

Inspection Report

Name of Service: Brookhill House

Provider: Apex Housing Association

Date of Inspection: 7 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Apex Housing Association
Responsible Individual/Responsible Person:	Mrs Sheena McCallion
Registered Manager:	Miss Roisin Reid
Service Profile – 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. All service users are elderly living with frailty. Service users' care is commissioned by the Northern Health and Social Care Trust. (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 7 January 2025 from 9.55 a.m. to 1.45 p.m. It was carried out by a care inspector. The inspection was facilitated by the manager.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that care delivery was safe and that compassionate care was delivered to service users. Service users received the right level of support at the right time and the agency was deemed to be well led.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

No areas for improvement were identified.

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.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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 and Dysphagia management.

Throughout the inspection process inspectors seek the views of those living in, visiting or working in Brookhill House; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working in Brookhill House.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of the support they received from staff. They described the staff as 'brilliant' and that it was very comforting to know that staff were there to help if they felt they required it.

Service users' relatives described Brookhill House as a 'blessing' and how the agency offered their family members just the right level of support. One relative stated they had never left their relative feeling unhappy. Another described how staff offered their relative the correct balance of encouragement and reassurance.

Staff members told us how they were like one big family and how much they enjoyed working in the agency. They described they felt supported by the management team and were confident that if they raised a concern it would be dealt with.

The information provided indicated that they had no concerns in relation to the agency.

All questionnaires distributed were returned. Service users stated they had no concerns in relation to the care and support provided. Many complimented all the staff group, identifying a high level of cooperation and team spirit. One service user emphasised the feeling of safety they had living in Brookhill House.

No responses were received to the survey.

3.3 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 12 June 2023 by a care inspector. No areas for improvement were identified.

3. 3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained. Staff commented that they had received a good induction and that the training they received was of a good standard.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

Staff meetings were facilitated on a regular basis. A record of matters discussed was retained.

3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included adult safeguarding and health and safety.

Activities, including trips to a local hotel and church services, were on offer within the agency each afternoon. Service users could choose whether they wanted to be involved or not.

Most service users availed of the meals provided within the agency. Service users commended the food on offer, describing it as 'excellent'. The dining room was observed to be clean and warm. Mealtimes were observed to be well organised and supervised.

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. This information was also on display throughout the agency.

3.3.3 Management of Care Records

Service users' needs were assessed and support plans developed to direct staff on how to meet the service users' needs. The support plans were person centred, detailing the service users' likes and dislikes and were updated on a regular basis.

Service users, were involved in planning their own care and the details of the support plans were shared with their relatives, if this was appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

3.3.4 Quality of Management Systems

Miss Roisin Reid has been acting manager in Brookhill House since 27 June 2022. The manager has submitted an application to RQIA for registration as manager; this will be reviewed in due course.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

The manager was aware of the type of incidents which are required to be notified to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. This included the management of informal complaints.

Where staff are unable to gain access to a service users home, there was a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

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



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