



The Regulation and
Quality Improvement
Authority

Brookhill House
RQIA ID: 10851
2 Lower New Mills Road
Coleraine
BT52 2JR

Inspector: Joanne Faulkner
Inspection ID: IN023162

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**Unannounced Care Inspection
of
Brookhill House**

21 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 July 2015 from 10.00 to 15.00. Overall on the day of the inspection the care was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within 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	0

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

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Denise Carson
Person in Charge of the Agency at the Time of Inspection: Denise Carson	Date Manager Registered: 30 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 24	

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. Every opportunity to involve the local community in the life of the scheme is actively encouraged and promoted.

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.'

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 registered manager
- Examination of records
- Consultation with staff/ stakeholders/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users, two support staff and the registered manager; the inspector 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:

- The care records and care and support plans of two service users
- Recording/evaluation of care records
- Monthly monitoring reports
- Minutes of tenant's meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy
- Supervision policy (July 2014)
- Staff register/ information
- Agency's rota information
- Whistleblowing policy

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

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

Service users' questionnaires were completed by nine service users during or 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 feel safe and staff respond to their needs
- Service users are satisfied that staffing levels are appropriate
- Service users are satisfied that staff have the skills to care for them

Comments of two individuals:

- "I am very happy in my new home; all the staff are so good and kind"
- "I can't find fault with anything; this is a marvellous place; couldn't be better"

The inspector would like to thank the service users, relatives, staff and the registered manager for their support and co-operation during the inspection.

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 16 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 Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes</p> <p>This requirement is in relation to the registered person ensuring that service users are encouraged to have an assessment of needs carried out by the relevant HSC trust.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Records viewed indicate that service users are encouraged to have an assessment of needs completed by the relevant HSC trust; a record of their decision is retained by the agency.</p> <p>It was noted that a number of service users had declined assessment.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 6.-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to staff accessing food whilst on duty.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's service user guide and noted that it had been updated to include information relating to restrictive practice and staff meals.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.(e)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that the agency review the practice of monthly monitoring and recording of service users' weight to identify those service users who require regular weight monitoring.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager stated that the routine practice of monitoring service users' weight has ceased; instances where it is required to be monitored will be recorded within the individuals care plan.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p> <p>Action taken as confirmed during the inspection:</p> <p>Records of the agency's monthly quality monitoring visits were viewed; it was noted that the views of service user relatives and where appropriate professionals had been recorded.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 3.7</p>	<p>Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC trust's systems.</p> <p>This recommendation relates to the registered person ensuring that service users are encouraged to avail of an assessment of need by the HSC trust prior to admission to the service and that the agency retains a copy of assessments.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager stated that prior to admission service users are encouraged to avail of an assessment of need by the HSCT.</p> <p>Managers are required to indicate on the agency's needs assessment tool that this information has been provided to the service user.</p>	Met

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 outlines the mechanism in place to ensure that appropriate pre-employment checks are completed; a record of checks completed is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency; it was noted that the record needed updated. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete a health questionnaire prior to commencement of employment and may be required to undergo a medical assessment.

The agency's 'Training and Development' policy outlines the induction programme lasting at least three days; which includes shadowing other staff members. The manager stated that the induction provided included information specific to the needs of individual service users. Staff stated that they receive a structured two week induction programme based at the agency's head office. A record of the induction provided to staff is maintained by the agency; records examined provided evidence of a comprehensive induction programme. Staff are provided with a staff handbook and induction booklet, and have access to the agency's policies and procedures. It was identified that staff receive regular supervision during their induction period.

A record is maintained of those staff supplied on a temporary or short notice basis. The agency has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile. The agency has a procedure for the induction of staff supplied at short notice.

The agency's policy and procedures for staff supervision and appraisal detail the frequency and process to be followed. It was noted from records viewed that staff are provided with a supervision contract; and that a record of supervision and appraisal are maintained; those viewed indicate that they are completed in accordance with the agency's policies and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. It was noted that staff rota information reflected staffing levels as described by the manager; rotas viewed for the forthcoming days had staff allocated to shifts as required. From records viewed it was identified that staff rota information detailed the full name of staff provided; however it was noted that it did not contain a key of abbreviations or on occasions clearly indicate the timings of the shift.

Staff are provided with a job description during their induction; those viewed outlined the roles and responsibilities of individual job roles, staff could describe their roles and responsibilities. The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role.

Staff could describe the content of the induction programme provided; they stated that they felt equipped to fulfil the requirements of their role. Induction information viewed and discussion with staff indicated that an induction programme is provided within the initial two weeks of employment; it was noted that the induction process is completed over a period of six months. A record of induction is maintained; it was noted that staff are required to complete and evaluation of induction at regular intervals and end of course questionnaires.

The agency's 'Training and Development Policy', January 2015, outlines the responsibilities of the manager and staff in highlighting and addressing training needs. The agency maintains a matrix of staff training it is reviewed monthly by the manager; staff stated that they can approach the manager at any time to discuss individual training needs.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal; it was noted that staff are provided with a supervision contract. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition the agency provides training specific to the needs of individual service users.

The agency has a process for addressing unsatisfactory performance of staff; the staff handbook outlines the agency's disciplinary policy and procedures.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

Is Care Compassionate?

Concerns raised by service users and their representatives are discussed at tenant and staff meetings. The manager stated that service users are introduced to all staff and allocated a keyworker.

Service users stated that they are familiar with staff provided to support them and are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction 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 roles; they stated that during induction they are allocated time to familiarise themselves with the needs of service users. Service users indicated that staff provided have the knowledge and skills to meet their needs.

Staff described the importance of respecting the privacy, dignity and wishes of service users; service users stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "Staff are wonderful"
- "If I have any concerns I speak to the manager"

- “I have the freedom to do what I please”
- “I am happy with everything”
- “Staff are very approachable; I feel I am listened to”
- “There are enough staff; they have time to speak to me”
- “I like the company her; I enjoy the music sessions”

Staff Comments:

- “I receive three monthly supervision; I find it helpful”
- “I received an initial two week induction”
- “This was my first job and I was made to feel part of the team”
- “Training is specific to the needs of service users”
- “I am really happy working here”
- “Manager is approachable”
- “I feel there are enough staff to meet the needs of the service users”

Relative’s comments:

- “Staff are approachable”
- “I feel staff respond to comments/requests made in relation to my relative”
- “I can approach staff if I have any concerns”

Areas for Improvement

There was one area for improvement identified within this theme.

Regulation 21.-(1)(a) Schedule 4

It is required that the agency’s staff rotas are updated to include a key for abbreviations used and that they clearly indicate the timings of the shift.

It is required that an alphabetical index of domiciliary care workers supplied or available for supply by the agency is maintained.

Number of Requirements:	1	Number of Recommendations:	0
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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 and wishes of service users and/or representatives. Service users stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff complete a risk assessment in conjunction with service users and their representatives; the assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support involving the agency's staff. Staff record daily the care provided; it was noted that care plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users stated that they are involved in the development of their care plans; they stated that they meet their allocated keyworker on a regular basis. Care plans viewed record the wishes, choices and individual routines of service users.

The agency facilitates quarterly tenants meetings; records viewed indicate that service users are encouraged to participate and express their views. Service users and their relatives 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 their representatives. The manager stated that the agency issues questionnaires to stakeholders to ascertain their views in relation to the care provided.

Service users have been provided with human rights information in a suitable format and the tenants guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with staff, service users and relatives indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner and service users stated that they participate in the development of their care and support plans; they stated that staff consult them in relation to all aspects of their care.

The registered manager described the process for engaging with service users and where appropriate their representatives. Staff provided examples of responding to service users' views and choices; service users stated that they are encouraged to attend tenant's meeting and that they are given opportunity to express their views and concerns. Service users could describe the detail of the agreed care that they receive from staff and state that they can discuss concerns with staff at any time.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, service users and relatives. Human rights were outlined in care plans viewed; the agency provides service users with information on human rights in an easy read format.

The manager could describe the process of engaging with the HSC trust regarding best interest practices for service users where there may be capacity and consent issues.

Service User Comments:

- "Staff listen to me"
- "I attend the tenant's meetings but I don't say much "
- "I talk to the manager if I am not happy"
- "I choose to do what I want"
- "I go out independently; I use my bus pass"
- "Staff treat us with respect"

- “My keyworker meets me to discuss my care”

Staff Comments:

- “Service users are supported to make their own decisions”
- “Service users are involved in developing their care and they are individual to them”
- “Staff promote the independence of service users”
- “Service users are encouraged to attend tenant’s meetings and to express their views and opinions”
- “Staff provide emotional support to tenants”

Relative’s comments:

- “I have met with staff in relation to my relatives care needs”
- “Introduction to the agency for tenant’s was good”

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; it was identified that unannounced monthly monitoring visits are completed by the agency’s senior housing officer. Records examined recorded the views of service users, their relatives and where appropriate relevant professionals. The documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan. The agency’s reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.5.2 Complaints

The agency has no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency’s complaints policy was reviewed in May 2013; it outlines the procedure in handling complaints.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 21 September 2015</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>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Staff rota now includes a a key for abbreviations and shift times are clearly stated</p> <p>The alphabetical index of staff has been updated and maintained</p>	

Registered Manager Completing QIP	D carson	Date Completed	26/08 2015
Registered Person Approving QIP	M Sands	Date Approved	26/08/2015
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	08/09/2015

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

Please provide any additional comments or observations you may wish to make below: