

Unannounced Care Inspection Report 18 December 2017



Sydenham Court

Type of service: Domiciliary Care Agency

Address: 48a Sydenham Gardens, Holywood Road, Belfast BT4 1PP

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**Inspectors: Joanne Faulkner
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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Sydenham Court is a domiciliary care agency supported living type under the auspices of the Belfast Health and Social Care Trust. The agency provides care and support to 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.

Staff are available to provide care and support to service users on a 24 hour basis, with an emphasis on promoting independence and a sense of wellbeing.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 09.45 to 17.20.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, appraisal, communication and engagement with service users and other relevant stakeholders, and providing care in a person centred manner.

Areas requiring improvement were identified in relation to staff training.

Comments made by service users are included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ashlyn Foster, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 5 January 2017

No further actions were required to be taken following the most recent inspection on 5 January 2017.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff, service users and a relative of one service user
- Evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspectors met with the registered manager, three staff, three service users and a relative of one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment and Selection Policy
- Induction Policy
- Training Policy
- Supervision and Appraisal Policies
- Disciplinary Policy
- Staff Handbook
- Risk Management Policy
- Protection of Vulnerable Adults Policy
- Record Keeping Policy
- Incident Policy
- Confidentiality Policy
- Whistleblowing Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose

- Service User Guide

At the request of the inspectors, the registered manager was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received. The inspectors provided questionnaires for service users/relatives; four were returned to RQIA.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

The inspectors would like to thank the registered manager, staff, service users and the relative of one service user for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 January 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 January 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspectors reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

It was identified that the agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The registered manager stated that they receive confirmation from the HR department when staff are available for work following the satisfactory completion of pre-employment checks. Documentation viewed and discussions with the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and shadow other staff employed by the agency during their induction period. The registered manager stated that all staff are required to complete training in dementia management.

A record of the induction programme provided to staff is retained; the inspectors viewed records of individual staff induction and noted that they are verified by the registered manager. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The registered manager stated that relief staff are not accessed from another domiciliary care agency; they outlined the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the job role.

It was indicated from discussions with the registered manager, staff and service users that the agency aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspectors viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. The inspectors discussed with the registered manager the rationale for ensuring the rota information includes the use of 24 hour clock or denotes if the shift time is am/pm; assurances were provided that necessary amendments would be made to the staff rota information.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract. The agency retains a record of staff supervision and appraisal. The registered manager stated that there had been a delay in completing some supervision of senior staff due to other duties taking priority. Records viewed by the inspectors indicated that support staff had received appraisal in accordance with the agency's policies and procedures and a number of supervision sessions. It was noted that the most recent staff appraisals had been based on a pro forma developed by Dementia Matters; the registered manager stated that this was more suitable for staff.

The inspectors viewed details of training completed by staff; it was noted that staff are required to complete induction training, a range of mandatory training and training specific to the needs of individual service users. Training records viewed indicated that some staff are required to complete training updates in a number of areas such as medication administration. Records viewed did not appear to be in an organised manner or accurately reflect the training completed by staff to date.

The registered manager stated that they are in the process of reviewing and updating staff training records to ensure that they accurately reflect training completed by staff. The registered manager provided evidence that a number of the training updates required were planned for January 2018. It was agreed that the updated training matrix would be forwarded to RQIA; this has not been received to date. It was noted that staff are currently receiving training in relation to dementia.

Two areas for improvement were identified in relation to staff training and are outlined in the quality improvement plan.

The inspectors reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of

Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's policy and procedures have been updated to reflect information contained within the regional policy; they outline the procedure for staff in relation to reporting concerns.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has made no referrals in relation to adult protection matters since the previous inspection.

It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update. It was noted from records viewed that two staff were required to complete training updates; the manager could describe plans to ensure that training updates are completed. Staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's protocol for assessment of needs and risk outlines the process for assessing and reviewing risk. There is a policy relating to the development of care and support plans and for completion of the review of individual services user's needs.

It was identified that the agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support. The agency has a range of risk assessments and care plans in place relating for individual service users. Staff and service users described how they are support to be involved in the development and review of their care plans; they are reviewed and updated as required. Staff record daily the care and support provided to service users; an annual review is completed with service users which was noted to involve their HSCT community keyworker.

It was identified by the inspectors that the agency retains a list detailing when service users have been supported to avail of a shower or bath; the inspectors discussed with the registered manager the rationale for reviewing this practice with the view to achieving a more person centred arrangement for recording the information. The registered manager stated that the process was a temporary arrangement implemented to monitor the frequency of service users being supported with this activity; assurances were provided to the inspectors that that the arrangement would be reviewed following the inspection.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The staff accommodation is accessed from a shared entrance with the homes of the service users. It was noted that the main entrance operates on an intercom system; service users confirmed that they had a key fob for accessing the door.

Four service user/ relative questionnaires were returned to RQIA; responses received indicated that they were satisfied that care provided was safe.

Comments received during inspection.

Service user comments

- 'I am very happy here; staff are wonderful.'
- 'I feel safe; staff are all very supportive to me.'

- ‘Staff ask if are you okay every day.’
- ‘I feel safe; I have no worries.’
- ‘Staff are very good.’

Relatives’ comments

- ‘We on the most part are very happy with Sydenham court and feel it is a safe place for our mum.’
- ‘The care my sister in law get keeps her safe and happy and this in turns extends to us as a family who can sleep easy knowing she is in the best place she could be.’
- ‘Staff are absolutely fantastic; they check my aunt is alright and help look after her wee dog.’
- ‘I can trust the staff with everything.’

Staff comments

- ‘I get supervision; but it has not been as much due to staff vacancies.’
- ‘I can refer any concerns to the senior or go to the manager.’
- ‘We get mandatory training; mine is up to date.’
- ‘I feel clients are very much safe.’
- ‘We support tenant’s to maintain their independence.’
- ‘I got induction.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, appraisal, and adult protection.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s management of records policy details the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel and service user records viewed by the inspectors was noted to be retained securely.

Staff could describe the methods used for supporting service users to be effectively engaged in the development of their care plans; it was noted that service users are provided with a copy of

their care plan. The agency requests that service users sign their care plan to indicate that they are in agreement to the care and support to be provided.

The inspectors reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by the organisation's assistant services manager. The process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the registered manager, staff, service users and a relative indicated that staff communicate appropriately with service users and where appropriate their representatives.

Staff who met with the inspectors demonstrated that they were very knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain at home and maintain their independence.

The agency facilitates monthly staff meetings; it was identified from records viewed that a range of standard items are discussed at each meeting, they include operational matters, policies, staffing and tenant issues. The agency facilitates monthly service user meetings and the 'Friends of Sydenham court' meeting; records viewed were noted to contain a number of service users' comments and views. Service user and relatives stated that they can talk to staff at any time and that in addition they can discuss any matters at the meetings.

Discussions with the registered manager and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspectors viewed evidence of engagement between the agency's staff and HSCT community keyworkers.

Four service user/ relative questionnaires were returned to RQIA; responses received indicated that they were satisfied that care provided was effective.

Comments received during inspection.

Service user comments

- 'I go out to the gym; I have a wee beer before my tea.'
- 'It is very good here.'
- 'The staff have been most kind; they help my wife with her medication.'
- 'Staff are very helpful; in general they are all very good.'

Relatives' comments

- ‘I have no complaints or concerns; I know the staff would bend over backwards to get things sorted.’
- ‘We have a review every six months; staff would ring me if they had any concerns.’
- ‘My aunt has benefited greatly from being here.’

Staff comments

- ‘Staff team work well as a team; the staff move around from zone to zone if under pressure.’
- ‘We help each other out.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection assessed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with the registered manager, staff, service users and a relative of one service users indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation.

Staff could describe the methods used for supporting service users to make informed choices and for respecting their views and wishes. Observations made during the inspection indicated that staff respected the views and opinions of service users and encouraged service users to make choices regarding their care, support and daily routines.

There are a range of systems in place to promote effective engagement with service users and where appropriate their representatives in conjunction with the HSCT community keyworker; they include the agency’s monthly quality monitoring process; complaints process, care review meetings, tenant’s meeting and ‘Friends of Sydenham Court’ meetings. It was identified that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has processes in place to record comments made by service users; records of service user care review meetings, tenant’s meetings and quality monitoring reports viewed by the inspectors provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Staff spoke enthusiastically about the number of ways they support service users to participate in activities of their individual choice and preferences; and in addition the group activities provided which service users can choose to participate in. It was noted that the agency has employed an activity co-ordinator; the registered manager stated that this provides a greater opportunity for service users to be supported individually and also as a group.

The inspectors noted that a number of the shared facilities within the scheme had been developed in a thematic way based on the individual lives and preferences of service users. Areas located at the entrance to individual service users homes had been decorated and furnished to reflect the likes of service users.

It was noted that a number of service users choose to participate in a weekly lunch club; they could describe how they are supported by staff to shop for and cook the meal.

Four service user/ relative questionnaires were returned to RQIA; responses received indicated that they were satisfied that staff treated them with compassion.

Comments received during inspection.

Service user comments

- 'The girls are so nice they make me feel at home.'
- 'I felt at home here when I took up my tenancy because I could talk freely.'
- 'I would speak to one of the staff if I was worried.'
- 'I love it here; there is nothing worrying me here.'

Relatives' comments

- 'As a relative of someone who has recently moved to Sydenham Court I have found understanding staff; staff have taken some months to get to know my mum and her issues and anxieties around her diagnosis and adjusting to her new surroundings.'
- 'Staff check with that my aunt is alright; they assist her with personal care.'

Staff comments

- 'We have empathy; it is being able to take time to sit and have a chat.'
- 'The morning is a busy time as we encourage people to do things for themselves.'
- 'We take some service users out on a one to one; depends on the service user as some like being in a group.'

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users, effective communication and providing care in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis the registered manager and three senior support workers. Staff who met with the inspectors could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access. During the inspection the inspectors viewed a number of the organisation's policies; it was identified that those viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively handling complaints; discussions with the registered manager and staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff indicated that they receive training in relation to managing complaints during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received one complaint since the previous inspection; records viewed by the inspectors indicated that the agency has acted in accordance with their policy and procedures in the management of complaints. It was noted that the agency has a proforma to record the outcome of the investigation of any complaints received.

Records viewed and discussions with the registered manager indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints.

The organisational and management structure of the agency is outlined in the agency's statement of purpose. Staff who spoke to the inspectors had a clear understanding of their job roles and responsibilities; the registered manager stated that staff are provided with a job description at the commencement of their employment. Staff demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member’s registration status are retained by the agency. Discussions with the registered manager provided assurances that the agency has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered appropriately.

The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Staff, service users and a relative who spoke to the inspectors indicated that they are aware of who they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions.

Four service user/relative questionnaires were returned to RQIA; responses received indicated that they were satisfied that care was well led.

Comments received during inspection.

Service user comments

- ‘I can speak to the manager; she listens.’
- ‘I can ask questions at the tenant’s meetings.’

Relatives’ comments

- ‘At the Friends of Sydenham Court meeting we can talk about what is going on.’

Staff comments

- ‘I feel supported by senior staff.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements and management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ashlyn Foster, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All outstanding mandatory training has been booked or completed. On the day of inspection, the registered manager was in process of revising the mandatory training matrix. The revised matrix is now in place, a copy of which has been forwarded to RQIA. Training compliance is reported on monthly through the service governance report. Where the service is experiencing difficulty accessing training which may impact on compliance, this will be escalated to the Assistant Service Manager and an action plan agreed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event; • the date(s) of the training; • the name and qualification of the trainer or the training agency; and • content of the training programme. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff in Sydenham Court have a training file that includes: dates of training, name of trainer or training agency, content of the training programme, evaluation of the training and a certificate of attendance. The training files were available on the day of inspection. However, it is the registered manager's understanding that these files were not reviewed by the inspector.</p>

Please ensure this document is completed in full and returned via Web Portal



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