Inspection Report

23 May 2024

Sydenham Court

Type of service: Domiciliary Care Agency
Address: 48a Sydenham Gardens, Holywood Road, Belfast, BT4 1PP
Telephone number: 028 9504 2713

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 HSC Trust **Responsible Individual:** Dr Catherine Jack	**Registered Manager:** Mrs Carol Kernaghan **Date registered:** Acting
Person in charge at the time of inspection: Mrs Carol Kernaghan	
Brief description of the accommodation/how the service operates: Sydenham Court is a domiciliary care agency, supported living type under the auspices of the Belfast Health and Social Care Trust. The agency provides 24 hour care and support to service users over the age of 65 with an identified frailty and service users with a diagnosis of dementia. 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.	

2.0 Inspection summary

An unannounced inspection took place on 23 May 2024 between 10.15 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the monthly quality monitoring. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a service user and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am new here. It is nice here. It is good."

Staff comments:

- "The manager is approachable. She listens and acts on any concerns. She has an open door policy. The service is person centred. The service users are given a choice with all daily activities. We have an activity coordinator who provides different activities for the service users, like going to the cinema. There is a morning and afternoon activity for the service users. There is a tenant meeting every month where the service users can share what activities they like and any concerns they have. I am aware of my NISCC requirements and I keep my registration up to date. I am up to date with all my mandatory training."
- "The service is well led by the manager. I feel we need more staff on shift. We sometimes only have three staff members on duty, which means staff are completing tasks for the tenants instead of supporting them to do tasks independently. The service users are provided with a range of activities to choose from and can decide on which activities they want to attend. I am aware to keep my NISCC registration up to date."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I am very happy with the care."
- "I honestly could not ask for my mum to be in a better place. Care is excellent."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "… the manager and staff have been most welcoming and approachable from I started, cannot fault senior management team or manager for anything they have been nothing but supportive from I started. It's a lovely environment to work in."
- "I think only having 3 support staff on duty is not enough to meet the complex needs of the tenants."
- "… Since the new covering manager has been in place with the support of the new ASM things have really improved and I have become more confident in my role."

Comments received were shared with the manager for any appropriate action.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 27 April 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Staff had been provided with training in relation to medicines management. One staff member required refresher training and a date had been identified for this staff member to complete this training. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Activities
- Concerns

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussion with the manager confirmed that no service users require assessment by the SALT in relation to dysphagia needs. It was positive to note that staff had completed training in Dysphagia and in relation to how to respond to choking incidents

5.2.4 What systems are in place for staff recruitment and are they robust?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulation and Minimum Standards, before staff member's commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with NISCC; there was a robust system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were robust monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records;

accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

There is a system in place whereby staff can access a service user's home as required. Service users have consented to staff holding keys to their homes.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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

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