

Inspection Report

Name of Service: Hemsworth Court

Provider: Belfast Health and Social Care Trust

Date of Inspection: 17 December 2024

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 Health and Social Care Trust (BHSCT)
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Kerri Mc Kee - acting
<p>The agency provides a supported living type domiciliary service to persons with dementia in an 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 (BHSCT).</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 December 2024, between 9.00 a.m. and 4.00 p.m. and was conducted by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified by RQIA during the last care inspection on 21 December 2023.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were reviewed.

Two areas for improvement were identified; one was in relation to complaints management and the second was in relation to induction- which will be stated for a second time. As a result of this inspection, the areas for improvement previously identified by RQIA in relation to service user involvement and quality monitoring was assessed as having been addressed by the provider.

Hemsworth Court uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of the agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of the agency; they said they liked the accommodation and that the staff were supportive. Comments from a service user in relation to their unmet need were discussed with the manager during the inspection.

Staff spoke very positively in regard to the peer support they receive from their colleagues and the level of care provided to the tenants.

There were no responses to the questionnaires or the electronic survey.

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

The last care inspection of the agency was undertaken on 21 December 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 21 December 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (a) (5) (a) Stated: First time	The registered person shall ensure that each employee of the agency is provided with appropriately structured induction and timely induction	Not met
	Action taken as confirmed during the inspection: Records reviewed at inspection did not indicate timely completion of induction documentation	
Area for Improvement 2 Ref: Regulation 23 (1) Stated: First time	The registered person shall establish and maintain a system for evaluating the quality of the services.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 1 (1.8) (1.9) Stated: First time	The Service users and their carers/representatives' views and opinions are sought formally at least once a year, a copy of the report is made available on request.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members were redeployed and commenced employment in the agency and had direct engagement with service users.

There was evidence that staff had commenced a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were

competent to carry out the duties of their job in line with the agency's policies and procedures. However, the induction records were not completed in a timely manner and line manager input was not consistently completed. An area for improvement has been identified and will be stated for a second time.

3.4.2 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff were provided with training appropriate to the requirements of their role. The manager confirmed that no service users required the use of specialised equipment to assist them with moving. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was taken. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager confirmed that none of the tenants were subject to a DoL and none of the tenants had any restrictive practice.

Care and support plans are kept under regular review.

A number of service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.4.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Person centred support plans were reviewed and found to involve the service user. Weekly meetings were available for the service users.

The agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

3.4.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

On inspection, there was a lack of evidence of a robust system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. An area for improvement has been identified.

We discussed the acting management arrangements, RQIA will keep this matter under review

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one that have been stated for a second time.

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kerri Mc Kee, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 16 (2) (a) (5) (a)

Stated: Second time

To be completed by:
Immediately from the date of inspection

The registered person shall ensure that each employee of the agency is provided with appropriately structured induction and timely induction

Ref: 3.4.1

Response by registered person detailing the actions taken:

All Belfast Health & Social Care Trust staff complete a corporate welcome induction as part of the employment process. In addition staff complete a local induction.

The Registered Manager has reviewed the systems and processes in place and has embedded measures to reduce the risk of reoccurrence. Rotas will now highlight where staff are under induction. Induction has now been added to the daily handover task list as a standing item on the agenda, to prompt and remind the Band 5 Senior Care Co-ordinator of staff undergoing induction.

When a staff member either providing or undergoing induction, has a period of time off during the induction process, details of this will be recorded on the induction documentation to explain any gaps in dates between commencement and completion of induction.

All staff have been allocated primary supervisors who will provide regular supervision and audit to ensure sustained improvement in compliance with induction documentation and training records. Secondary supervisors will assume this role in the event of annual leave or absence.

The Registered Manager will continue to complete a monthly audit, with a priority on new staff to monitor compliance. Compliance with induction and supervision will be monitored by the Assistant Service Manager through the Regulatory 23 visits.

Area for improvement 2 Ref: Regulation 22 Stated: First time To be completed by: Immediately from the date of inspection	The Registered Person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence Ref: 3.4.4
	Response by registered person detailing the actions taken: The systems and processes for the management of complaints has been reviewed in relation to Standard 15 of the Domiciliary Care Guideline, Minimum Standards 2021 version 1.1 The Registered Manager has introduced a new complaints log/tracker, details including the date of the complaint, category of complaint, method of communication with complainant, actions taken to investigate the complaint, date of resolution/closure and any learning identified from the complaint. The Registered Manager will review complaints on a monthly basis to identify patterns. Learning from complaints will be discussed at staff meetings. Complaints will continue to be discussed and reviewed at Regulation 23 visits.

****Please ensure this document is completed in full and returned via the Web Portal****



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews