

# Announced Care Inspection Report 23 July 2020



## Hemsworth Court

**Type of Service: Domiciliary Care Agency**  
**Address: 29 Malvern Way, Belfast, BT13 1DZ**  
**Tel No: 028 9504 2694**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 provider 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

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Michael Duffy
<b>Responsible Individual:</b> Catherine Jack	
<b>Person in charge at the time of inspection:</b> Michael Duffy	<b>Date manager registered:</b> 18/10/2019

An announced inspection took place on 23 July 2020 from 09.00 to 12.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the agency since the last inspection on the 18 July 2019. Correspondence included an Incident notification. Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time. One reported incident was discussed with the registered manager who gave a comprehensive overview, of the current actions in place with support from the BHSCT and agency staff. RQIA have been kept updated throughout the process.

In response to this information RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distancing guidelines.

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. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guidelines measures.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr M Duffy, registered 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 18 July 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 July 2019.

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

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and also reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, No responses were returned prior to the issue of the report.

During the inspection the inspector met with the manager and two care staff. Due to Covid-19 shielding the inspector was unable to meet individual service users. The inspector had the opportunity to discuss the quality of care provided with three relatives.

#### **Staff comments:**

- “Good induction that supported me with the role and good support from other staff.”
- “Good management support.”
- “Staff work well together.”
- “We support and encourage the tenant’s independence,”

- “Good regular supervision.”
- “Good information on covid-19 during daily briefings.”

**Relative’s comments:**

- “The standard of care is good.”
- “Staff are efficient and friendly.”
- “A very supportive staff in place.”
- “The staff are managed well.”
- “Staff always encourage independence.”
- “I’m 100% pleased with care in Hemsworth.”
- “People are well looked after.”
- “It’s a credit to the staff they have done a good job during covid-19.”
- “The staff have been very supportive to both the family and my Mum during this time.”
- “Both the family and my relative are very happy.”
- “It’s a great place.”

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service user’s relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

**6.0 The inspection**

<b>Areas for improvement from the last care/finance inspection dated 18 July 2019</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Action taken as confirmed during the inspection:</b></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. Review of the document in place confirmed the standard as met.</p>	<p><b>Met</b></p>

## 6.1 Inspection findings

### Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of 5 records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

### Service quality:

The inspector noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring:

#### Service Users:

- "I do enjoy the company and all staff are helpful."
- "I am happy enough, the girls are great."
- "I feel very safe here."

#### Staff:

- "We all have a good working relationship."
- "Good covid-19 information and PPE guidance."
- "We feel well supported at this time."

#### Relatives:

- "The staff are willing, kind and caring."
- "I'm happy with the quality of care provided."
- "I'm really happy with the standard of care."

#### HSC Trust professionals:

- "Good communication with staff."
- "Staff are supportive and helpful."
- "Staff were all observed being consistently aware of infection control measures."

### Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

No areas for improvement were identified during the inspection.

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

### Care planning and review:

The inspector reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Risk assessments
- Reviews.

### Review comments:

- "I love living here and like doing my own thing in my flat."
- "The support I receive is great."
- "I'm appreciative of the staff communication."
- "The girls are great; I would be lost without them."
- "You just ask for help and they do it."

### Covid-19:

The inspector spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- BHSCT infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

It was good to note that the agency complete daily staff briefings relating to Covid-19 and how this relates to the following areas:

- Staff
- Service users
- Communication
- PPE resources
- Safe working practices

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by staff from the BHSCT.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and senior staff spot check the use of PPE by staff during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

**Areas of good practice**

Compliance with Covid-19 guidance

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)