

# Unannounced Care Inspection Report 5 January 2016



## Sydenham Court

Type of service: Domiciliary Care Agency

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Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Sydenham Court took place on 5 January 2017 from 09:45 to 15:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with Health and Social Care (HSC) Trust professionals.

The arrangements for the provision of care and support include appropriate involvement of tenants, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and a six monthly review of needs, preferences, and risks.

No areas for quality improvement were identified

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. In addition, formal processes such as monthly quality monitoring and the annual survey provide evidence of involvement of service users and their representatives in decision making.

No areas for quality improvement were identified

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the

lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Fiona McKinney, Assistant Services 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Martin Joseph Dillon	<b>Registered manager:</b> Ashlyn Foster
<b>Person in charge of the service at the time of inspection:</b> Senior care coordinator	<b>Date manager registered:</b> 9 September 2016

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the senior care coordinator, activities coordinator, five support staff, seven service users, one relative, and one professional.

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants’ meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Induction records
- Staff rota information
- Recruitment policy 2016
- Induction policy 2013
- Safeguarding Vulnerable Adults policy 2013
- Whistleblowing Policy 2013

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; seven were returned. At the request of the inspector, questionnaires were distributed for completion by service users; two were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

**4.0 The inspection**

Sydenham Court is a two storey development of 25 self-contained apartments which has been developed in partnership between Clanmil Housing and the Belfast Health and Social Care Trust. The agency provides a supported living type domiciliary service to persons with dementia in an attractive environment specifically designed for this purpose.

**4.1 Review of requirements and recommendations from the last care inspection dated 19 November 2015**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21(1)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p>	<p><b>Met</b></p>

	<p>This requirement relates to the registered person ensuring that the agency's staff rota information is updated to include the full names of staff provided; timings of shifts, and that an abbreviation list is provided.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the rota for two weeks in January 2017 and noted that information included the full names of staff provided, timings of shifts, and an abbreviation list.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time</p>	<p>It is recommended that the agency's recruitment policy is reviewed and updated to reflect that any gaps in an employment record are explored and explanations recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> The reviewed Recruitment and Selection Policy (2016) directs the Chairperson of the Panel to explore and record explanations regarding gaps in employment records.</p>	<b>Met</b>
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> First time</p>	<p>It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's Recruitment Policy.</p> <p><b>Action taken as confirmed during the inspection:</b> This policy was reviewed in June 2016.</p>	<b>Met</b>
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time</p>	<p>It is recommended that the agency's induction policy clearly records that staff are provided with an induction lasting a minimum of three working days.</p> <p>It is recommended that relevant reference is made in the agency's whistleblowing policy to the role of RQIA in relation to whistleblowing.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Local induction guidance records that staff must have an induction lasting a minimum of three working days.</p> <p>The inspector noted within the agency's Whistleblowing Policy an appropriate reference to the role of RQIA in relation to whistleblowing.</p>	
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## 4.2 Is care safe?

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with regulations. The inspector viewed an induction record which confirmed that the induction process followed the organisation's procedures. This record also confirmed that additional training and supervision is given following the standard induction programme if a need is identified.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. There were some gaps in mandatory training which the inspector discussed with Fiona McKinney, Assistant Service Manager, in the absence of the registered manager who was on leave. Following the inspection the inspector received email evidence of attendance and planned training dates for those staff that require mandatory training. The inspector was satisfied with the agency's response to this matter.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the Belfast Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures.

The inspector examined the agency's arrangements to identify and manage risk. The inspector viewed referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Nine completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision, including the use of restrictive interventions is laid out in the Statement of Purpose (2016) and Service User Guide (2016).

The inspector reviewed a range of care plans which are provided to service users. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. HSC Trust professionals are involved in evaluation and review of care plans which takes place six monthly or when the need is indicated. Records indicated regular evaluation and review of care plans; this was supported by feedback from agency staff. It was noted that agency staff show flexibility in the provision of care and support to service users; this was confirmed by feedback from relatives and service users.

The agency maintains a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a senior manager who has an extensive knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and a relative indicated that service users have open lines with communication with staff. They knew who to go in the agency to discuss an issue or complaint. They were also confident of an appropriate response.

Complaints and compliments records, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Minutes of tenants' meetings clearly documented communication processes between agency staff and tenants.

It was evident during the inspection that the agency seeks to maintain effective working relationships with other HSC Trust professionals who work with service users. An occupational therapist told the inspector about "the good atmosphere" within Sydenham Court and spoke positively about the involvement of staff in introductions to service users and their interest in the occupational therapy interventions prescribed.

Nine completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and or their representatives in decisions affecting their care and support.

Discussion and feedback from staff and a relative indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at Sydenham Court. Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with policy.

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Evidence reviewed by the inspector highlighted if concerns regarding staff practice were identified during spot checks/monitoring visits appropriate measures were put in place to address these.

The inspector was informed about a schedule of activities which allow service user participation in meaningful tasks including cooking and activities in the community. An activities coordinator is employed within the service and works actively to build community links within the local area. Feedback from support staff indicated that they also work in partnership with service users to maximise choice and independence in their daily schedule.

Examples of some of the comments made by service users or their relatives are listed below:

- "I am very happy with all the staff."
- "I receive excellent care."
- "We get 100% support 24 hours a day."
- "All requests are responded to."

Nine completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The agency has experienced a period of management change and currently Ashlyn Foster is the registered manager. On the day of inspection the registered manager was on leave but the



inspector provided feedback to Ms Foster by telephone following the inspection. A senior coordinator who was in charge facilitated the inspection along with the Assistant Service Manager, Fiona McKinney.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily. The agency maintains and implements a complaints and compliments policy. The inspector noted that complaints received during the reporting period of 1 April 2015 to 31 March 2016 had been fully investigated and were resolved.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector understood their responsibilities and their roles.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2016). Records viewed by the inspector indicated that there are effective collaborative working relationships with the HSC Trust which are valued by staff.

The inspector noted that the practice of the registered manager has provided effective leadership and a positive role model for all staff.

Staff comments included;

- “Staff and management work well together.”
- “The facility is managed well.”

Staff could describe lines of accountability and knew when, and who, to discuss concerns with. The inspector was informed that staff were confident that the manager would listen to and address their concerns and suggestions.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There was evidence of regular and effective staff supervision and appraisal.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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