

Inspection Report

17 September 2021



Hemsworth Court

Type of service: DCA/SL
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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: Mr M Duffy
Responsible Individual: Dr Catherine Jack	Date registered: To be updated
Person in charge at the time of inspection: Mr M Duffy	
Brief description of the accommodation/how the service operates: The agency provides a supported living type domiciliary service to persons with dementia in an attractive environment specifically designed for this purpose. The scheme is a two storey development of 35 self-contained apartments which has been developed in partnership between a local housing provider and the Belfast Health and Social Care Trust (BHSC).	

2.0 Inspection summary

An unannounced inspection took place on 17 September 2021, at 09.00 am to 11.45am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, WHSCT 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.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user the manager and two staff.

We received no questionnaires from service users/relatives and no electronic feedback from staff prior to the issue of this report.

Comments received during inspection process-

Service users' comments:

- "Great staff."
- "I have kept my independence here."
- "I'm treated with dignity and respect."
- "I'm safe and secure."
- "I can come and go as I please."

Staff comments:

- "Good team support."
- "Excellent staff communication."
- "A very approachable manager."
- "Regular supervision."
- "I had a good comprehensive induction that helped me prepare for the role."
- "Good training that's is kept updated."
- "We promote individual choice daily to service users."

5.0 The inspection

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

The last inspection to Hemsworth Court was undertaken on 11 August 2020 by a care inspector; no areas for improvement were identified.

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). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

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

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for four service users.

We established that the processes had been discussed the BHSCT representative to have the remaining DoLS assessments embedded into practice. This will be reviewed at the next inspection.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

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 service users to promote their mental health and wellbeing during

The Manager advised us that there were a number of care partners visiting service users during the Covid-19 pandemic restrictions. Records were available for review as well as Covid testing records.

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 discussions with the Manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective.

There was evidence of community dietitian input in other service user's records.

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 accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

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

5.2. 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 BHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I really like it here."
- "I have settled well staff are good to me."
- "I cannot fault the place or the staff."

Staff:

- "Residents are well supported."
- "The manager is very supportive."
- "We can always raise concerns or make suggestions."

Relatives:

- "Staff support my ***** well."
- "We have no cause for complaints."
- "The care provided is excellent."

HSC Staff:

- "Staff are welcoming and professional."
- "Good communication."
- "Staff have a good relationship with clients."

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

It was positive to note that a number of annual care reviews had been completed and the agency must be commended for their actions. We noted some of the comments from service users and or relatives during their review:

- "I'm happy with all the care and support."
- "I like the staff calling."
- "I have no concerns."

- “My ***** is doing so well.”
- “It still feels like home to me.”

Staff described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis’s (SEAs) or Early Alert’s (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is 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 the Manager, as part of the inspection process and can be found in the main body of the report.



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