

Inspection Report

Name of Service:	Sydenham Court
Provider:	Belfast HSC Trust
Date of Inspection:	8 June 2026

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1.0 Service information

Organisation/Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual/Responsible Person:	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 8 June 2026, between 9 am and 2.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 19 September 2026 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Name of Service was a positive experience. Refer to Section 3.2 for more details.

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 information held by RQIA about this agency was reviewed. 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 they liked living in Sydenham Court because of the 'friendliness of staff' and 'the freedom to come and go' as they please. They said that they felt that they 'couldn't be in a nicer place', that they feel 'very much at home' there and that they 'feel safe'. One comment included 'I love every minute'. The staff were described as 'very helpful', 'very attentive' and 'very pleasant'. All service users said that they were supported to make their own choices about how they spend their day. They all said that they could speak to the staff if they had any problems.

One response related to wanting the garden area to be better maintained.

Staff told us that they had no concerns to raise.

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 evidence of robust systems in place to manage staffing.

It was noted that there was sufficient staff in the agency to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

Recruitment safety checks had been verified prior to staff commencing in post.

A review of recruitment records, however, identified that the employment histories did not consistently record employments going back to school leaving age. Following the inspection, the manager developed a checklist, for identifying any deficits in the recruitment process, as the recruitment checks are undertaken by a third party organisation. This will be reviewed at a future inspection.

Newly employed staff completed a structured induction at the commencement of their employment.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Care Delivery and care records

Staff received a detailed handover at the commencement of their shift and the information shared included important aspects of service users' needs, especially changes to their care and support. Safety huddles also took place at regular intervals throughout the day.

Minutes of recent staff meetings were available to all staff to aid in the communication within the agency.

Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Service users' needs were met through a range of individual and group activities. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to day activities.

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, as necessary.

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. The manager was advised to obtain service users' / relatives signatures on the care plans. This will be reviewed at a future inspection. Staff completed daily progress notes to monitor and evaluate the care delivered to the service users.

Service user agreements and tenancy agreements were provided to the service users.

Where a service user had fallen, it was good to note that the staff followed the Trusts' falls care pathway.

3.3.3 Quality of Management Systems

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

Mrs Carol Kernaghan has been the manager in this agency since 7 September 2025.

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. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that two reports are not completed in the same month, unless there are extenuating circumstances. Additionally, advice was given in relation to ensuring that the reports are shared with the manager in a timely manner.

The Trust also undertook a Safety and Quality Visit in April 2027. The outcome of this visit was very positive and included praise for the care and compassion (the staff) clearly demonstrated'.

There was a process in place to manage any complaints. Advice was given in relation to recording the level of satisfaction the complainants had, when the complaints process was being concluded; this will be reviewed at a future inspection.

Review of incident records identified that they were managed appropriately. These were recorded on an Incidents matrix which was colour coded; this enabled visual identification of any patterns/trends.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

The annual quality report was reviewed and noted to include stakeholder feedback.

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.

It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Advice was given in relation to printing any safeguarding referral forms (APP1s) to ensure they are available for inspection.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 Carol Kernaghan, Manager, as part of the inspection process and can be found in the main body of the report.



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