

Unannounced Care Inspection Report 21 May 2018



Hemsworth Court

Type of Service: Domiciliary Care Agency/Supported Living Service

Address: 29 Malvern Way, Belfast, BT13 1DZ

Tel No: 028 95042694

Inspector: Jim McBride

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: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Olivia Clarke
Person in charge at the time of inspection: Olivia Clarke	Date manager registered: 04/07/2013

4.0 Inspection summary

An unannounced inspection took place on 21 May 2018 from 09.15 to 14.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- service user reviews
- quality monitoring
- the provision of compassionate care and governance arrangements.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Olivia Clarke, 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 25 July 2017

No further actions were required to be taken following the most recent inspection on 25 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection.

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with service users
- examination of records
- evaluation and feedback.

The following records were viewed during the inspection:

- service users' care records
- monthly quality monitoring reports
- individual tenant quality monitoring
- staff meeting minutes
- minutes of tenant meetings
- annual quality audits from tenants, relatives and professional staff
- staff induction records
- staff training records pertaining to:
 - safeguarding
 - medication
 - health and safety
 - dementia awareness
 - managing tenants finances
 - equality
- records relating to staff supervision and appraisals
- staff rota information
- data protection policy(2018)
- whistleblowing policy (2018)
- safeguarding policy (2017)
- confidentiality policy (2016)
- complaints policy (2017)
- statement of Purpose (2018)
- service user guide (2018).

During the inspection the inspector met with the registered manager and six support staff members. The inspector had the opportunity to meet with one individual service user and observed others going about their daily activities with the help and support of staff.

Service user comments:

- “I love living here.”
- “The staff are excellent.”
- “***** is very helpful.”
- “I have settled well.”
- “I love my apartment.”
- “I have a real lovely time here with everyone.”

Staff comments:

- “The staff communicate well with each other and we are very flexible.”
- “The tenants come first and we have a duty to care for them all.”
- “Supervision is one to one and a safe/confidential area that you can raise concerns.”
- “My induction was excellent, the other staff were very helpful and had lots of experience to share.”
- “Training is ongoing and of good quality.”
- “The staff do support each other well.”
- “We have a good supportive open relationship with relatives.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report three staff responses had been returned to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

Comments:

“We endeavour to have an open and honest culture to ensure concerns, incidents and complaints are shared and learning is discussed and shared with the team.”

The inspector requested that the registered manager place a ‘Have we missed you’ card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no responses had been received.

The inspector also asked the manager to distribute ten questionnaires to tenant’s. Five service user questionnaires were returned.

The inspector would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 July 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 July 2017

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

6.3 Inspection findings

6.4 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.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager showed that staff are required to attend corporate induction training and to complete induction competency assessments. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online. The induction process was verified by staff during discussion with the inspector.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records

to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 26/5/18, 2/6/18 and 9/6/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures; this was confirmed during staff discussions.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the BHSCCT training department. Staff are required to complete mandatory training and in addition a range of training specific to the needs of individual service users, including Dementia Awareness.

Training provided to staff is a combination of classroom based and E (online) Learning. A system is in place to review staff mandatory training and update training as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that all staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare

and safety. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required. A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

The inspector noted some of the comments made by service users during their reviews:

- “The staff are helpful and I am happy here.”
- “***** is very content.”
- “Staff are helpful and supportive.”
- “I have no concerns I’m very happy.”
- “I’m happy with the care and support given.”

Five returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Comments from questionnaires:

“I know when staff need to help me and they do.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s data retention policy (2018) details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency’s staff personnel and service users’ records were retained securely and in an organised manner.

The inspector noted some of the comments made by staff following various training evaluations highlighting their thoughts and their learning:

- “To communicate and engage with people.”
- “How Dementia affects different people.”
- “Engage with tenants one to one.”
- “Show how I can make a difference.”
- “I have a better understanding of dementia.”
- “I have more awareness of risk assessments.”
- “Training has given me a better insight to sensory impairment.”

The care plans reviewed evidence how service users and their representatives are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

The agency values diversity promotes inclusion and practices equal opportunities at all times. They are committed to ensuring that no one is discriminated against in accessing, receiving or leaving the service and staff will endeavour to provide information in a range of formats suitable to meet individual needs.

Discussions with staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector noted that monthly quality monitoring visits are completed by a range of senior managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit. The inspector has highlighted some of the comments from service users, relatives, staff and HSC Trust professionals:

Service user comments:

- “The staff are great but I like to be as independent as possible.”
- “I enjoy the activities.”
- “I am happy with the care and support.”

Staff comments:

- “I enjoy getting to know the tenants.”
- “Communication is important.”
- “The new handover template has improved communication.”

Relatives:

- “I appreciate the staff presence and support when needed.”
- “I’m happy with the support provided.”
- “The care provided is excellent.”

HSC Trust Comments:

- “My client is very happy.”
- “The scheme is welcoming.”
- “The atmosphere is friendly and the tenants are central to the service.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The staff could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with staff during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders.

Staff and tenants meetings are facilitated within the agency. Staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

Some of the areas discussed during meetings:

Staff meetings:

- tenant updates
- training
- supervision
- medication
- communication
- staffing
- complaints
- quality
- reviews.

Tenant meetings:

- activities
- complaints
- fundraising
- staffing
- environment
- safeguarding - (easy read provided).

Five returned questionnaires from service users indicated that an effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the agency. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff had been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding with easy read options available.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Service users are encouraged to make choices regarding their individual daily routine and activities. Staff stated that service users could speak to staff at any time. This was evident during observations by the inspector.

The inspector noted a number of individual quality monitoring / observation of staff practice completed regularly by senior staff within the agency. A number of specific areas are commented on/observed including:

- Staff knowledge of individual care plans
- Staff attitude towards the tenant
- Quality of service provision
- Tenant comments
- Medication monitoring
- Daily recording

Comments made by service users during the observed practice:

- "***** is very happy with the support."
- "I like living here it's good."
- "I don't know what I would do without them."

- “I’m happy and content.”
- “Staff are very good to me and I appreciate them.”
- “I feel this is home to me.”
- “I get good support from the staff.”

This individual staff observation and monitoring is area of good practice and is to be commended.

Five returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency’s complaints policy (2017) clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received two complaints since the previous inspection. Both were resolved satisfactorily.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff had received appropriate staff induction, training, supervision and appraisal.

Staff could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice. The inspector noted the results of the agency's annual quality audit. The agency sought information from service users, relatives and HSC Trust professionals. Some of the results are highlighted below:

Views on Service Given: Service users:

- "I love it here."
- "I like living here."
- "I like it."
- "All right, I like it."

How do Staff Support you living here?

- "Always here to help me."
- "Support with personal care, washing etc. and keep me company."
- "I support myself."

How do you feel you are treated by staff?

- "Very good, excellent."
- "I am treated well. They are very attentive and helpful."
- "Very good."
- "O.K. I have a good laugh with them."

How do you feel about staff being present 24hrs to support you, to include any emergencies that may arise?

- "It's good that someone is always about."
- "I feel secure knowing staff are always here."
- "This makes me feel very safe."
- "I didn't realise that. It's good to know they are here at night."

What are your views on the service delivered? Relatives:

- "Very good."
- "I think the service is excellent."
- "Very happy."
- "Excellent."

What are your views on communication with staff?

- "Fine."
- "It is easy to approach staff when needed."
- "They are very helpful."
- "Excellent."

What are your views on the assessment, support planning and review process?

- "Great."

- “It is excellent, detailed and specific to my mum and her needs.”
- “Very good.”
- “I think this is working well.”
- “Very good.”

How do you feel about staff being present 24hrs to support your relative to include support with any emergencies which may arise?

- “Great. Helps ease my burden of care.”
- “I feel reassured that staff are here for my mum and they deal with issues that arise with expertise an empathy and always inform the family of any issues.”
- “I think this is essential.”
- “Very good makes me feel that my mother is safe.”

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the manager and staff highlighted evidence that supports tenants’ equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness.

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in (2018). The document clearly describes the nature and range of the services to be provided

and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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; it was noted that the agency's policy details the procedure for managing this process. 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 indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated (2018). The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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