

# Unannounced Care Inspection Report 22 October 2018



## Sydenham Court

Type of service: Domiciliary Care Agency

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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**

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.

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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Ashlyn Foster
<b>Responsible Individual(s):</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Ashlyn Foster	<b>Date manager registered:</b> 9 September 2016

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10.10 to 16.40.

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 during and 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:

- Communication and engagement with service users, relatives and other relevant stakeholders
- Staff induction, supervision and training
- Quality monitoring systems
- Provision of care in a person centred manner
- Service user involvement.

This was evidenced through the review of records at inspection and from feedback received from service users, their representatives and staff on inspection. The comments of service users and their representatives have been included in the relevant report sections.

No areas for improvement were identified during the inspection.

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.

The inspector would like to thank the manager, staff, service users, a relative and a HSCT professional for their welcome, support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Ashlyn Foster, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 18 December 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 December 2017.

#### **5.0 How we inspect**

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

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- Discussion with the manager
- Examination of records
- Consultation with service users, a relative, a HSCT representative and staff
- Evaluation and feedback

During the inspection the inspector met with the manager, two service users, a HSCT representative, one staff member and the relative of one service user.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and/or relatives; four questionnaires were returned to RQIA. Three of the responses received indicated that the respondents were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

### Comments received

- “Staff are pleasant and willing to help my \*\*\*\*; they all try and encourage her to do things such as make tea, wash dishes and personal care.”
- “Not a problem everything is fine.”

One of the responses indicated that a relative was very unsatisfied that care provided was safe, effective and compassionate and that the agency was well led; however very positive comments were provided as detailed below:

- ‘Sydenham Court staff are very kind, helpful, and extremely supportive. My \*\*\*\*\* is receiving excellent care and support. As a family we rest knowing she lives there. Thank you to all the staff.’

The inspector discussed this information with the manager prior to issuing the report.

At the request of the inspector, the manager was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one response was received.

The response received indicated that the staff member was very unsatisfied that care provided was safe, effective and compassionate and that the agency was well led. No additional comments or contact details were provided. Prior to the issuing of the report the inspector discussed the response received with the registered manager; it was agreed that this would be addressed in the forum of a staff meeting and a record retained. Subsequently, on the 19 November 2018 the inspector was contacted by a staff member who stated that they had completed their response incorrectly; the staff member stated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

The inspector requested that the manager display a ‘Have we missed you card’ to provided relatives and visitors to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 December 2017

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 18 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 12.3 Stated: First time To be completed by: Immediate from the date of inspection	The registered person shall ensure that mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From training information viewed during and following the inspection it was identified that mandatory training requirement had been met.	
<b>Area for improvement 2</b> Ref: Standard 12.7 Stated: First time To be completed by: Immediate from the date of inspection	The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: <ul style="list-style-type: none"> <li>• the names and signatures of those attending the training event;</li> <li>• the date(s) of the training;</li> <li>• the name and qualification of the trainer or the training agency; and</li> <li>• content of the training programme.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted from records viewed that the agency maintains a record of training provided to staff; information viewed was noted to be in accordance with the Standard 12.7.	

## 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.**

During the inspection the inspector reviewed the agency's processes used to avoid and prevent harm to service users; it included a review of current staffing arrangements within the agency.

The organisation's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department and Business Services Organisation (BSO).

The inspector viewed evidence of confirmation received by the manager that all required checks have been satisfactorily completed. The manager stated that domiciliary care workers are not provided for work until all required checks have been satisfactorily completed.

It was identified from records viewed that the agency has a statement signed by individual staff and the registered manager stating that they are physically and mentally fit for the purposes of the work which they are to perform in in place.

The agency's induction policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend corporate induction, complete training in a range of mandatory areas and dementia awareness. In addition staff are required to shadow other staff employed by the agency. A record of induction is retained and verified by the registered manager.

Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency. It was noted that there have been no new staff employed by the agency since the last inspection. Observations made and discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. It was positive to note that staff have completed additional training in dementia care.

The registered manager stated that relief staff are accessed occasionally from another domiciliary care agency and could describe the procedures used to ensure that they had the required skills for the role. The inspector viewed staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC).

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of individual service users. The registered manager stated that current staff levels are adequate to meet the assessed needs of service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager; it was identified

that staff had been working additional hours to cover staff absences. It was noted that there is a process for a staff handover a key shift changes.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. It was noted that a number of staff had not signed their appraisal record; the manager provided assurances that staff would be reminded to sign the record.

The manager could describe the process for identifying training needs in conjunction with the staff and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff indicated that their training is beneficial to their role and equips them with the knowledge and skills for their job.

The agency has an electronic system for recording staff training; it was identified that the system was required to be updated to include details of recent training completed. The inspector viewed that the agency's staff training matrix, from records viewed it was identified that a small number of staff are required to complete training in a number of mandatory areas; following the inspection the manager provided planned dates for completion of these updates.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed by them in conjunction with the organisation's HR department.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC); staff who met with the inspector could describe the process for raising concerns. Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding matters, the role of the ASC and the procedure for reporting adult safeguarding concerns appropriately and in a timely manner.

It was identified that staff are required to complete safeguarding training during their induction programme and in addition a training update every 18 months. Training records viewed by the inspector indicated that three staff are due to complete their training update; immediately following the inspection the registered manager provided evidence to RQIA that the training updates had been booked.

It was noted that the agency has provided service users with information in relation to their personal safety. Service users could describe what they would do if they had any concerns in relation to their safety or the care they received.

Records viewed and discussions with the manager indicated that the agency had made no referrals in relation to adult safeguarding since the previous inspection. Discussions with the manager provided evidence that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to any instances of alleged or actual incidences of abuse.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager could describe the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed as required.

The agency's office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The main entrance is operated by an intercom system and service users and relative's confirmed that they have a key fob for operating the door. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were lockable, records were stored securely and in a well organised manner and that PC's were password protected.

## **Comments received during inspection process**

### **Service users' comments**

- "The girls are very good; they make the bed and help me clean the flat."
- "If I am not happy I speak to the 'boss' in the office."
- "I get out often; staff take me out."

### **Staff comments**

- "I love it here; this is a lovely place."
- "The training is good; I have had training on dementia."
- "I feel service users are safe; we go out with them if they need support."

### **Relative's comments**

- "I could not praise the staff highly enough; they promote independence."
- "I feel my mother is 100% safe; the tenants get really good care."
- "Nothing is ever too much trouble for the staff; I can raise concerns and they are addressed."

### **HSCT professional's comments**

- "Staff are very good here; they are always very welcoming."
- "I have no negative comments to make, all good."
- "Communication is good; staff are all very approachable."
- "Service users are well looked after and encouraged to be independent."
- "Service users are safe; staff are very attentive to their needs."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision and adult safeguarding.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to staff training.

	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 inspector reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised manner; it was noted that staff receive training relating to record keeping and confidentiality during their corporate induction programme.

Staff could describe the processes used for supporting service users to be engaged effectively in their care planning and review processes. Service users and a relative indicated that staff encourage them to attend review meetings and to be involved in the completion of their individual risk assessments and care plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing monthly quality monitoring visits by a senior manager.

Records of quality monitoring audits viewed indicated that the process is effective and that an action plan is developed. The reports were noted to include details of comments made by service users, and where appropriate their representatives. They included information relating to the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

The agency's systems to promote effective communication between service users, relatives, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, a relative, a HSCT professional and staff, and observations of staff interaction with service users and relatives during the inspection indicated that staff communicate appropriately with them and that their views and opinions are respected.

The manager and staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. One HSCT representative who spoke to the inspector stated that communication is good and that staff alert them of any concerns in relation to the care needs of service users.

The agency aims to facilitate monthly service user and staff meetings; service users could confirm that they are encouraged to attend and provided with the opportunity to express their views and opinions. It was good to note that service users had been provided with information in relation to the complaints process and human rights during a meeting.

**Comments received during inspection process**

**Staff comments**

- “I feel supported; I can raise concerns.”
- “We have regular meetings to discuss issues.”
- “Service users are supported to take part in a number of activities such as Sing for the Brain and Engage with Age.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing and quality monitoring arrangements and communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

**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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

It was identified that staff receive training in relation to human rights, equality, diversity and confidentiality. Discussions with service users, their representatives and staff, records viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, equality and diversity, advocacy and adult safeguarding when they accept the tenancy.

Service user care records viewed were noted to contain detailed information relating to their individual life histories and their needs, choices and preferences. During the inspection the inspector observed service users being supported by staff to make decisions about the care and support they received and activities they participated in.

Staff described they wide range of ways in which they provide care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users and a relative who spoke to the inspector stated that staff support them to be involved in decisions relating to their care, support and daily routines. Service users stated that staff respect their choices and indicated that they are not restricted in any way.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and in addition the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. The manager could describe how staff training equips staff to engage with a diverse range of service users. It was identified that staff had completed training on equality and diversity and in dementia management. The agency's Statement of Purpose contains information relating to equality and diversity.

Discussions with the service users, a relative, a HSCT professional, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Records viewed and discussions with staff indicated that the agency has a range of methods for recording comments made by service users and where appropriate their representatives. Records of tenant's meetings, Friends of Sydenham Court meetings, service user care review meetings and the agency's quality monitoring reports provided evidence of regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, care review meetings, tenant's meetings and the Friends of Sydenham Court meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made during the inspection and discussions with service users and a relative provided evidence that service users are encouraged to make choices regarding their daily routines. It was good to note that service users appeared relaxed and comfortable in their home and moved around the shared areas freely.

### **Service users' comments**

- "I feel safe; I like it in here I was lonely living on my own."
- "The people are nice."
- "Staff care about us; they check in on you."

### **HSCT professional's comments**

- "Staff are very caring; they are interested in the why and the where."

**Relative’s comments**

- “Staff give my mum her space; they know when she needs more care.”
- “I speak really highly of the staff; I am more relaxed knowing my mum is here.”

**Staff comments**

- “Service users have choice we support them with anything they need help with.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and effective engagement with service users, and where appropriate their relatives and other relevant stakeholders.

**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 reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a number of senior support workers; staff stated that the manager and senior staff are very supportive and could describe the process for obtaining support and guidance at any time including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format that staff can access. A number of the organisation’s policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency’s complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff are required to complete complaints awareness training. Service users and their representatives could describe the process for raising concerns.

The agency has a process for retaining a record of complaints received. It was noted from discussions with the manager that the agency has received no complaints since the previous inspection. Complaints are audited as part of the agency’s quality monitoring process.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents/incidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective and ongoing collaborative working relationships with relevant stakeholders.

It was noted that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training and supervision.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment; staff who spoke to the inspector had a clear understanding of the responsibilities of their job roles.

The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated. On the date of inspection the certificate of registration was on display and reflective of the service provided.

**Comments received during inspection.**

**Relative’s comments**

- “I feel I am listened to; the manager is extremely nice and I can talk to her at any time.”

**Staff comments**

- “I feel supported; it’s a lovely wee team here.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance and quality monitoring arrangements.

**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

**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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