



The Regulation and
Quality Improvement
Authority

Hemsworth Court
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**Unannounced Care Inspection
of
Hemsworth Court**

21 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 September 2015 from 09.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: Martin Dillon	Registered Manager: Olivia Clarke
Person in charge of the agency at the time of Inspection: Initially Mrs J Hutton Acting Co-ordinator and Mrs Olivia Clarke Registered Manager	Date Manager Registered: 10/05/13
Number of service users in receipt of a service on the day of Inspection: 32	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with three service users, a care co-ordinator, the registered manager and five care staff. The inspector also had the opportunity to meet with one relative. All comments received have been added to this report.

The following records were examined during the inspection:

- Seven care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February, March, April, May, June, July and August 2015
- Tenants' meeting minutes for March, May and July 2015
- Staff meeting minutes for December 2014, February, March and April 2015
- Staff training records
- Vulnerable adults
- Incidents
- Dementia awareness
- Human rights
- Supervision for supervisors
- Records relating to staff supervision
- Complaints records
- Recruitment policy (the policy was updated by the BHSCT in 2010)
- Records relating to recruitment processes
- Induction procedure
- Records of induction
- Staff registers and associated records
- Staff rota information.

At the request of the inspector the care coordinator was asked to distribute ten questionnaires to staff. Six completed questionnaires were returned during the inspection. Three were returned to RQIA following the inspection. These indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role

- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

Individual written comments from staff:

“I enjoy the training at Hemsworth.”

“I always feel we could do an even better job with more staff.”

“I enjoy my role as a support worker.”

“I ensure I carry out my responsibilities to all tenants.”

“The staff are all professional.”

“Training is tailored to meet my needs.”

“I’m very content with my job and the support I receive from the manager and other staff.”

“My training is always up to date. E-learning helped me be more competent within my post.”

A number of staff commented on the lack of staff on past occasions and felt that more staff were required in particular for activities and outings. The inspector spoke to the registered manager on the 29 September 2015 to clarify these matters. The manager stated that staffing levels are now adequate to meet the service users’ needs.

At the request of the inspector the care coordinator was asked to distribute a number of questionnaires to the service users to be completed, asking them about various aspects of their care. Nine completed questionnaires were returned to the inspector during the inspection one was returned following the inspection. The questionnaires were completed with the tenants by the inspector or the staff. A number were completed independently by service users.

These indicated that service users were either satisfied or very satisfied with the following.

- The support they receive
- Staff respond to my needs
- Staff help them feel safe and secure here.

Service users written comments:-

“**** stated he feels like he has family in Hemsworth.”

“Staff always give their best to support me and I appreciate that.”

“More time spent with tenants would be appreciated.”

“Staff are very good.”

5. The Inspection

Hemsworth Court is a two storey development of 35 self-contained one and two bed roomed apartments which has been developed in partnership between Helm Housing and the Belfast Heath and Social Care Trust. In addition to the bedrooms; each apartment has a kitchen/ sitting room and shower room and depending on location within the complex; outside space with either a balcony or terrace. The terraces have a landscaped area with space for seating which opens with a gate onto the parking area. Each apartment has its own front door and key.

On site as part of the provision, there is dedicated space for leisure and community activities and an attractive landscaped garden in the middle of the complex which can be accessed from several parts of the building. There is a lift access to upstairs apartments and there is a range of communal areas throughout the scheme used for social, recreational and leisure purposes.

Hemsworth Court is located on the Lower Shankill area of Belfast and has been designed to cater for people with dementia who wish to live in their own homes in the community but require care and support to do so. The apartments are designed to allow partners or relatives to continue to reside with the person with dementia. Service users have tenancy agreements with the housing provider and care agreements with the Hemsworth Court domiciliary care agency. The agency provides a supported living type domiciliary care service and staff are on site 24 hours per day.

The registered manager is based within the service full time and is supported by the senior care coordinators who are responsible for groups of service users and staff. There is at all times a senior care coordinator on duty along with support workers and at night time, two waking staff are available to respond to service users and a senior care coordinator is on call (sleep over) within the building.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 7 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement refers but is not limited to the development of policies and procedures for safeguarding service users' property and valuables.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The manager described and produced a policy to be adopted by the agency. The manager stated that the BHSC has signed off on the finance arrangements.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 16 (2)</p>	<p>The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers but is not limited to the provision of staff training in handling service users' finances.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Training records examined show that finance training was completed on the 29 January 2015. The manager stated that training is now ongoing for all staff.</p>		

Previous Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards. It is recommended that the views of professionals who have made referrals and remain involved with service users are sought during the monthly quality monitoring activity and documented within the monthly report.</p> <p>Action taken as confirmed during the inspection: The inspector examined records in place from January 2015. The records in place met the recommendation and were satisfactory.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.4</p>	<p>The registered person is recommended to obtain verification from the HR Department that contracts have been issued and maintain record of issue of same onsite.</p> <p>Action taken as confirmed during the inspection: The records in place were satisfactory.</p>	<p>Met</p>
<p>Recommendation 3</p>	<p>The training needs of individual staff for their roles</p>	<p>Met</p>

<p>Ref: Standard 12.4</p>	<p>and responsibilities are identified and arrangements are in place to meet them. It is recommended that all supervisory staff receive training in staff supervision.</p>	
<p>Recommendation 4 Ref: Standard 12.7</p>	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff.</p> <p>It is recommended that the agency's system for recording staff training needs and training already undertaken is reviewed to facilitate the manager in seeking assurance that all mandatory training is up to date.</p>	Met
<p>Recommendation 5 Ref: Standard 2.1</p>	<p>Prospective service users and where appropriate, their carers/representatives are given at the earliest opportunity (and no later than five working days of the commencement of the service) a "service user's guide" that provides comprehensive up-to-date information about the agency and the services provided. The information is available if required in a format and language suitable for the service user or his or her carer/representative.</p> <p>It is recommended that the agency's service user guide is updated to include the use of CCTV within the scheme.</p> <p>Action taken as confirmed during the inspection: The inspector examined documentation in place within the Service users guide and Statement of purpose that describes the use of CCTV. This was updated on the 5 March 2015. The manager stated that families were also informed of the changes to the documents.</p>	Met
<p>Action taken as confirmed during the inspection: Records in place show that training was completed on the 6 February 2015.</p>		

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff members interviewed. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance. The induction checklist for staff includes:

- *Understanding your role within the organisation*
- *Principles of care*
- *Confidentiality*
- *Health and safety*
- *Personal care*
- *Challenging behaviours*
- *Protection of vulnerable adults*
- *Safe environment*
- *Infection control*
- *Teamwork*
- *Records management*
- *Medication.*

The agency has a procedure for verifying the identity of all staff supply prior to their supply, and the manager assured the inspector that staff are not supplied unless this procedure is followed. The inspector examined a number of records relating to outside agency staff provided by the agency. The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure. On staff member interviewed stated: *"Supervision is one to one and helps me in my role, it allows you to discuss any areas of concern you may have in relation to work or personal areas."*

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

Staff members who took part in the inspection described the induction as effective in preparing them for their role.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. The manager described to the inspector the recent training completed on Dementia awareness.

The registered manager described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff interviewed provided positive feedback about the nature and frequency of supervision and training. It was noted by the inspector that training evaluations are completed by staff following each training event. Staff are asked to comment on the following:

- *Describe the training activity.*
- *Describe how the learning relates to your work.*
- *Describe the way learning has influenced your work.*

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. This was confirmed in the minutes of tenants meetings held in March and May 2015.

Discussions with the manager indicated that service users are prepared in advance of significant staff changes where possible. The Manager was aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new and relief staff.

Staff interviewed clearly described having the knowledge and skills to carry out their roles and responsibilities. One staff member stated "*Training is very important and helps us in our work with Tenants.*"

Staff described how the induction process involves meeting service users and learning about their care needs with another member of staff i.e. (Shadowing). The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Service users' comments:

"Staff support me well."

"I have no complaints."

"Staff do treat me well."

"I have good support here."

"I really feel safe and secure here, I like the fact that staff are here to help me when I need it."

"If I need anything staff provide it."

"This is much better than my last place."

"I have only good things to say about the staff."

Staff comments:

“Induction is comprehensive.”
 “Staff induction prepares you for your job.”
 “We have excellent teamwork.”
 “Staff communicate well with each other.”

Relatives’ comments:

“The staff are excellent they support my relative well.”
 “I have no complaints. I find the staff supportive and easy to communicate with.”
 “I feel welcome at any time here.”
 “My relative is safe and secure here.”
 “More staff would be nice to spend more time with tenants.”
 “Staff have a lot of work to do but do always make time for everyone.”

Areas for Improvement

Not applicable.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the HSC Trust and the agency, to ascertain the needs of the service users and their views. This process results in individualised care and support plans examined by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of adult safeguarding referrals.

Is Care Effective?

The agency has in place a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users’ views. The staff described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly quality monitoring reports and minutes of service users’ meetings, presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives. For example:

- *Annual reviews*
- *Monthly monitoring visits on behalf of the registered provider*
- *Tenants meetings*

- *Daily contact with staff*
- *Managers open door policy.*

Service users have been provided with information relating to human rights and independent advocacy services in a suitable format. The inspector noted information about independent advocacy was discussed with tenants during a tenants meeting on the 19 March 2015. It was also noted that individual care and support plans place importance on the human rights of individuals.

Is Care Compassionate?

Feedback from staff evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. The manager discussed examples of responding to service users' preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with staff members and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with service users. The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

Not applicable.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement. The inspector examined the records in place from January to August 2015.

Records of complaints from 1 January 2014-31 March 2015 were examined. There were three complaints within the time period specified. These were dealt with satisfactorily.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Olivia Clarke	Date Completed	16/10/15
Registered Person	Martin Dillon	Date Approved	20/10/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	21/10/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address