

Inspection Report

3 October 2022



Brookhill House

Type of Service: Domiciliary Care Agency
Address: 2 Lower New Mills Road, Coleraine, BT52 2JR
Tel No: 028 7032 7917

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion	Registered Manager: Not applicable Date registered: Miss Roisin Reid – application not yet submitted
Person in charge at the time of inspection: Miss Roisin Reid	
Brief description of the accommodation/how the service operates: Brookhill House is a supported living type domiciliary care agency, located in Coleraine. The agency offers domiciliary care and housing support to up to 25 service users who reside in individual flats. The majority of service users' care is commissioned by the Northern Health and Social Care (NHSC) Trust; a small number are privately funded.	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2022 between 9.30 a.m. and 12.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, governance and management arrangements.

Brookhill House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and relatives.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "It is a very well run unit for the type of unit it is."
- "I am happy enough, I have no concerns."
- "It is tip-top, like a hotel."
- "It is just brilliant, I love it here."

Service user's relatives' comments:

- "They are just brilliant. This place is the gold standard. It gives me such peace of heart knowing that (my relative) is here. I could just rave about all of them. The kitchen staff will make them anything they want to eat. The place is just spotless."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “All staff are lovely. I wouldn’t want to be anywhere else. Brookhill is just home from home and the staff is just like family.”
- “Everything is first class.”
- “The staff are all wonderful and couldn’t do enough for me.”
- “Everyone is great. The staff are always there for whatever I need.”
- “All I can say is I have never had care like this. I am so satisfied in Brookhill. The staff are wonderful.”
- “I love in here. The staff are so kind and caring.”
- “The care that (my relative) receives is exemplary. The staff treat the residents as family. We are content and indeed delighted (my relative) is safe and is well looked after.”
- “I am very satisfied with (my relative’s) care in Brookhill House. All her needs are met, treated with dignity and respect at all times and all staff are excellent.”

No responses were received to the electronic questionnaire.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 11 October 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report had been completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. It was good to note that Apex shared lessons learned from incidents which had occurred in other jurisdictions with staff, including any safeguarding incidents which were in the News. Apex also hold a Safeguarding Adults Week on an annual basis.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was good to note that there were clear procedures for staff to follow should they need to report any concerns; this included the different arrangements for reporting within and out of office hours.

Review of incidents which had been referred to the Adult Protection Gateway Service identified that the staff understood their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

Discussion with the manager confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment but they were aware of how to source relevant training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertake this task.

The Mental Capacity Act (MCA) 2016 provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

The manager advised that there were no restrictive practices in place within the agency.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Easy-read leaflets were available to assist service users in understanding written information; these included leaflets on:

- How to raise a concern
- What Human Rights are
- DoLS
- The agency's values.

A report on 'Tenant Participation' was reviewed. This outlined the agency's objectives in empowering services users to get involved and enabling successful communication. It was good to note that these objectives included:

- Providing opportunities service users to share their views and influence the agency's decisions
- Enabling service users to scrutinise and monitor the services provided
- Keeping service users fully informed
- Demonstrating good governance
- Supporting service users to develop better communities.

Strategies used to improve service user involvement included providing information to service users on how they can get involved; monthly and annual surveys; encouragement to join 'Have Your Say Groups'. There was also an opportunity to 'Meet the Manager'; this gave service users the opportunity to meet with members of the organisation's senior management team on an annual basis.

Service users' meetings were held on a regular basis which enabled the service users to discuss the provisions of their care. It was good to note service users' involvement in the planning of social outings and activities, such as:

- Carpet bowls
- Bingo
- Music sessions
- Making Milkshakes and Mocktails
- Movie/Music nights
- Jubilee party
- Quizzes
- Chair exercises
- Celebrating seasonal events
- Menu options
- Advocacy services

It was good to note that the service users 'Had a Say' in the running of the service. This was evident in the review of records, where their suggestions were recorded and notes made of any follow up actions taken in response.

Service users were also encouraged to take part in focus groups which Apex use as part of their continuous quality improvement plans.

Service users' consent was sought in relation to whether or not they wanted:

- to administer their own medicine
- to have staff check on them at night time
- the staff to share information about them with their next of kin
- their family members to be invited to family forum events run by Apex.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. An information leaflet was available to explain Covid-19 and how the service users could keep themselves safe and protected from the virus.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed, if required in the future. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of the service users' meeting notes identified that the manager had given the service users a presentation about Dysphagia, explaining what it means and why it is important for the staff to be trained in this. Information regarding 'Safety Pause' was displayed in the dining room.

5.2.4 What systems are in place for staff recruitment and are they robust?

The manager advised that there had been no new staff recruited since the date of the last inspection. The agency operates a robust recruitment procedure which ensures that all pre-employment checks, including criminal record checks (Access NI), are completed and verified before staff members commence employment and have direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring process established that there was engagement with service users, their relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The Annual Quality Report had been completed.

No incidents had occurred that required investigation under the Serious Adverse Incidents or Significant Event Analyses procedures.

The agency's registration certificate was up to date and displayed appropriately. Current certificates of public and employers' liability insurance were reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where any complaints were received since the last inspection, these were managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

The Statement of Purpose was up to date.

We discussed the acting management arrangements which have been ongoing since 28 June 2022; when submitted RQIA will review the application for registration as manager.

There was a system in place to ensure that staff were able to access each service users' homes in the event of an emergency.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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