

Unannounced Care Inspection Report 8 November 2019



Brookhill House

Type of Service: Domiciliary Care Agency
Address: 2 Lower New Mills Road, Coleraine, BT52 2JR
Tel No: 02870327917
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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 service users' care is commissioned by the Northern Health and Social Care (HSC) Trust.

The agency's aim is to provide care and support to service users; 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.'

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Ms Marion Tasker-Lynch
Person in charge at the time of inspection: Ms Marion Tasker-Lynch	Date manager registered: 14 August 2019

4.0 Inspection summary

An unannounced inspection took place on 08 November 2019 from 10.00 to 14.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, risk management and adult safeguarding. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on improving outcomes for service users.

No areas for improvement were identified.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

Service users said that they were extremely happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Enforcement action did not result from this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 25 June 2018

The completed QIP was returned and approved by the care inspector and is followed up during this inspection.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and Quality Improvement Plan (QIP)
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

The inspector spoke with three staff members and six service users. Comments received are reflected within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provided an electronic means of providing feedback to RQIA regarding the quality of service provision. Eleven responses were received; analysis of feedback is included within the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; nine were returned and details of the responses are included within the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 25 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation (2)(c) Stated: First time	<p>The registered person shall , after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall –</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>Action taken as confirmed during the inspection: The review of the care records confirmed that the care plans in place reflected the needs of the service users.</p>	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.4 Stated: First time	<p>The registered person shall ensure that the information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically to the agency's staff rota information.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The review of the staff roster confirmed that it was maintained in accordance with good practice.</p>	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. The review of the recruitment checklist verified that relevant checks were undertaken before staff commenced in post.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

There was a process in place to ensure that new employees completed an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Staff provided from other registered domiciliary care agencies had been provided with an induction period.

There was a rolling programme of supervision, appraisals and training, and these areas were routinely monitored by the manager on a regular basis. Competency assessments were completed with staff on an annual basis in relation to medicines administration.

It was good to note that all the support workers had completed either level two or level three QCF training in health and social care. Staff were encouraged to undertake leadership training as part of their overall development. Additional training was available to staff, through a catalogue of e-learning courses, which they could choose from. In addition, training on professional boundaries was available to staff, which reinforced the agency's ethos of treating service users with respect.

The agency also maintained information on staff from other registered domiciliary care agencies, to evidence their compliance with mandatory training requirements and training was also provided to them as appropriate.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been no incidents referred to adult safeguarding since the date of the last inspection.

Information relating to adult safeguarding was displayed on the service users' notice board; this included contact details of Action on Elder Abuse and the Annual Position Report. A document entitled 'What Abuse is' was also displayed. The staff and service users had been involved in the development of a 'Safeguarding Tree'. This included pledges made by staff, which demonstrated that they had a good understanding of adult safeguarding. This is good practice and is commended.

In Addition, the organisation had a safeguarding working group which meet bi-annually. The agency also published a Safeguarding Newsletter three times per year, in which important information about safeguarding matters were shared. Service users were encouraged to contribute to the newsletter. The review of the staff meeting minutes noted that the staff had been encouraged to sign on to the action on elder abuse website, in order to raise their awareness of current issues. An annual safeguarding event was planned to take place during National Safeguarding week, at the end of November 2019. This organisational focus on safeguarding is good practice and is commended.

The review of the accident and incident records confirmed that they had been managed appropriately.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not envisage any potential challenges in this regard.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. It was noted that an environmental change had been put in place to minimise a service user's risk of falls, whilst increasing their level of independence.

The inspector was advised that there were no restrictive practices in use within the agency. It was good to note that the agency had made preparations in relation to the implementation of the Deprivation of Liberty regulations (DOLs) 2019; all staff had completed training, as relevant to their roles and responsibilities. The manager advised that all staff had completed an electronic survey, following completion of the DOLs training, to ensure that the learning had been embedded.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The care records were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments and care plans, which were reviewed in conjunction with the service users.

The review of the care records identified that the organisation's policy on human rights was discussed with the service users at the start of their tenancy. The care and support plans reviewed were underpinned by human rights principles, which included rights such as independence, privacy, choice, dignity and family life.

It was also noted that a service user had contributed to the Safeguarding Tree, by commenting that their general health had improved since moving to Brookhill House and how they now felt they could 'do more for themselves, than they ever did at home'.

Service users were also provided with information on how to request an assessment of need to determine their eligibility for a domiciliary care package, should their needs change. Consent was also sought for the staff to make this request on their behalf.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend. Minutes of the service users' meeting was displayed on the notice board. It was good to note that adult safeguarding, advocacy services and the complaints procedure were a standing item for discussion at all meetings. The review of the minutes of the recent service users' meeting identified that service users had been given the opportunity to discuss a recent healthcare setting, which had received much media attention. This is good practice as it enabled the service users to express any concerns they might have had.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated and audited on a monthly basis by the management team. This also included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the manager and a review of the care records confirmed that the staff promoted equal opportunities amongst the service users, regardless of their abilities, their background, choices or their lifestyle. The person in charge advised that staff had completed equality and diversity training and that no complaints had been received in relation to inequality.

Some of the other areas of equality awareness identified during the inspection include:

- service user involvement
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Information was displayed on the service users' notice board included information on the human rights act, the statement of purpose, the complaints procedure and the organisation structure of the agency.

It was noted that consent had been sought from all service users, in relation to the self-administration of medicines and staff carrying out safety checks on them at night. Consent was obtained in relation to sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan.

The agency had a number of documents which had been developed in 'easy read' format and this was discussed with the service users at the start of their tenancy. These included information on the Human Rights Act and how to make a complaint.

It was good to note that the service users were involved in menu planning and that the cook had attended the recent service users' meeting, to get their views on the winter menu. The review of the minutes of the most recent service users' meeting also evidenced a culture of transparency, where the service users were encouraged to make decisions about how the agency's comfort fund would be spent and were shown the comfort fund balance. This is good practice and is commended.

Service users were also encouraged to become involved in the organisation's focus groups. In these groups, the service users' views had been sought on the contents of the service user information pack and on easy-read versions of specific documents. Service users were also asked to consider the best way the agency could communicate organisational issues to them. This is good practice and is commended.

Participation in activities was encouraged. Available activities included music, bingo, bowls, movie clubs, baking and chair-based exercises. The manager advised that the service users had recently attended a 'tenant celebration day', which they all enjoyed. Plans were also in place to purchase an 'alexa' with the intention that the service users can choose their favourite songs to played.

During the inspection, the inspector spoke with three staff members, who all commented positively in relation to the care and support provided. The inspector also spoke with six service users. Some comments received are detailed below:

Service users

- "I am getting on famously, they are brilliant and I am very content."
- "I couldn't say enough for them, the highest of praise. I like to be independent and they let me do what I want."
- "It is just fantastic, I couldn't speak highly enough."
- "If anyone had a complaint about here, I couldn't ever imagine what it would be about. We want for nothing here."
- "I am very happy, it is great."
- "It is just perfect, in fact it is brilliant, you want for nothing."

Service users' comments displayed on the 'Safeguarding Tree' further supported that they were being treated in a compassionate manner. Comments included:

- "The staff are my life."
- "They take time to reassure me when I am frightened."
- "Words are not enough to convey the attention they give."
- "I can come and go as I want, nobody stops me."

The returned questionnaires from six service users and three relatives indicated that that they were very satisfied that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

Relatives

- "The management and staff in Brookhill treat the residents as if they were in their own home, very caring."

- “I know when I leave (service user’s name) that she is in good hands, I have no need to worry.”
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Service users

- “I am well cared for. I am treated with respect. If I want privacy, I get this as well. I can talk to any member of staff if I want to.”
- “I am so very thankful that I came to live here as I could not have chosen better, the staff are great and I love my room. The food is excellent and the care could not be better.”
- “You couldn’t find a better place than Brookhill. I am very happy and content. All the staff are first class.”
- “I am very happy and contented. I have never regretted coming here. I give this place five stars. All the staff are very easy to talk to.”
- “I feel very secure and well looked after. The staff are very approachable and help me out with anything I need.”
- “I find Brookhill House tip top and it is like a hotel.”

Ten staff and one visiting professional provided feedback via the electronic survey. All respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well-led. Written comments are detailed below:

Staff

- “Brookhill is a place that is like home from home. Everyone is so welcome and more than helpful.”
- “I have worked in this scheme for over 10 years. I could not fault the care and support provided to our tenants. They are all so happy and content. We have great support from the manager and senior. Five Stars to Brookhill.”
- “I work in the kitchen and I find that the tenants like to come and discuss their likes and dislikes so that they can have something different from the menu that is on that day. I am very happy working here.”
- “Brookhill house is a great place to work, all the staff and clients are happy to live and work here. There is a lovely community spirit.”
- “I enjoy coming to work as there is always a friendly and pleasant atmosphere in the building. I feel the all the staff are approachable and very caring.”
- “I regard my role as support worker very important in the well-being of our tenants.”
- “I enjoy working in Brookhill, happy in the knowledge that tenants are supported to live as independently as possible.”
- “Brookhill is a fantastic place to work. Person-centred care is promoted throughout and tenant’s human rights are upheld.”

Visiting Professional

- “I am regularly in and out of Brookhill. It’s a lovely place. It’s obvious that the tenants are well looked after and are very happy.”

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the assessed needs of the service users. The agency is managed on a day to day basis by the manager supported by a senior support worker and a team of support workers. The staff members spoken with indicated that there were good working relationships. Comments noted within the monthly quality monitoring reports indicated that the staff felt that the management team were ‘always on hand to give any help’.

There was a process in place to ensure that all complaints would be managed appropriately and in accordance with legislation, standards and the agency’s own policies and procedures. The manager advised that no complaints had been received since the date of the last inspection. It was noted that service users were reminded of how they could make a complaint in the service users’ meetings.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC. There was a system in place to remind when their registration renewal fees were due.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held in electronic format and in hardcopy format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. Their feedback had been included in the annual report on the quality of services. The annual report included the agency’s ethos of encouraging service users to ‘take ownership of their home, becoming involved, offering opinions and challenging them to improve’.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users’ human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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