

Inspection Report

19 December 2023



Hemsworth Court

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Ms Fionnuala Creaney (Acting)
Person in charge at the time of inspection: Ms Fionnuala Creaney	
Brief description of the accommodation/how the service operates: 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).	

2.0 Inspection summary

An unannounced inspection took place on 19 December 2023 between 9.10 a.m. and 4.00 p.m. The inspection was conducted by a care inspector.

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 was also reviewed.

Areas for improvement identified were related to the annual report, monthly monitoring and induction/supervision.

Good practice was identified in relation to checking of professional registrations.

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 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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I love living here."
- "I had to move because of the flood, but I was glad to get back."
- "The staff are great."
- "The staff will help me in any way I need help, like with making stuff."
- "I feel safe here."
- "I have no complaints."

Staff comments:

- "I enjoy my work."
- "The service users are well cared for."
- "My manager is very supportive."
- "The training has been great."

- “I am confident in the ability of my manager to deal with any concerns.”
- “I am registered with NISCC”
- “I have no concerns about this service.”

No responses were received to the questionnaire and no responses were received from the electronic staff survey.

5.0 The inspection

5.1 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 10 October 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 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).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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 raising concerns.

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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised mobility equipment.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment should be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) 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 reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 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. Care and support plans are kept under regular review and service users participate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by 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.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for the professional registrations of the staff team to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed 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, in one case the recording of orientation, fire induction and topics to include safeguarding did not appear to have been undertaken in a timely manner. Supervision for this newly appointed staff member did not take place within the documented agreed timescales. An area for improvement has been made.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been inducted and trained in line with the regulations. A discrepancy in relation to an agency profile was resolved on the day of inspection.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements, however, the action plans appeared to lack robust review. An area for improvement has been made.

The Annual Report of service users' views was not completed/available for review. An area for improvement has been made.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

We discussed the acting management arrangements which have been ongoing since 24 May 2022; RQIA will keep this matter under review.

We discussed the proposed changes to the service, RQIA will keep this matter under review.

The manager was advised that additional actions were required to enhance the system in place to direct staff as to what actions should be taken to manage and report when they are unable to gain access to a service users home. The manager was advised that an operational policy, procedure or protocol is required and that in addition to written direction, it is essential that all staff are fully trained and competent in this area. This will be reviewed at future inspections.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

The areas for improvement and details of the QIP were discussed with Ms Fionnuala Creaney, Manager, and Ms Ashlyn Foster, Assistant Service 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: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that each employee of the agency is provided with appropriately structured induction and timely induction</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A formal two-fold induction process for Hemsworth Court is in place consisting of:</p> <p>A New Trust Welcome Programme issued to all new to Trust Staff which includes; the corporate position of the Trust including details of the Trust, Aim, Vision and HSC Values in addition to core Statutory and Mandatory training.</p> <p>Additionally a Local Induction is mandatory for all staff new to Hemsworth Court. This consists of departmental orientation arrangements to include detailing job requirements, processes, procedures and policies.</p> <p>An individual within the team is now assigned by the Registered Manager to ensure that the new staff member is welcomed and that all elements of the induction programme are completed including the induction checklist. Supervision arrangements are established to facilitate induction completion in a timeframe consistent with the individual's assessed competence level.</p> <p>It is expected that any new trust member of staff will complete the Welcome Programme prior to taking up post. The health and health and safety induction will be completed on day 1, and the core local induction will be planned for completion within 3 months, with a further 3 months of consolidated learning up until the 6 month probationary period.</p> <p>Induction related documentation will be maintained in the staff members personnel file or agency file.</p> <p>The Registered Manager reviews staff training and staff progression monthly via governance reports to satisfy themselves that any new member of staff has been adequately inducted to carry out their duties.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 23(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Regulation 23 unannounced visits are undertaken on a monthly basis. It is the primary tool that the registered person uses as part of their management and overall governance of the quality of the service to review the quality of care as detailed under regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The action plan from the previous month is reviewed as part of a process of continuous improvement and monitoring. A copy of the report is held on file locally and is available to RQIA on request.</p> <p>Additional quality monitoring safeguards are well established in the form of a monthly governance and quality assurance meeting, which the registered persons reports on to the Service Manager for Hemsworth Court. Actions and matters arising from this meeting are recorded and reviewed as part of the system for evaluating the quality of services that Hemsworth Court deliver. A copy of the agenda, minutes and action plan is available to RQIA on request and are held locally.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 1 (1.8)(1.9)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Service Users and their carers/representatives views and opinions are sought formally throughout the year, via a variety of different mechanisms such as; service user/carer forums, engagement events, open days, compliments/complaints returns and when policies, procedures and practices are being reviewed, such as the recent Reshaping Supported Housing Event in November 2023.</p> <p>The reports relating to these events are available to RQIA on request and can be accessed locally. Annually, feedback is formally sought in relation to the quality of services being delivered at Hemsworth Court. This data is captured via anonymous questionnaire and compiled into a</p>

	<p>document entitled Hemsworth Court Supported Living Annual Quality Scheme Report.</p> <p>When this report is published, all relevant parties are advised via information shared on the Tenant & Carer Forum noticeboard in the foyer and on the Scheme Quality Monitoring System board outside Manager office.</p> <p>A copy of the report will be made available on request to Manager.</p>
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