

Unannounced Care Inspection Report 18 July 2019



Hemsworth Court

Type of Service: Domiciliary Care Agency
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Inspector: Bridget Dougan

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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

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 (BHSCT).

3.0 Service details

Organisation/Registered Provider: BHSCT Responsible Individual: Martin Dillon	Registered Manager: Michael Duffy (registration pending)
Person in charge at the time of inspection: Michael Duffy	Date manager registered: Michael Duffy: Application received 02 April 2019 - registration pending.

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 10.30 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users.

One area for improvement was identified in relation to the system in place to monitor the registration status of care staff with their professional body.

Service users/their representatives said they were satisfied with the care and support provided. Issues raised with regard to the environment were referred to the manager for follow up and action as required.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Michael Duffy, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 May 2019

No further actions were required to be taken following the most recent inspection on 21 May 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responses were received within the specified timescale.

Questionnaires were also provided for distribution to the service users and their representatives and none were returned within the specified timescale.

The inspector spoke with three service users, one relative and six staff members. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 May 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Staff recruitment is co-ordinated and processed by the BHSCT human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation when new staff are available to commence employment.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. The manager advised that any staff sickness absence is covered by a team of regular bank staff.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as dementia awareness, human rights, equality and diversity, consent and capacity, confidentiality and data protection.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within Belfast Health and Social Care Trust is the ASC. The manager is the appointed person for adult safeguarding for Hemsworth Court. The Annual Position Report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 01 April 2020.

The level of training required for the role of the appointed person was discussed with the manager and it was agreed that additional training would be arranged in accordance with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised 2016). Following the inspection, the manager confirmed that additional training in respect of adult safeguarding had been arranged for October 2019.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. The manager advised that a staff working group had been established to improve practice in response to a recent increase in the number of service user falls. This area of practice was also reviewed by the management team as part of their monthly quality monitoring processes.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users’ human rights. This related particularly to, but was not limited to, the service users’ rights to privacy and dignity; personal choices and autonomy.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a monthly basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users, their families and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Records of service user meetings and reports of quality monitoring visits evidenced that the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff could describe the methods used to support and provide care to services users in an individualised manner. Discussions with service users, staff and records viewed during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The activities co-ordinator gave examples of individual service users who were supported to go on shopping trips, lunch clubs and various other activities within the local community. In addition, a full activity programme was provided within Hemsworth Court and included day trips and seasonal outings. It was good to note that the service users were involved in planning the activities they wished to partake in.

The inspector spoke with three service users, one relative and six staff members. Some comments received are detailed below:

Service users

- “I get help with having a shower. The staff do a good job”
- “They are all very good to me here”
- “I’m well looked after”
- “They are doing their very best”.

Service user representative

- “Staff are excellent”
- “They are very respectful and still friendly”
- “There is an issue with the shower which has been reported to the management”
- “The heat is turned down to the lowest setting and it is still too warm in the apartment”.

The issues identified by the relative were discussed with the manager for review and action as appropriate.

Staff

- “I have never met a group of staff like this. There is great teamwork here and the staff are all excellent”
- “I have had a good induction”
- “I love it here, everyone is so welcoming”
- “I get supervision every three months”
- “There is a lot of glass in this building and on warm days, it is too hot for staff and tenants”
- “There is no air conditioning and the tenants are too warm”
- “Our tenants are treated with dignity and respect. I am a guest in their home and we respect their choices”.

The comments made by staff in relation to the temperature of the building were discussed with the manager. The manager confirmed that he has taken action to address this issue.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users and families.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 the agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the manager, with the support of five senior support workers and a team of care staff. The manager was recently appointed and an application for registration with RQIA has been submitted.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the manager confirmed that the agency had not received any complaints since the previous care inspection in May 2018. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

The manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory bodies as appropriate. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicated that the registration of two members of staff had expired in January 2019. This was followed up by the manager at the time of the inspection and it was confirmed that all staff were currently registered with NISCC and the list had not been updated. The importance of having a robust system in place to monitor the registration status of staff with their professional body was discussed with the manager and an area for improvement has been made in this regard.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them with guidance on where they could get information to meet the standards.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. 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.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency’s policies and procedures:

- care and support records
- service user’ finances
- medicine records
- environmental
- accidents/incidents

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency’s annual quality service user surveys.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users’ human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, dignity, confidentiality and service user involvement.

Areas for improvement

One area for improvement was identified in relation to the system in place to monitor the registration status of care staff with their professional body.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michael Duffy, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate, from the date of the inspection.</p>	<p>The registered person shall review the system in place to monitor the registration status of care staff with Northern Ireland Social Care Council (NISCC) or other regulatory body as appropriate and ensure accurate monitoring records are retained.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager has reviewed and improved the system to ensure that records of staff registration held within the scheme are checked and updated on a monthly basis or sooner if required.</p>

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



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