The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hemsworth Court**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **8 December 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 (BHSCT)
Responsible Individual/Responsible Person:	Mrs. Maureen Edwards
Registered Manager:	Mrs. Kerri Mc Kee - acting
Service Profile: The agency provides a supported living type domiciliary service to persons with dementia in an 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 a local housing provider and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 8 December 2025, between 9.50 am and 2.20 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 December 2024; 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 Hemsworth Court was a good experience.

As a result of this inspection both areas for improvement, previously identified, were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 the previous Quality Improvement Plan issued, 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 Hemsworth Court, that they 'do not want to leave'. They described the service as being 'peaceful', 'dead-on' and 'the best place (they) have ever lived in'. The staff were described as being 'friendly and helpful' and that they 'go above and beyond' the call of duty. Service users said that they always choose how to spend their own time, but that they are always invited to the activities. Service users said that they enjoy when the staff sit down with them to have a 'yarn'.

One relative spoken with described how Hemsworth Court was the 'best thing that ever happened' to their loved one and that the service user's face lights up when they are told that they can stay on living there.

Staff spoken with stated that they had no concerns to raise in relation to the service users' needs being met. They said that they were 'very satisfied' in relation to all aspects of the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

There was always enough staff on duty to meet the needs of the service users. It was good to note that the agency was in the process of recruiting for a new activities coordinator. This will be reviewed at a future inspection.

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, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. An area for improvement previously identified in this regard had been addressed by the provider.

Records of all staff training were retained and were noted to be up to date. It was good to note that where staff compliance fell below 90 percent, the manager implemented an action plan, to address this.

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 process was recorded on a live document throughout the day and contained very comprehensive information, which is important for the staff to know. This is good practice and is commended.

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

It was good to note that service users were asked for their views on the activities they preferred. Service users' needs were met through a range of individual and group activities such as dancing and music, carnival arts, movie nights and gardening. The service received a special recognition award from the housing provider for the work they had done in maintaining their garden.

The service users enjoyed a Halloween party and made autumn wreaths. Plans were in place for the service users to go out for a Christmas meal.

The PSNI met with the service users, to speak with them, about being safe when out and about; and also about phone safety/scams. The credit union also met with the service users.

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 three 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.

Tenant and family agreements were in place for all service users. The manager was advised that all Tenancy Agreements should be retained in the registered office and made available for inspection. The manager agreed to follow this matter up with the housing provider. This will be reviewed at a future inspection.
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 manager immediately addressed the matter.

3.3.4 Quality of Management Systems

There has been a number of changes in the management of the agency since the last inspection. Mrs Kerri McKee has been the acting manager since 19 May 2025. Staff spoken with said that they felt well supported by the management team and described them as being 'fantastic'.

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; an area for improvement previously identified in this regard had been addressed by the provider.

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.

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 Mrs. Kerri Mc Kee, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA


Tel: 028 9536 1111


Email: info@rqia.org.uk


Web: www.rqia.org.uk


Twitter: @RQIANews