

Unannounced Care Inspection Report 24 April 2017



Brookhill House

Type of service: Domiciliary Care Agency
Address: 2 Lower New Mills Road, Coleraine, BT52 2JR
Tel no: 02870327917
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brookhill House took place on 24 April 2017 from 10.15 to 15.30.

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

Is care safe?

Indicators of the delivery of safe care were evident on the day of inspection. It was identified that the agency has in place robust recruitment systems; there are comprehensive training and induction processes in place to ensure that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection

Is care effective?

Indicators of the delivery of effective care were evident on the day of inspection. The agency responds appropriately to meet the needs of service users through the development and review of individualised care plans and ongoing engagement with service users. The agency has implemented effective 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. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on the day of inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and actions and in the provision of individualised care and support. Observations made and discussion with staff and service users indicated that staff value and respect the views and opinions of service users and promote the service users to make informed choices. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is the service well led?

Indicators of the delivery of a well led service were evident on the day of inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff demonstrated that they have a clear understanding of their roles and responsibilities within the management structure and have confidence in the lines of accountability. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There are supports systems in place that encourage service users to engage effectively e.g. advocacy services, user-led groups. It was commendable to note that the agency has been once again nominated for an award in the National Housing of Older Peoples Awards and that it is planned that a service user and staff member will go to receive this award in May 2017. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Marion Tasker-Lynch, acting 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Marion Tasker-Lynch
Person in charge of the service at the time of inspection: Marion Tasker-Lynch	Date manager registered: Marion Tasker-Lynch – application not yet submitted

3.0 Methods/processes

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

- Discussion with the acting manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- 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
- 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
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

Following the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

During the inspection the inspector met with four service users, the acting manager and two staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; seven staff and nine service user questionnaires were returned to RQIA.

Feedback received by the inspector 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 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 acting manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the service users and staff for their feedback, support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection Dated 01/08/2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency's processes in place to avoid and prevent harm to service users which included staffing arrangements in place within the agency were reviewed by the inspector during the inspection.

It was identified that staff recruitment is co-ordinated and processed by the organisations HR department. Following the inspection the inspector visited the HR department and examined a number of individual staff personnel records; documentation viewed included details of the recruitment procedure and evidence of pre-employment checks completed. The inspector noted from records viewed that the agency has in place robust recruitment systems to ensure that staff are not provided for work until all required checks as outlined within the minimum standards have been satisfactorily completed and verified. The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The acting manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting in excess of three days which is in accordance with the regulations; it was noted from records viewed and discussions with staff and the acting manager that all staff are required to attend induction training once per week for the initial ten weeks of employment to complete the organisations induction programme. In addition staff are required to complete an induction competency workbook and shadow other staff employed by the agency.

The inspector noted that the expectation is that staff complete the full induction programme within their six month probationary period.

The agency retains a record of the induction programme provided to staff; records viewed by the inspector record the information provided during the induction period and include details of learning outcomes achieved by staff. Staff who spoke to the inspector stated that they felt they had the knowledge, skills and experience to fulfil the requirements of their individual job roles. It was noted that the acting manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

It was identified that relief staff are accessed from another domiciliary care agency; the inspector viewed staff profiles retained by the agency in relation to staff provided; records viewed contained information relating to staff training, induction and experience. The acting manager could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; this included ensuring that details of induction provided are retained. The acting manager stated that relief staff would always be on duty with a regular staff member.

Discussions with the acting manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the acting manager and staff; it was noted that the rota denoted the team leader on each shift. It was identified that following recent restructuring within the organisation all staff were required to complete competency assessments; staff who spoke to the inspector could describe their experiences of this exercise and the benefits such as increasing their knowledge and skills.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits.

The agency has an electronic system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the acting manager and the organisations training officer and for ensuring that they complete required training updates. It was noted that staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. The acting manager stated that the agency is in the process of introducing a new E- Learning programme for staff and that all staff will be required to complete a relevant training module on a monthly basis; it was noted that staff have recently completed an E- Learning module in relation to adult protection. The inspector viewed that agency's training matrix; it indicated that staff had completed relevant training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they stated that they discuss their training needs during their individual supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. The acting manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy; it is currently in draft form and due to be implemented within the next month.

It was noted that the agency plans to provide information sessions for staff in relation to the updated procedures and that all staff have been required to complete and relevant E learning module.

The agency has identified an Adult Safeguarding Champion (ASC); the policy details the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. It was noted that the agency have developed information booklets for staff and service users in relation to adult safeguarding and that the policy and procedures clearly detail the procedure for staff in reporting concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the acting manager and records viewed it was identified that the agency has a system for retaining a record of referrals made to the HSCT safeguarding team in relation to alleged or actual incidences of abuse. Records viewed and discussions with the acting manager indicated that the agency has had no referrals since the previous inspection. Discussions with staff demonstrated that they had a clear understanding of safeguarding issues; staff could clearly describe the procedure to be followed which was noted to be in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults; the acting manager described the plans to provide updated training to all staff. From training records viewed it was noted that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition on an annual basis. Staff who spoke to the inspector had knowledge of the agency's whistleblowing policy.

During the inspection the inspector 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 procedure for assessing and reviewing risk; it details that risk assessments and management plans are required to be completed in conjunction with service users. It was noted that where appropriate service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. Staff stated that there are currently no restrictive interventions in place.

The agency's registered premises are located within the same building as the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

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

Service users' comments

- 'They know how to protect me.'
- 'It's just perfect; couldn't be better.'
- 'Everything is good.'
- 'I feel very safe.'
- 'All first class.'
- 'This place is terrific; couldn't be better.'

- ‘I feel safe knowing that the staff are there; I will not be moving anywhere else.’
- ‘Care is perfect for me I have no complaints.’

Staff comments

- ‘The service users’ safety and care is a priority.’
- ‘We receive training, supervision and appraisal.’
- ‘Training is excellent.’
- ‘I like it here; the training is very good.’
- ‘I think service users are safe.’
- ‘Care is very person centred; the service users are from all walks of life.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 are outlined 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. The inspector noted that records viewed both during and following the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely and that the agency’s offices are accessed via a keypad system. Staff indicated that they had received training relating to record keeping, confidentiality and data protection. The agency’s staff personnel records were noted to be retained securely and in an organised manner.

Staff stated that service users are supported to be involved in the development of their care plans; this was confirmed by service users who met with the inspector. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a senior manager and a detailed action plan developed. The organisation is currently in the process of reducing the quality monitoring visits to three monthly; however additional processes have been implemented to ensure that relevant information continues to be collated and audited on a monthly basis.

The inspector viewed records of quality monitoring visits and noted that there is evidence that they system is robust; the records included comments made by service users, and where appropriate their representatives. There are details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and of any practices which may be deemed as restrictive.

It was identified that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting concerns or complaints; the agency provides service users with details if advocacy services available. The inspector noted that a recent family advocacy meeting the role of RQIA was discussed.

The agency facilitates service user meetings; service users who met with the inspector indicated that they are given opportunity to express their views and choices. The agency has a list of standard items that are discussed at all meetings it includes adult safeguarding and health and safety. Quarterly staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the matters discussed and the information provided.

The acting manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSCT representatives and other stakeholders.

Seven staff and nine 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

- 'Everyone treats you as if you're their parents; it is great.'
- 'Staff are good.'
- 'Excellent service; I am happier, healthier and perfectly content.'
- 'Could not be better,
- 'Staff help you with everything.'
- 'There is enough staff; staff are brilliant.'
- 'Staff take me shopping.'
- 'This place is like a first class hotel with extra care.'
- 'I like being as independent as possible; staff leave me alone.'

Staff comments

- 'Service users have choice.'
- 'I requested additional training at my appraisal and it was arranged.'
- 'I feel I have been supported to progress in my role.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector 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 and support.

Discussions with service users and agency staff and observations made by the inspector during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality during their induction programme; service users have been provided with information relating to human rights and adult safeguarding.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in a person centred manner and to strive to ensure that service users are encouraged and supported to make informed choices. The inspector noted that the agency has provided a range of information in an alternative format to support service users in having a clearer understanding of the information provided. Service users who spoke to the inspector stated that staff support them in making decisions regarding the care and support they receive. Records of service user meetings reflected the involvement of service users and contained comments made by service users.

The inspector noted that comments made by service users and where appropriate their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; one to one meetings with service users; monthly quality monitoring visits; annual care review meetings; stakeholder and service user satisfaction surveys and tenant and family meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their daily routine and activities. The inspector noted that service users could speak to staff at any time; staff and service users stated that they could speak to the manager at any time.

Seven staff and nine 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

- 'Everyone is treated like an individual.'
- 'The care is compassionate.'
- 'Staff are kind but not intrusive.'
- 'I make everyone a cup of tea every morning; I can make tea when I want.'
- 'I live here with my partner; we are very happy here.'
- 'I feel listened to.'
- 'I go out with my friends.'
- 'I go out in the car every day.'

Staff comments

- 'Service users have the right to refuse any care.'
- 'Tenants have the option to opt in or out of services.'
- 'Tenants involved in all aspects of their care.'
- 'Care is compassionate.'

- 'I like working in supported living because we spend more time with the service users.'
- 'Staff are very compassionate.'
- 'Service users can come and go as they please; they are encouraged to be independent.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented robust systems of management and governance. The agency is managed on a day to day basis by the acting manager who has been employed by the agency for a number of years and has a clear understanding of the needs of the service users.

The agency has in place a range of policies and procedures as outlined within the minimum standards; they are retained both in an electronic and a paper format stored in the agency's office; staff could describe the process for accessing policies. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

It was identified that the agency has systems in place for auditing and reviewing information with the aim of improving the quality of life for service users. It was identified from records viewed and discussions with the acting manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

The agency's complaints policy clearly outlines the procedure for managing complaints. Staff stated that they had received training in relation to managing complaints during their induction; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There are management and governance systems in place to promote and drive quality improvement; these include arrangements for monitoring staffing, incidents, accidents and complaints on a monthly basis. During the inspection process the inspector viewed records that would evidence that staff receive appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of routinely reviewing the quality of the services provided and of identifying areas for improvement.

From records viewed and discussion with staff the inspector could evidence that the agency has processes in place to encourage and achieve effective collaborative working relationships with stakeholders, including HSCT representatives and relatives.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Staff could describe the responsibilities and requirements of their job roles; service users who met with the inspector were aware of staff roles and knew who to talk to if they had an issue or concern. Staff had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours. Staff stated that the acting manager and is approachable and willing to listen to their comments.

The acting manager stated that staff are required to be registered with Northern Ireland Social Care Council or NMC as appropriate; it was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates. Discussions with the HR manager following the inspection provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

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 were noted to have been reviewed and updated.

Seven staff and nine 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 users' comments

- 'The manager and all the staff are first class.'
- 'I can talk to the manager.'

Staff comments

- 'The service is very well led.'
- 'I have great support from the management.'
- 'We have a great bunch of staff.'
- 'There is great team working.'
- 'I feel listened to and supported in my role; there is an open door policy.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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