to a supported living ethos.</p> <p>Following a meeting at RQIA offices on 22 October 2014 when representatives of the registered person provided assurances that a suitable title had been agreed, amended agency documentation should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed agency documentation which was amended to reflect job titles in keeping with the supported living ethos.</p>	<p style="text-align: center;">Met</p>
<p>Recommendation 2 Ref: Standard 1.4</p>	<p>Action is taken, where necessary following receipt of feedback and comments to make improvements to the quality of the service. This refers to views by staff regarding the nature of supervision and the request to have additional one to one supervision sessions.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed records of supervision available at inspection. The agency has not provided additional one to one supervision sessions. This issue will addressed through the quality improvement plan in the form of a requirement.</p>	<p style="text-align: center;">Not Met</p>
<p>Recommendation 3 Ref: Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their</p>	

	<p>carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of service users, and representatives, and professionals, in monitoring reports on a monthly basis.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed reports of monthly monitoring which included the views of service users, representatives, and professionals.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are put in place to meet them.</p> <p>This refers to the staff request for additional training in an area.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting registered manager, agency staff, and monthly monitoring reports confirmed that staff received training in the subject requested.</p>	

5.3 Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained, including those supplied on a temporary basis.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

Feedback from the acting registered manager and staff confirmed that the agency currently uses one member of staff supplied by a domiciliary care agency staff. The manager and staff described how the agency is usually able to cover shifts at short notice if needed by using the staff currently employed by the agency. The arrangements used to cover shifts at short notice were satisfactory.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency. The form of supervision which should be provided to staff is not stated in the supervision policy, ie group or one to one supervision.

There were insufficient records maintained of supervision to demonstrate that the frequency provided was in accordance with the agency's policy and procedure. Discussion with the acting registered manager, staff and examination of the records present confirmed that staff can avail of informal supervision with the manager, who operates an 'open door' policy. Records and discussion showed that group supervision takes place on a regular basis through staff meetings and training and development days, however these meetings are not recorded as supervision.

Subsequent to the inspection, the acting registered manager and operations manager provided to RQIA a schedule of individual supervisions which had taken place following the inspection, with a plan to provide supervision to all staff within a reasonable timeframe. The schedule included further supervision sessions to be provided to staff in the year 2015. The inspector was satisfied that the agency had in place a plan to provide supervision to staff in line with the agency's supervision policy. In addition, the operations manager outlined plans to improve the maintenance of records of all supervision sessions, including individual and group supervision. The implementation of this plan will be assessed and monitored through actions stated in the quality improvement plan.

Is Care Effective?

Discussions with the acting registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the acting registered manager and staff.

The acting registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them and could describe a range of methods and documentation which provided them with this information.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback.

The acting registered manager discussed the agency's process of evaluating the effectiveness of staff induction through supervision and observation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff reported that the agency responds to their requests for additional training. Staff provided positive feedback about the nature and frequency of supervision and appraisal, and described having easy access to a manager on shift. Staff described the acting registered manager's door as 'always open'.

Staff interviewed by the inspector were aware of the whistleblowing policy and knew how to highlight concerns regarding the practice of other staff, including managers.

Staff comments

'New staff work alongside experienced staff on induction'.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. Feedback from staff and managers showed that the impact of staff changes on service users is taken account of.

The inspector noted that the agency has good continuity of staff with few changes. Discussions with staff indicated that service users are prepared in advance of significant staff changes where possible.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Agency staff provided feedback that the induction process appropriately prepares new staff to fulfil their role. Service users and relatives confirmed that staff have appropriate knowledge and skills to respond to service users' needs.

Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. Service users can choose to decline services. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

The acting registered manager discussed the agency's processes to address unsatisfactory performance of a domiciliary care worker.

Staff comments

'We try to build a rapport between new staff and service users'
 'The service users always know about staff changes, they like to tell the staff what is happening'.

Professionals' comments

'There is good communication with the staff'
 'The staff are open to change'
 'There is flexibility about how to meet the needs of service users'
 'The atmosphere is positive, the staff are motivated'
 'The staff are committed'.

Areas for Improvement

Number of Requirements	1	Number Recommendations:	1
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5.4 Theme 2 – Service User Involvement**Service users are involved in the care they receive****Is Care Safe?**

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice and rights. Staff discussed examples of positive risk taking in practice, where service users were supported by staff to maintain or promote independence by taking part in activities of their choice.

Service users' comments

'I can speak to staff about any problems'
 'I like it here, it's always alright'.

Relatives' comments

'I cannot see any problems'
 'It's a good service'
 'I can contact staff about any concerns'.

Staff comments

'Care plans reflect service users' views'.

Professionals' comments

'The manager involves herself in dealing with complaints and involves the Trust appropriately'.

Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans monthly with service users, with at least a yearly review including a community worker from the Trust. The inspector was informed that the service user and/or their representative are invited to participate in reviews; this was evidenced in review records. Care and support plans seen by the inspector were written in a person centred manner and clearly included the service users' views throughout.

Feedback from service users, relatives, professionals and monthly monitoring reports, showed examples of how the agency delivers the service in response to the views of service users and/or their representatives. The inspector spoke with a service user who could clearly describe how they exercise choice and control over how they lead their life. The inspector observed staff responding positively to service users' expression of choice. Staff were able to provide examples of service provision in direct response to service users' views. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Staff described how advocacy services are accessed in response to individual need.

Service users' comments

'My views are taken on board'
'I get on well with the staff'.

Relatives' comments

'***** seems to be happy'
'The staff have been very helpful to *****, they have helped **** live more independently'
'Reviews are useful for everyone'.

Staff comments

'We go through a monthly review with the service user'.

Professionals' comments

'Service user and relatives' views are dealt with individually'.

Is Care Compassionate?

Feedback from staff, service users, relatives and professionals indicated that service users receive care in an individualised manner.

The inspector observed staff responding to service users according to their individual needs. Care plans and agency records were written in a person centred manner and were reflective of service users' views and preferences.

Service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery. Relatives described how they could speak to the manager or deputy manager regarding any issues or concerns. A professional described the agency individualised response to the concerns of relatives.

Reviews of records and discussion with staff and managers reflected promotion of human rights and the values underpinning the Domiciliary Care Agencies Minimum Standards (2011); including choice, dignity, respect, independence, consent. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding their way they wish to live their lives were seen through records of individual work with service users and through discussion with them.

The acting registered manager described how the agency collaborates with the HSC Trust for service users where there are capacity and consent issues.

Service users' comments

'It's my rules and my choices, I decide what I do'
'The staff listen to me'.

Relatives' views

'I can speak to the staff'
'The staff are very thoughtful'
'I am invited to reviews, I like to attend'.

Staff comments

'People can express their views'.

Professionals' comments

'The manager listened to the relatives' concerns'.

Areas for Improvement

Number of Requirements	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Reports of Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

Complaints

Records of complaints from 1 January 2014 - 31 March 2015 were examined.

The complaints records examined by the inspector had been satisfactorily investigated and documented.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Andrea Lee acting registered manager, and with the Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to supportedliving.services@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 30 August 2015</p>	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>The registered person must ensure that each employee receives appropriate supervision, and that the agency can show this has taken place.</p> <p>The registered must ensure that RQIA receives a written report on progress made with this requirement by 30 August 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Each employee has received formal supervision during May 2015 and a record maintained. The record has been filed in the staffs personal file.. One member of staff is on sick leave and will receive supervision on their return. The registered manager will forward a written report to RQIA detailing that all members of the staff team have had a formal supervision session by the 30th June.</p> <p>A schedule for supervision is now displayed on the noticeboard, detailing the date of supervision for each employee, name of supervisor and the date of next supervision session.</p>
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Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.2,</p> <p>Stated: First time</p> <p>To be Completed by: 30 August 2015</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>The registered person should ensure that all staff have supervision in accordance with the agency's policies and procedures, and that these meetings are recorded in accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager will ensure that all staff have recorded formal supervision four times per year in accordance with the Belfast Trust's supervision policy for social care staff and these are recorded on the supervision proforma and stored within the staffs personal file in accordance with the procedures.</p>
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Registered Manager Completing QIP	Andrea Lee	Date Completed	2/6/15
Registered Person Approving QIP	Martin Dillon	Date Approved	03/06/15
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	05/06/2015

Please ensure the QIP is completed in full and returned to supportedliving.services@rqia.org.uk from the authorised email address

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