

# Unannounced Inspection Report 22 November 2016



## Hemsworth Court

**Type of service: Domiciliary Care Agency**  
**Address: 29 Malvern Way, Belfast, BT13 1DZ**  
**Tel no: 02895042694**  
**Inspector: Michele Kelly**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hemsworth Court took place on 22 November 2016 from 10:00 to 15:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the inspector found evidence which indicated safe delivery of care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of the service users. Staff provided feedback that the manager and senior staff are approachable and accessible for consultation at all times.

The arrangements to protect the service users include the provision of a safeguarding policy and training which reflect the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of tenants, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and a regular review of needs, preferences, and risks.

### **Is care effective?**

During the inspection the inspector found evidence which indicated that effective care was being provided.

The agency has systems in place to ensure an effective response to the assessed needs of the service users. Tenants and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, representatives and staff, which indicated that service provision, had resulted in positive changes in the lives of the tenants at Hemsworth Court.

### **Is care compassionate?**

During the inspection the inspector found evidence which indicated that compassionate care was being provided.

The inspector observed interactions between staff and service users and received feedback from services users, staff, a volunteer, and two relatives which indicated that human rights, choice and respect are upheld through service delivery. There was evidence which indicated that the views and wishes of the tenants are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual survey. The agency maintains systems to seek the views of representatives and there was evidence of regular involvement of service users and representatives in the development and review of appropriate care and support plans.

The inspector noted that the provision of compassionate care has enabled some of the people who live in Hemsworth Court to achieve greater independence than previously experienced and had resulted in involvement of local community groups in social activities within the service,

### Is the service well led?

During the inspection delivery of a well led service was found.

Management and governance systems have been effectively implemented by the agency to ensure that the needs of services users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved for the tenants of Hemsworth Court.

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

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 21 September 2015.

### 2.0 Service details

|   |   |
|---|---|
| <b>Registered organisation/registered person:</b><br>Belfast HSC Trust/Mr Martin Joseph Dillon  | <b>Registered manager:</b><br>Mrs Olivia Clarke |
| <b>Person in charge of the service at the time of inspection:</b><br>Initially Mr Philip McDowell,<br>Mrs Olivia Clarke from 11 onwards | <b>Date manager registered:</b><br>04 July 2013 |

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the registered manager, two senior support staff, two support staff, three service users, one student nurse on placement, and one volunteer.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; five were returned. At the request of the inspector, questionnaires were distributed for completion by service users; five were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Four 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
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Induction records
- Staff rota information
- Recruitment policy 2016
- Induction policy 2013
- Safeguarding Vulnerable Adults policy 2013
- Incident policy 2013
- Whistleblowing Policy 2013.

### 4.0 The inspection

Hemsworth Court is a two storey development of 35 self-contained apartments which has been developed in partnership between Helm Housing and the Belfast Health and Social Care Trust. The agency provides a supported living type domiciliary service to persons with dementia in an attractive environment specifically designed for this purpose.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 21 September 2015.**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.2 Is care safe?**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. One service user said that additional staff would be helpful to other service users who require more support. The inspector discussed this with the registered manager and Fiona McKinney, assistant services manager who said there was ongoing recruitment at senior co-ordinator level. They stated that if there was a need for extra staff to ensure there were always at least five persons available to provide support, senior staff would assume support worker tasks. The inspector noted that vacant shifts are covered by the current staff team or a small pool of bank staff. The staffing arrangements enable the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The inspector received feedback from a recently recruited member of staff who confirmed that the induction prepared them sufficiently for their roles and responsibilities.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. There were some gaps in mandatory training but evidence from emails indicated that dates were being scheduled to address this matter.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the Belfast Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures.

The inspector examined the agency's arrangements to identify and manage risk. The inspector viewed referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Ten completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

#### 4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision, including the use of restrictive interventions, is laid out in the Statement of Purpose (2015) and Service User Guide (2015).

The inspector reviewed a range of care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. HSC Trust professionals are involved in evaluation and review of care plans which takes place when the need is indicated and at least annually. Records indicated regular evaluation and review of care plans; this was supported by feedback from agency staff. It was noted that agency staff show flexibility in the provision of care and support to service users; this was confirmed by feedback from relatives and service users.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains a policy which includes the management of records.

The agency has a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides an objective, thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives indicated with service users have open lines of communication with staff. Service users and relatives who provided feedback indicated that they know who to go in the agency to discuss an issue or complaint. Complaints and compliments records, the service user and relatives' evaluation surveys, and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The inspector noted that service users were able to exercise choice regarding a range of daily decisions including: who came into their home, the activities they took part in during the day, or chose not to take part in.

Ten completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

**Service users' comments**

'I love it here, I really do'.

'I get help when I need it'.

**Relatives' comments**

'I have no complaints at all'.

'I am very happy with the care'.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

**4.5 Is care compassionate?**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at Hemsworth Court. Staff could confidently describe how they have upheld the rights of service users and promoted their independence and choice. Agency staff have participated in local initiatives with a range of stakeholders, to promote the equality of service users within the community around Hemsworth Court.

The registered manager discussed how local community groups are welcomed into the service to participate in activities. These activities are designed to promote understanding of the needs of people within the service and to encourage greater community integration.

Service users are enabled to take an active role in planning and implementing their own activity schedule. The inspector viewed a range of areas which allow participation in meaningful tasks including cooking, gardening and snooker. The inspector met with a volunteer who spoke enthusiastically about working with service users on a reading aloud project. This volunteer also praised the cooperation from staff during activities.

The inspector received positive responses from a student professional regarding the person centred ethos of services provided by the agency. This person commented specifically on how the model of care within the service promotes and values choice and empowerment.

The inspector also received feedback from staff, relatives and service users and viewed evidence which indicated that the agency seeks and responds to the views of service users and representatives as a matter of course through one to one discussion and tenant meetings. A service user also described how their wishes to have elements of their family celebrations held within the shared communal areas of the building were fully supported by staff and other tenants.



The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, annual service user and relatives' evaluation survey record consultations with service users.

Ten completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care

### Relative's comments

'The difference in my\*\*\*\* in a year is down to living somewhere where a lot of people care'.

'I also feel supported'.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily. The agency maintains and implements a complaints and compliments policy. The inspector noted that complaints received during the reporting period of 1 April 2015 to 31 March 2016 had been fully investigated and were resolved.

The inspector noted that the governance systems within the agency identify and drive quality improvement. The agency's governance of risk includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, complaints, and restrictive practices. The arrangements in place to manage incidents include measures to prevent and manage recurrence of issues.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. .

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2015). Records viewed by the inspector indicated that there are effective collaborative working relationships with the HSC Trust which are valued by staff.

The inspector noted that the practice of the registered manager has provided effective leadership and positive role models for all staff.



Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that senior staff would listen to and address their concerns and suggestions.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There was evidence of regular and effective staff supervision and appraisal.

Ten completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

### Staff comments

- 'The manager is very supportive.'
- 'There are robust quality assurance checks in place as well as an open door policy for staff to raise concerns.'
- 'The manager is dedicated to ensuring the service is a centre of excellence , evident by the transparency of the service and the high opinion amongst staff and the tenant group regarding her leadership'.

### Areas for improvement

- No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews