



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Sydenham Court**

19 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 November 2015 from 10.30 to 16.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/Martin Joseph Dillon	Registered Manager: Rosaleen Lagan
Person in Charge of the Agency at the Time of Inspection: Senior co-ordinator	Date Manager Registered: 30 November 2011
Number of Service Users in Receipt of a Service on the Day of Inspection: 23	

Sydenham Court is a supported living type domiciliary care agency 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. Assistance and encouragement is provided with all activities of living, according to individual assessed need.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff/service users/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with four service users and seven staff and spoke to the relative of one service user.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (September 2010)
- Induction policy (August 2013)
- Supervision (August 2013)
- Staff register/ information
- Agency's rota information
- Whistleblowing policy (June 2013)
- Disciplinary procedure
- Staff handbook
- Disciplinary procedure (August 2015)

Staff questionnaires were completed by nine staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are aware of the agency's whistleblowing policy.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that their induction prepared them for their role.
- Six staff are satisfied that at all times there are an appropriate number of suitably skilled and experienced persons to meet the needs of service users.

A comment made by one individual was discussed with the assistant services manager and will be addressed at the agency's staff meeting and individual staff supervision sessions.

The inspector discussed staffing levels with the assistant services manager and was provided with assurances that at all times there are an appropriate number of suitably skilled and experienced persons to meet the needs of service users; they stated that they monitor staffing levels regularly and are alerted to staffing issues by the registered manager.

Service users' questionnaires were completed by seven service users following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are satisfied that staff help them to feel safe and respond to their needs.
- Service users are satisfied that staff know how to care for them.

One individual discussed with the inspector an environmental issue in relation to their individual flat; this was discussed with the person in charge and the matter is to be referred to the housing provider.

One individual stated that staffing levels are not always sufficient to permit staff to support them to go out; this was discussed with the assistant services manager prior to issuing the report; they stated that staffing levels are adequate to meet the assessed needs of service users.

The inspector wishes to thank the service users, the relative, staff and the person in charge for their co-operation and support during the inspection process.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.4	It is recommended that all staff receive training in relation to handling service users' money.	Met
	Action taken as confirmed during the inspection: From records viewed it was identified that agency staff have received training in relation to handling service users' money.	
Recommendation 2 Ref: Standard 8.14	It is recommended that double signatures are recorded in respect of the reconciliation of pooled monies for a voluntary lunch club scheme.	Met
	Action taken as confirmed during the inspection: From records viewed it was noted that double signatures are recorded in respect of the reconciliation of pooled monies for a voluntary lunch club scheme.	
Recommendation 3 Ref: Standard 9.5	It is recommended that the registered person ensures that all policies and procedures are subject to a systematic review three yearly, with particular reference on this occasion to Restrictive Practice policies and procedures.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's policy relating to restrictive practice and noted that it had been updated in May 2015.	
Recommendation 4 Ref: Standard 4.2	It is recommended that the registered person ensures that the agreement between the service user and the service provider specifies the arrival and departure times of staff.	Met
	This recommendation refers to service users/representatives having written information and/or had explained to them the amount and type of care provided to individual service users. Action taken as confirmed during the inspection: From records viewed and discussions with the person in charge it was noted that it is agreed with service users the type and amount of care to be	

	provided; the person in charge stated that the amount of time can fluctuate due to the needs of the service user.	
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5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy, September 2010, outlines the mechanism to ensure that appropriate pre-employment checks are completed; the person in charge stated that a record is retained by the agency. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it details their job role.

Prior to employment agency staff are required to complete a medical declaration in conjunction with the occupational health department; the person in charge could describe the process for managing absence from work and for supporting staff to return to work following a period of absence.

The agency's induction policy outlines the induction programme provided to staff; the person in charge stated that new staff are required to shadow existing staff members in the service users' homes. It was identified that the induction is completed over the initial six to eight weeks of employment and that staff receive induction specific to the needs of the individual service users; however it was noted that the policy did not detail the duration of induction. The agency maintains a record of the induction programme provided to staff; it indicates that induction last at least three days.

It was identified that staff are provided with a handbook and have access to the agency's policies and procedures.

The agency has a procedure for the induction of short notice/bank staff; the person in charge stated that staff are supplied from the organisations bank staff.

The agency's supervision provided to RQIA following the inspection details the frequency and procedure for staff supervision. Staff stated that they are provided with a supervision contract and receive six weekly supervision; it was identified that staff undertaking supervision have received appropriate training.

Is Care Effective?

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times to meet the assessed needs of service users. Staff discussed with the inspector the current staffing arrangements and stated that additional staff would enable them to provide additional one to one support in the community. Staff rota information viewed, reflected staffing levels as described by the person in charge.

The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as described by the person in charge. It was identified that the staff rota did not record

the full name of staff and did not clearly record the timings of shifts or include a list of abbreviations.

Staff stated that they are provided with a job description during their induction and in pre-employment information provided. Staff could describe their roles and responsibilities and the process for highlighting any training needs.

Staff could describe the detail of their induction program and stated that they felt equipped to carry out the requirements of their job roles. The agency maintains a record of induction and competency assessments completed during the induction period.

Staff stated that they receive six weekly supervision and annual appraisal; they stated that they are encouraged to highlight any training needs to their line manager at any time. The agency has recently introduced an electronic database to record staff training and to identify when updated training is required. From records viewed it was identified that the agency provides mandatory training to all staff and in addition training specific to meet the needs of individual service users.

It was noted that the person providing supervision had received appropriate training.

The agency's whistleblowing policy outlines the requirement for staff to report concerns; staff could describe their responsibility in highlighting concerns; it is recommended that the policy be updated to include reference as to the role of RQIA in relation to whistleblowing.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives at tenants meetings in relation to staffing arrangements and new staff. Service users stated that they are introduced to new staff members.

Staff could describe the impact of staff changes on service users; the person in charge stated that the agency endeavours to maintain continuity of staff and stated that there is minimal use of bank staff.

Staff are required to complete corporate induction; induction and training records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their job roles. Service users stated that staff provided have the skills to meet their needs.

Staff described how their induction included meeting service users and becoming familiar with their individual care plans. Service users stated that they can choose the care and support they receive and indicated that their privacy and dignity is respected at all times.

The agency's disciplinary procedure, August 2015, outlines the process for managing unsatisfactory performance of staff; the person in charge could describe the agency's procedure and stated that it is a staged approach with an emphasis on supporting staff to improve their knowledge and skills. The agency's staff handbook outlines the agency's disciplinary procedures.

Service User Comments:

- “This place is excellent.”
- “Staff are great.”
- “I am very happy here; the staff help me.”
- “I can talk to staff if I am worried about anything.”
- “I forget things; the staff keep me right.”
- “Staff take us out.”
- “I make my own food.”
- “I sing in a choir.”
- “This is a nice place, some people like their own space.”

Staff Comments:

- “I received induction.”
- “I can speak to the manager at any time.”
- “We get six weekly supervision.”
- “We are kept very busy.”
- “More staff would be good to allow for more one to one activities.”
- “We have enough staff to care for the assessed needs of the service users.”

Relative's Comments:

- “The staff are fantastic; this is a great place.”
- “Staff are very helpful and approachable.”

Areas for Improvement

There were four areas for improvement identified within Theme 1:

Regulation 21(1)(a)

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.

Standard 11.2

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.

Standard 9.5

It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review; this relates specifically to the agency's Recruitment Policy.

Standard 9.1

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. It is recommended that relevant

reference is made in the agency's whistleblowing policy to the Role of RQIA in relation to whistleblowing.

Number of Requirements:	1	Number of Recommendations:	3
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. The agency has in place 'All about me' assessment documentation for each service user. Service users stated that they are involved in developing their individual care and support plans and that their views and wishes are reflected. From records viewed it was identified that risk assessments and care and support plans are signed by service users.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. They could describe examples of positive risk taking agreed in collaboration with the service user and/or their representatives.

Is Care Effective?

Service users are encouraged and supported to participate in a six monthly review of their care and support involving their HSCT representative. Staff record daily the care and support provided. From records viewed it was noted that care plans are reviewed six monthly or as required and staff complete three monthly summaries for individual service users. Service users stated that they are involved in the development of their care plans; care plans viewed reflect the choices and routines of service users.

The agency's 'Statement of purpose', 2014 outlines the arrangements for consultation with service users and their relatives. It was identified that the agency facilitates tenants meetings; records viewed indicate that service users are encouraged to express their views and opinions. The person in charge stated that the agency has quarterly family meetings and provides carer education and training sessions at regular intervals. Service users and their relatives are provided with a tenant and family agreement and are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints.

Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives.

Service users have been provided with the human rights information in a suitable format.

Is Care Compassionate?

Discussions with staff and service users indicate that service users receive care in an individualised manner; the person in charge stated that care is provided to service users in their individual flats. Care plans viewed were written in a person centred manner and service users stated that they are consulted about the care they receive.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The person in charge could describe the process for liaising with the relevant HSCT representative regarding best interest practices for service users where there are capacity and consent issues.

Service User Comments:

- “I feel very safe here.”
- “Staff help and direct me but with respect.”
- “Staff organise outings for us; they ask us what we want to do.”
- “I go to the tenant’s meetings.”
- “The staff give you time.”
- “We can do what we want; I would tell the staff if I was not happy.”

Staff Comments:

- “Service users’ views and opinions are listened to.”
- “Service users are involved in developing their care plans.”
- “Service users can make their own choices.”
- “We support service users to take risks.”

Relative’s comments:

- “This is a great place; my relative is very happy.”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation in place and noted that unannounced monthly monitoring visits are completed by the assistant services manager. From records viewed it was identified that the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns; it was noted that an action plan is developed.

5.5.2 Complaints

The agency has had a number of complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency’s complaints policy outlines the procedure in handling complaints; records viewed indicated that the complaints received had been handled in accordance with the agency’s policy and procedures.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 19 January 2016</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>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>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The agency's staff rota has been amended and updated to include the full names of staff, shift times and an abbreviation list added to explain any abbreviations.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be Completed by: 19 April 2016</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>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This recommendation has been forwarded to senior management to inform relevant policy authors of adjustments required.</p>
<p>Recommendation 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be Completed by: 19 April 2016</p>	<p>It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review.</p> <p>This recommendation relates specifically to the agency's Recruitment Policy.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This recommendation has been forwarded to senior management to inform the relevant policy authors of the need to review</p>
<p>Recommendation 3</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 April 2016</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>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This recommendation has been forwarded to senior management to inform the relevant policy authors of the need to include an induction minimum timescale in the Induction policy to reference the role of RQIA in the Whistleblowing policy.</p>

Registered Manager Completing QIP	Rosaleen Lagan	Date Completed	14/01/16
Registered Person Approving QIP	Dr Michael McBride	Date Approved	14/1/16
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	15/01/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address