

Inspection Report

9 November 2021



Sydenham Court

Type of service: Domiciliary Care Agency

Address: 48a Sydenham Gardens, Holywood Road, Belfast, BT4 1PP

Telephone number: 028 9504 2713

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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	Registered Manager: Miss Ashlyn Foster
Responsible Individual: Dr Catherine Jack	Date registered: 9 September 2016
Person in charge at the time of inspection: Miss Ashlyn Foster	
Brief description of the accommodation/how the service operates: <p>Sydenham Court is a domiciliary care agency, supported living type under the auspices of the Belfast Health and Social Care Trust. The agency provides care and support to service users with a diagnosis of dementia. Service users live in individual flats, three of which can accommodate two people; the flats are self-contained and incorporate living, dining and bathroom facilities.</p> <p>Staff are available to provide care and support to service users on a 24 hour basis, with an emphasis on promoting independence and a sense of wellbeing.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 9 November 2021 between 9.45am and 2.20pm by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements, as well as registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and a staff poster.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives 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.

4.0 What people told us about the service

We spoke with four service users, four staff and two HSCT representatives. In addition, feedback was received from three relatives in the questionnaires returned to RQIA. All the respondents were 'very satisfied' that the care being provided was safe, effective, and compassionate and the service was well-led.

Service users' comments

- "It's a well-run place."
- "The manager is very approachable and the rest of the staff are pleasant."
- "I couldn't ask for better."
- "I feel safe without a shadow of a doubt."
- "I can have a laugh with the staff."
- "We can come and go as we like."
- "The staff are always here for us."
- "The place could do with being decorated and modernised."

Staff comments:

- "We have set rotas which are given to us well in advance so we can plan."
- "Everyone is supportive and approachable, including the manager."
- "There are safe staffing levels."
- "We are like a big family."
- "It's hard work, but I enjoy it."
- "We have a safety huddle every day."
- "I am very happy and we have a good team."
- "My training is up to date."

Service users' relatives' comments:

- "The garden needs essential maintenance to ensure safety and to be visually stimulant for people with dementia."
- "My relative would benefit from more structured activity – the activity co-ordinator was great, but left."

HSCT representatives' comments

- "Sydenham Court delivers a high standard service."
- "I have attended several recent annual reviews and the service users have reported no concerns in relation to the scheme and the care they are receiving."
- "The service users appear to have a good relationship with the staff members."
- "Any concerns are addressed in a timely manner. If there are any areas brought up in the annual review, these seem to be addressed immediately after or the next day."
- "The staff in Sydenham Court are friendly, helpful and knowledgeable about the people they are working with."
- "Staff are always compassionate, patient and open to suggestions. Any advice offered is always taken on board and tried in a timely way."
- "I feel that they have managed the service extremely well in these very stressful and challenging months, and I am sure they will continue to do so."

The comments from the service users' relatives were discussed with the manager who advised that activities have been restricted due to Covid-19 guidelines however activities do take place every afternoon, facilitated by the support staff on duty. There are plans to recruit a new activity support worker.

In relation to the garden, the manager advised that a proposal has been put forward for further landscaping, along with other improvements by the 'Friends of Sydenham Court' including redecoration of the scheme and has been passed for the consideration of Clanmil Housing Association.

5.0 The inspection

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

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.

The last care inspection of the agency was undertaken on 22 October 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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 demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

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

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 in relation to adult safeguarding matters. One safeguarding referral had been made since the last inspection. It was noted that the referral had been managed in accordance with the agency's policy and procedures.

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

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

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 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised that there was one care partners visiting one service user during the Covid-19 pandemic restrictions to promote their emotional wellbeing. The care partner was aware of the infection prevention and control (IPC) procedures within the service and wore full personal protective equipment (PPE). The care partner did not undertake any personal care with the service user and were only permitted in certain areas of the service. The service currently does not have any care partners visiting service users due to the restrictions easing.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that they did not have any service users with Dysphagia needs. However it was positive to note that there was evidence that staff had completed training in relation to Dysphagia and were aware of how to make referrals to the multi-disciplinary team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates were 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 for ensuring their registrations were up to date.

5.2.5 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, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

The BHSCT commenced an investigation into a Serious Adverse Incident in February 2021 in relation to a Covid-19 outbreak in the service, in order to identify learning. This had been reported to RQIA in line with the regulations. The service alongside Infection Prevention and Control initialised outbreak control measures which included commencing service user and staff screening and tracing and the service maintained the IPC measures to ensure the safety

of the service users and staff. This investigation is ongoing therefore no recommendations have been made.

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

	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 Miss Ashlyn Foster, registered manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care