The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Sydenham Court**

Provider: **Belfast HSC Trust**

Date of Inspection: **29 September 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Carol Kernaghan
Service Profile: Sydenham Court is a domiciliary care agency, supported living type which provides care and support to service users with a diagnosis of dementia or an identified frailty. Service users live in individual flats, three of which can accommodate two people; the flats are self-contained and incorporate living, dining and bathroom facilities. The BHSCT commissions the care of the majority of service users; and there are some service users who pay for their own care.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2025, between 9.30 am and 1 pm by a care Inspector.

The last care inspection of the agency was undertaken on 23 May 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Sydenham Court was an ‘excellent’ experience.

No areas for improvement were identified during this inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they liked living in Sydenham Court, that they were 'very happy' and that they would give it a score of 'one hundred out of a hundred'. Comments included that the staff 'couldn't be better' and 'everything is excellent'. Service users said that they feel safe in Sydenham Court and that they can 'go to bed at night knowing that (they are) safe'.
Service users said that if they are not feeling well they can 'call for staff to ease the pressure and that living in Sydenham Court makes them feel as 'happy as a lark'.'

The service users described the staff as 'great' and that there are 'very nice people work(ing) here'.

Staff spoken with stated that they had no concerns to raise and that 'meeting the service users' needs was always their priority'. They also stated that they were very satisfied in relation to all aspects of the service.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

The Inspector was informed that recruitment for support workers was in progress and that the current staff vacancies were being covered by Bank staff or by staff working additional hours. Staff spoken with advised that the service users' needs were always met.

There was a process in place to ensure that any new staff had the correct pre-employment checks undertaken before staff members commenced employment and had direct engagement with service users.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift; this included information about any changes to the service users' care that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Service users' needs were met through a range of individual and group activities such as Amyz Farm, baking, chair exercises, line dancing and pizza making. The 'Music Man' also provided regular entertainment and a number of service users enjoyed attending the 'Knit and Natter' group. Service users also enjoyed coffee mornings at the Arches Library and Fridays were for 'Fun and Crafts'. Service users also enjoyed the Streetwise Community Circus.

Where service users required medicine, there was a system in place which ensured that each service user was supported in this task, to be as independent as possible.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. It was good to note that following this initial assessment, service users' were re-assessed on a weekly basis for four weeks. This took account of the settling in period which may be disconcerting for service users moving into a new environment. This is good practice. Following the initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were very person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of the care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

Advice was given in relation to the need for the frequency of safety checks to be recorded on the care plan. Once raised, the person in charge immediately addressed the matter.

Staff recorded regular evaluations about the care and support provided.

Where a service user experienced a fall, they were assessed and actions put in place to prevent recurrence. This is further described in section 3.3.4.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

There was a system in place to ensure that complaints were managed appropriately; and it was good to note that these were reviewed as part of the monthly monitoring visits.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed. Advice was given in relation to including staff' feedback when completing the next report.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, and/or the quality of services provided by the agency. For example, the agency staff followed the regional post-falls guidelines. This includes three colour categorised pathways. From these, staff are able to take the appropriate action depending on the circumstances around the fall as well as the service users' mental health. Falls were also analysed for patterns and trends and referrals were made to allied health professionals, as appropriate. Staff also considered the use of assistive technology to alert them as to when a service user may have fallen. The manager also attends monthly governance meeting which focus of falls.

Similarly, where the review of incidents had identified a pattern in relation to medicine errors, the manager had developed an action plan, which resulted in staff supervision and re-training. This resulted in a reduction in the number of medicines errors.

It was noted that a representative from the Housing Association that owned the building used an office within the registered premises on a regular basis. Given that the work undertaken did not consistently relate to or involve the service users or staff of Sydenham Court, RQIA views this as a breach of the day care setting's Statement of Purpose. RQIA are currently engaging with the service in regards to these arrangements.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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