

# Inspection Report

12 June 2023



## Brookhill House

Type of service: Domiciliary Care Agency  
Address: 2 Lower New Mills Road, Coleraine, BT52 2JR  
Telephone number: 028 7032 7917

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Ms Sheena McCallion	<b>Registered Manager:</b> Miss Roisin Reid (Acting)
<b>Person in charge at the time of inspection:</b> Miss Roisin Reid	
<b>Brief description of the accommodation/how the service operates:</b>  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.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 June 2023 between 1.30 p.m. and 4.30 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 and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

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, 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, relatives and staff members.

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

Comments received included:

#### **Service users' comments:**

- "I like living here. The staff are marvellous. The staff have time to talk to me and support me. If there was any concern, I would speak to the manager. I have been given a choice about what support I receive. The food is good and I have a choice in what I eat."
- "I like sitting on the seating outside and I am enjoying the good weather. It is a lovely place to live."

#### **Service users' relatives/representatives' comments:**

- "The communication is excellent with the service. If there is anything urgent they ring me straight away. I was provided with contact details of who to contact if there are any concerns; I haven't had any. I am included in the care review. My ... is given choice regarding the care provided. The service is compassionate. The staff are never rushed. The staff are very attentive to all the service users."

- “This place is perfect. My ... is a very private person and the staff respect this. My ... has a care review yearly or when any changes are required and is always given choice as to the support provided. I have no concerns with the service. The staff are very approachable; they are never rushed and they give my ... time. The staff are always there for support. My ... has been here a long time and she sees this as her home. The staff are so good to my ....”

#### **Staff comments:**

- “I love working here; I have worked here for a long time. I am up to date with my mandatory training. I am aware of my NISCC requirements and keeping my registration up to date. I feel the service is well led. The manager is approachable and always shares her knowledge with staff. Any concerns are dealt with quickly and professionally.”
- “The service is very family orientated and we are all a very close team. The service is well led from the management down. The tenants are given choice; if they don't want to do an activity we would never push them into it. We are a person centred service. The tenants have choice as to what they want to eat; the menu changes to suit the tenants. I am up to date with all my mandatory training; there is a lot of training. I am aware of my NISCC requirements. I love working here.”

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

- “I think the staff are excellent. I feel safe here.”
- “It is such a change in my life, but so glad I did it, I know it was the best decision. I couldn't pick a better place. It is so homely and all the staff are great.”
- “My ... is very happy and content in Brookhill. All the girls are brilliant and I can't thank them enough.”
- “The staff are so good to me. I have been here for ... years. Brookhill staff are my family. The care and support I receive is brilliant.”
- All the girls are great. I love living here.”
- The staff are really caring and friendly and lovely to be with.”

A number of staff, visiting professionals, service users and relatives responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Brookhill House is a fantastic place to work. I have worked in many schemes before and they do not compare to here. The standard of care and support provided to tenants is excellent. The manager is exceptional. She is approachable, fair and knowledgeable. I hope to work here till I retire.”
- “Brookhill offers a first class service. The manager and staff are skilled in ensuring care and support provided is tailored to that individual. All tenants are happy and content. I'm proud to work for Brookhill.”
- “Brookhill is a lovely place to live in and we are all looked after so well. My quality of life improved drastically after making the decision to move in.”
- I love Brookhill. The food is lovely and all the help I receive keeps me well. The staff are all very good ....”
- “I have been going into Brookhill for a number of years to see various tenants. It is a very homely scheme, very clean and has a warm feeling to it. All the tenants are content and very

happy, a number of them have told me this. The staff are very approachable and professional in their roles.”

- “I find the service to be exemplary. I feel my relative has never been happier. Always greeted in a very friendly manner by the staff who are always on hand to help, nothing is ever too much trouble for them. The manager, she is always approachable, pleasant and friendly - whether it be by phone or in person. I think she is an exceptionally competent manager who ensures the service is run to the highest level.”

## **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 3 October 2022 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 was reviewed and found to be satisfactory.

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

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).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

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, in line with the commissioning trust's requirements.

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

The Mental Capacity Act (MCA) 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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

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.

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 service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, a review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulation and Minimum Standards, before staff members had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with NISCC; there was a robust system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **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 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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

## **6.0 Quality Improvement Plan (QIP)/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.





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