

Unannounced Care Inspection Report 25 July 2017



Hemsworth Court

Type of Service: Domiciliary Care Agency
Address: 29 Malvern Way, Belfast, BT13 1DZ
Tel No: 02895042694
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Helm Housing and the Belfast Health and Social Care Trust.

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 25 July 2017 from 09.00 to 13.30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Staff induction and training
- Quality monitoring
- Service user engagement.

No areas requiring improvement were identified during this inspection.

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 14 November 2016.

No further actions were required to be taken following the most recent inspection on 14 November 2016.

5.0 How we inspect

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

- Discussion with the registered manager, two care co-ordinators ,one care worker and one student nurse on placement
- Examination of records
- Consultation with staff
- Evaluation and feedback.

The inspector observed service users going about their daily activities during the inspection. It was noted that staff and service users appeared comfortable with each other and were engaging and communicating well with each other. The inspector did not meet specifically with any service users during this unannounced inspection.

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.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Records relating to staff supervision
- Staff training records including:
 - Safeguarding
 - Managing tenants finances
 - Dementia awareness
 - Manual handling
 - Diversity and equality
- Staff rota information
- Safeguarding Vulnerable Adults Policy
- Statement of Purpose
- Service User Guide.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Three questionnaires were returned. The inspector also asked the manager to distribute ten questionnaires to tenant's and their relatives. Five questionnaires were returned. Further detail of feedback is included throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 November 2016.

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the agency's processes to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements in place within the agency.

The manager stated that the agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The agency's training and development policy outlines the induction programme provided to staff; the inspector noted from records viewed and discussions with the registered manager and staff that the organisation has a rolling induction programme which staff are required to complete. Staff interviewed stated that they were required to complete an induction and shadow other staff employed by the agency during their induction programme.

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 service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Staff who spoke to the inspector felt that there was enough staff to meet the needs of the service users. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The inspector viewed the supervision and appraisal records for six staff; those viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal benefited them in their job roles.

The agency has an electronic system for recording staff training; the manager could describe the process for identifying training needs in conjunction with staff. Staff interviewed were aware of their responsibility for ensuring that required training updates are completed and for ensuring that they had the required skills and knowledge to fulfil their roles. The inspector noted from records viewed and discussion with staff that all staff were required to complete training in a range of identified areas and if required training specific to the needs of individual service users, i.e. dementia awareness.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff who met with the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role. The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy.

The inspector noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns. Discussions with the manager and staff demonstrated that they had a clear understanding of adult safeguarding and the process for reporting concerns; in addition staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are provided with training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency has a system for recording any referrals made to the relevant Health and Social Care Trust safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made a number of referrals in relation to safeguarding since the previous 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 agency's risk management policy outlines the process for assessing and reviewing risk; it details that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving a HSC Trust keyworker if appropriate and that care and support plans are reviewed as required.

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

- "I have no issues. I'm happy in my flat and enjoy Hemsworth"
- "I enjoy living here"
- "I'm happy with the care provided"
- "Staff are all good and help me with my tasks"

- “***** is a lot more relaxed and talkative living here”
- “We did not know what we would do without Hemsworth”
- “We are very happy with the support given to *****”
- “***** is a lot happier and has settled well.”

It was identified that the monthly governance arrangements include an audit of individual care records and risk assessments and any practices that may be deemed as restrictive.

The agency’s registered premises are located within the same building as the service users’ accommodation and accessed from a shared entrance; the premises includes an office that is suitable for the operation of the agency as described in the Statement of Purpose.

Staff comments during inspection

- “Training is good and is comprehensive”
- “My induction was excellent and I had the support of all staff”
- “We have good training opportunities”
- “Risk assessments and reviews are essential to ensure the safety of tenant’s.”

Areas of good practice

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

Five returned questionnaires from service users indicated:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Three returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Questionnaire comments:

- “Care is person centred, dignified, respectful and holistic”
- “Tenants have reviews twice a year and support plans and risk assessments are reviewed regularly.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. It was noted that the agency's Statement of Purpose and Service User Guide detail the nature and range of services provided.

Records viewed both prior to and during inspection indicated that they maintained in accordance with legislation, standards and the organisational policy. Staff stated that service users/relatives are supported to be effectively engaged in the care planning process.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; they indicate that the system is effective in identifying areas for improvement. Records of quality monitoring visits viewed during the inspection were noted to include comments made by service users and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

Comments received during the monthly quality monitoring:

Service users' comments

- "I love the location of my flat"
- "I love the location, I grew up nearby"
- "I love my home and value my independence"
- "Staff are excellent and always helpful when needed."

Relative's comments

- "I'm very impressed with the scheme."
- "My ***** is safe and well supported by staff."
- "I like the homeliness and the security offered."
- "Communication is very good."

HSC Trust representatives' comments

- "Staff are friendly and helpful"
- "Staff are person centred in their approach"
- "Staff strive to do the best for service users"
- "Care is very good. The staff are always on hand to give updates when required"
- "Staff should be commended for their person centred approach."

The agency's systems to promote effective communication between service users, staff and other key stakeholders were reviewed during the inspection. Observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates service user meetings; the inspector noted that they are provided with the opportunity to express their views. The inspector noted some of the areas for discussion during service users meetings:

- Staffing
- Complaints
- Activities
- Safeguarding

Staff meetings are facilitated by the manager and or senior staff; it was noted that a number of standard items are discussed at each meeting:

- Staffing
- Medication
- Team working
- Risk assessments/management
- Tenant updates
- Reviews
- NISCC
- Training
- RQIA

The registered manager could describe a range of methods used to develop and maintain effective working relationships with the HSC Trust representatives and other relevant stakeholders.

Staff comments

- “Induction prepares you for your role”
- “Supervision is one to one and gives you the opportunity to discuss areas of concern in a safe place”
- “The senior staff are all very approachable and supportive.”

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 and the monitoring of the quality of the services provided.

Five returned questionnaires from service users indicated that:

- Were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Three returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity and respect and to involve service users in decisions affecting the care and support they receive.

The inspector noted that staff have been provided with information relating to human rights and confidentiality during their initial induction programme. Discussions with staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

The inspector noted from observation of staff interactions with service users that staff endeavour to provide care in an individualised manner and support service users to make informed choices. Staff stated that if necessary the agency can provide a range of information in an alternative format to assist service users to effectively engage in decisions about their care and support.

The agency has a range of processes for recording comments made by service users and/or their representatives were appropriate. Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency's compliments/complaints process; quality monitoring visits; service user meetings and care review meetings. The organisation's quality monitoring process supports the agency in the evaluation of the quality of the service provided and in identifying areas for improvement.

During the inspection the inspector observed staff supporting service users to make choices regarding their daily routine and activities.

It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The inspector noted the noted the annual stakeholder survey completed by the agency and the areas that service users have the opportunity to comment on:

- How do you feel about living here?
- How do staff support you to live here?
- How do you feel you are treated by staff?
- If you had any concerns or complaints, who would you speak to?
- Do you feel visitors are welcome here?
- How do you feel about staff being present 24hrs to support you, to include any emergencies that may arise?
- Have you any suggestions on how life in Hemsworth Court could be better for you?

Comments received:

- “Staff support me very well”
- “It’s good having staff 24 hours”
- “I love it here it could not be better”
- “Staff are quick to respond”
- “I’m treated with respect at all times”
- “Staff are friendly and support us when needed”
- “I’m always treated well.”

Areas that relatives have the opportunity to comment on:

- What are your views on the service delivered?
- Do you feel that your relative is treated with respect and dignity by staff at all times?
- What are your views on communication with staff?
- What are your views on assessment, support planning and the review process?
- How have any concerns or complaints you have raised been responded to?
- What are your views on in-house and community based activities facilitated by the service?

Comments received:

- “My relative has been given added security”
- “My concerns are dealt with at once”
- “The service is very good”
- “I’m happy *** is getting the care necessary”
- “Staff are approachable and professional”
- “We are 100% pleased”
- “Staff are always positive and helpful.”

Staff comments during inspection:

- “The tenant’s care and support needs are always reviewed and discussed to ensure good quality care and support is provided”
- “The team communicate well with each other.”

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.

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service
- The care you receive meets needs and expectations.

Three returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire Comments:

- “This service is based on a person centred model of care and it is practised well in Hemsworth”
- “The service is tenant lead, as evidenced by monthly tenant forum meetings and tenant wellbeing.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users; documentation viewed and discussion with staff indicated that the agency has implemented effective systems of management and governance.

The agency is managed on a day to day basis by the registered manager and a number of care coordinators. Ongoing support and guidance from a senior manager within the organisation can be accessed at any time.

It was noted from a range of policies and procedures viewed during the inspection that the agency’s policies and procedures were in place and had been reviewed and updated in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency’s policies and procedures; it was noted that they can be accessed both electronically and in a paper format.

The inspector noted that the agency has effective systems for reviewing information with the aim of improving safety and quality of care for service users.

It was identified from records viewed and discussions with staff that the agency's governance arrangements promote the identification and management of risk; these include the provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Staff who spoke to the inspector could describe the process for making and dealing with a complaint. It was identified from discussion with the registered manager and records viewed that the agency has received two complaints since the previous inspection; these were dealt with effectively by the agency and to the satisfaction of the complainant. It was noted that complaints are audited on a monthly basis.

The inspector viewed information that indicated that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. Throughout the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The registered manager and staff could describe the benefits of reviewing the quality of the services provided and of identifying examples of good practice and areas for improvement.

Feedback provided to the inspector by staff and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders.

The Statement of Purpose outlines that organisational and management structure of the agency and details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their individual job roles. Staff could describe the process for obtaining support and guidance including the arrangements for out of hours; those who spoke to the inspector stated that the manager is very approachable and supportive to all staff encouraging ongoing learning and development.

The inspector reviewed arrangements in place for ensuring that were required staff are registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. The registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. The inspector viewed the NISCC registration records for a number of staff and noted that they were 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.

Staff comments during inspection:

- "The manager is very supportive and is always available for information giving and in house training"
- "The manager and seniors have an open door policy for all staff to communicate with them"
- "Training and development is always encouraged by the manager."

Areas of good practice

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

Five returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

Three returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user's needs.

Questionnaire Comments:

- "The manager is dedicated to providing the best possible service for tenants. The manager is supportive, approachable and inspirational to the team she leads."

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and
Quality Improvement
Authority

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

Web www.rqia.org.uk

 @RQIANews