

# Announced Care Inspection Report 1 August 2016



## Brookhill House

**Type of service: Domiciliary Care Agency**  
**Address: 2 Lower New Mills Road, Coleraine BT52 2JR**  
**Tel No: 02870327917**  
**Inspectors: Joanne Faulkner**  
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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Brookhill House took place on 1 August 2016 from 10.00 to 14.30.

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

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the development and ongoing review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on inspection. The inspectors found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspectors identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a meaningful and fulfilling life. No areas for quality improvement were identified during this inspection.

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

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

### 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 Denise Carson, Registered 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 21 July 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Denise Carson
<b>Person in charge of the home at the time of inspection:</b> Denise Carson	<b>Date manager registered:</b> 30 March 2009

### 3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff, service users and their representatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users care records
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Standards for Supported Living Policy, February 2016
- Training and Development Policy, January 2015
- Selection and Recruitment Policy; January 2014
- Supervision Policy, July 2015
- Staff Handbook, June 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Disciplinary Policy, June 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Statement of Purpose
- Service User Guide

During the inspection the inspectors met with two service users, the registered manager, two staff members and a representative of one service user.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff and 10 service user questionnaires were returned.

Feedback received by the inspectors during the course of the inspection and from returned questionnaires is reflected throughout this report.

#### **4.0 The inspection**

Brookhill House is a supported living type domiciliary care agency, situated in Coleraine.

The agency offers domiciliary care and housing support to service users who reside in individual flats. The flats are unfurnished as each tenant is encouraged to bring with them furnishings that are familiar to them and to decorate to their own taste.

The agency's aim is to provide care and support to older people; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

Discussion with the registered manager, staff, service users and a representative of one service user provided evidence of positive outcomes for service users; details of which have been included within this report.

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

#### 4.1 Review of requirements and recommendations from the last care inspection dated 21 July 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21(1)(a) Schedule 4</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>This requirement relates to the registered person ensuring that the agency's staff rota includes a key for abbreviations used and clearly indicates the timings of the shift.</p> <p>This requirement relates to the registered person ensuring that an alphabetical index of domiciliary care workers supplied or available for supply by the agency is maintained and updated as required.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors noted that the agency's staff rota includes a key for abbreviations used and records timings of the shift.</p> <p>The agency has in place an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p>	

## 4.2 Is care safe?

During the inspection the inspectors reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that a details of the outcome of the checks completed is retained by the agency's human resources department and can be accessed electronically by the manager. The manager could describe the process for ensuring that staff are not eligible for work until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the registered manager that all staff are required to attend induction training one day per week in the initial 10 weeks of employment.

The agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and the additional support provided to staff during their six month probationary period. Induction records viewed provided evidence of a comprehensive induction programme.

It was noted that following recent restructuring within the organisation that all staff have been required to complete competency assessments; staff provided positive feedback about this process. Staff stated that they are provided with the agency's staff handbook and can access the agency's policies and procedures at any time electronically or in paper format.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; the registered manager stated that relief staff are rarely accessed from another domiciliary care agency. The agency has a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role; one of the inspectors viewed staff profiles for relief staff provided and noted that they contained information relating to staff training and relevant experience. Agency staff could identify the impact to service users of frequent staff changes and the benefit of providing continuity.

Discussions with the registered manager, staff and service users indicated that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies detail the timescales and processes to be followed. It was noted that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspectors felt that supervision and appraisal were worthwhile.

The agency has an electronic system in place for recording staff training; the manager could describe their role in identifying gaps and planning training in conjunction with the organisation's training personnel. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Staff stated that training needs are discussed during their individual supervision and appraisal meetings.

Staff stated that they felt they had the required knowledge, skills and experience to carry out their roles. They described the detail of their induction programme which was noted to include shadowing other staff members; meeting service users and becoming familiar with their care needs. Staff who spoke to the inspectors described the importance of respecting the privacy, dignity and wishes of service users.

The inspectors examined the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is in the process of reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust. It was identified that managers within the organisation have received updated training in relation to the information detailed within the guidance.

The inspectors reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager it was identified that the agency has made one referral to the HSC Trust safeguarding team in relation to alleged or actual incident of abuse; records viewed indicated that the agency had acted in accordance with their procedures.

Staff stated that they are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Training records viewed by one of the inspectors indicated that all staff had received training in relation to safeguarding vulnerable adults. Staff who spoke to the inspectors demonstrated that they had a good understanding of safeguarding issues and could describe the process for identifying and reporting concerns.

The manager described a recent awareness raising event facilitated by the agency to raise the awareness of adult safeguarding; they stated that a number of service users and their relatives attended. It was noted that safeguarding awareness is discussed at each of the service users meetings.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising 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 risk management policy outlines the process for assessing and reviewing risk; it details the requirement that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly and that service users have an annual review which may include their HSC Trust representatives. It was identified that monthly governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the same building as the service users' homes; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Six staff and 10 service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is safe.

### Service user comments

- ‘Best move I ever made.’
- ‘I have a high regard for staff.’
- ‘I went to the recent Purple day exploring issues around keeping me safe.’

### Staff comments

- ‘I am very happy working here.’
- ‘We have a good team.’
- ‘We get supervision and the training is good.’

### Service user representative’s comments

- ‘This is a lovely scheme; I have no concerns about her here. I always think it is a good sign when you come in after a long period of time and the same staff are here.’

### Areas for Improvement

No areas for improvement were identified during the inspection.

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

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

The agency’s data protection policy outlines the procedures for the creation, storage, retention and disposal of records. It was identified from that range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

One of the inspectors viewed a number of individual service user care plans; service users indicated that they are involved in the development of their care and support plans. It was noted that risk assessments and care plans are reviewed six monthly and that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency’s quality monitoring policy outlines the procedures to be followed in relation to the review of the quality of the service being provided. The inspectors noted that monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The information details the outcome of a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.



The agency facilitates bi-monthly tenants' meetings; service users stated that they are encouraged to express their views and opinions. It was noted that the agency has a range of standard areas that are discussed at each meeting. Service users and their representatives were aware of the agency's complaints procedure; the agency maintains a record of compliments and complaints.

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 their representatives and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other stakeholders.

Six staff and 10 service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

### **Service users' comments**

- 'I am as happy as can be.'
- 'Great place, staff are wonderful.'
- 'Who wouldn't be happy here?'
- 'I know how to make a complaint.'

### **Staff comments**

- 'Training is excellent.'
- 'Good team work here.'
- 'We support the tenant's to be as independent as possible.'
- 'Service users are involved in care planning.'

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

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

During the inspection the inspectors sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, their representatives and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. It was noted that staff had received Human Rights training as part of their initial induction.

Staff could describe examples of supporting service users to take positive risks to enable them to live a meaningful and fulfilling life.

Discussions with service users, their representatives and staff, and observations of staff interaction with service users indicated that care is provided in an individualised manner. Individual care plans viewed were noted to be completed in a person centred manner; service users stated that they are encouraged to be involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users and included decisions made by service users in relation to a range of areas within shared living such as outings, organised activities and menus.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, stakeholder surveys, keyworker meetings, family advocacy meetings and tenants' meetings.

Observations made during the inspection indicated that service users were able to make choices regarding their daily routine and activities; service users who spoke to one of the inspectors confirmed that they could make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff, service users and their representatives indicated that service users are involved in decision making on a wide range of matters such as care needs, , activities and shared facilities.

Six staff and 10 service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

### **Service users' comments**

- 'I should be the happiest person in the world, I have a great home, lovely food, well cared for, couldn't ask for better.'
- 'This place is great.'
- 'Staff are good.'

### **Staff comments**

- 'Treating individuals with dignity and respect is paramount.'
- 'Service users are involved in all decisions.'
- 'We try to make the place as homely as possible.'
- 'Service users can do what they want.'

### **Service user representative's comments**

- 'Staff keep me informed of any changes.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

The inspectors reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which are retained electronically and additionally in paper format stored within the agency's office. Staff stated that they can access policies and procedures at any time. The inspectors viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the manager and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Records viewed and discussions with the registered manager indicated that the staff have an understanding of the actions to be taken should a complaint is received.

It was identified that the agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints which includes a mechanism for identifying trends and reducing the risk of recurrences. During the inspection the inspectors viewed evidence of staff induction, training, supervision and appraisal. The manager and staff could describe the importance of identifying areas for learning and development and for improving the quality of the service provided with the aim of promoting positive outcomes for service users.

The organisational and management structure of the agency is clearly defined; it details lines of accountability and roles and responsibilities of staff. It was noted that staff are provided with a job description at the commencement of employment; they could describe the details of their individual roles and responsibilities.

Service users were aware of staff roles and knew who to talk to if they had a concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that the registered manager is approachable and supportive; staff had knowledge of the process for obtaining guidance and support at any time.

Staff had knowledge of the agency's lines of accountability and described the processes for obtaining support or guidance. Staff stated that they felt that their views are sought by senior management within the organisation in a range of matters.

It was noted that there are systems in place to support the manager in their role such as quarterly meetings with managers from the organisation's other regulated facilities and regular contact and support from their line manager.

It was noted that the agency was awarded a 'Silver Award' in the National Housing for Older Peoples Awards 2015. Additionally the staff team had received an award for 'Best Team' by the organisation.

Six staff and 10 service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

### Service user comments

- 'Excellent management; the service is very well led.'

### Staff comments

- 'The manager is very approachable.'
- 'We have a great team.'

### HSC Trust representative's comments

- 'The manager and staff are very approachable.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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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