

Announced Care Inspection Report 5 March 2021



The Brook

Type of Service: Domiciliary Care Agency
Address: Brook Street, 6 Brook Green, Coleraine, BT52 1QG
Tel No: 028 7034 4495
Inspector: Aveen Donnelly

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

The Brook is a supported living type domiciliary care agency which provides care and support for people living with dementia or cognitive impairment, with provision of 56 flats. In addition staff from The Brook provide support services to five bungalows which are located beside the complex. The agency is managed by the Northern Health and Social Care Trust (NHSCT) in partnership with Radius Housing Association, who acts as the landlord to the premises.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh	Registered Manager: Mrs Sylvia Campbell
Person in charge at the time of inspection: Mrs Sylvia Campbell	Date manager registered: 24 October 2018

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 06 January 2021.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

Whilst RQIA was not aware of any specific risk to the service users within the agency, the decision was made to undertake an onsite inspection, adhering to social distancing guidance.

An announced inspection took place on 05 March 2021 from 11.20 to 16.15 hours.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and relatives. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

Areas requiring improvement were related to the need for the monthly monitoring visits to include stakeholders' views. Two areas for improvement previously made were not fully met and have been stated for the second time.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC and the NMC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were satisfied 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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

*Two areas for improvement previously made were not fully met and have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sylvia Campbell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 06 January 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 January 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable events and written and verbal communication received since the previous care inspection.

During our inspection we focused on consulting with the staff and service users' representatives, to find out their views on the service. We also met with a number of service users.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC and NMC registrations

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these

areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. We met a number of service users and noted that they appeared relaxed and comfortable in their interactions with staff. During the inspection we spoke with the manager, deputy manager, care staff and a number of relatives. All those spoken with confirmed that staff wore PPE as necessary.

Comments are detailed below:

Staff

- “The assistance we provide with care is fantastic. We all respect their dignity.”
- “Every day is different, you can have a laugh and have a good time.”
- “It’s very good here. It is hard on the relatives not being able to visit, but we do our best for them.”
- “It is a well-run ship, everything is good – the management, the staff, the service users, the activities, the food. Everything is good.”
- “Everyone pulls together here, management is great.”

Service users’ representatives

- “I can’t fault it. (My relative) is happier than they have ever been. I have absolutely no complaints, I am delighted with them actually.”
- “No problems at all. I would like to check (my relative’s) room, to see if any maintenance things need doing.”
- “I am very happy. If there is anything I need to know, they would contact me. I would have no complaints about the staff.”
- “A lot of the staff are excellent”

Following discussions with a relative who expressed an interest in becoming a care partner, this was discussed with the manager and it was good to note that this will be considered for moving forward in line with the latest care partnership guidance.

One relative responded to the electronic survey. They indicated that they felt neither, satisfied or dissatisfied in relation to the safe, effective and compassionate domains. They also indicated that they felt satisfied in relation to the agency being well-led. No written comments were received.

7.0 The inspection

Areas for improvement from the last care inspection dated 6 January 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure 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>(a) so as to ensure the safety and well-being of service users;</p> <p>This relates to the need to ensure support/care plans and relevant assessments are undertaken in a timely manner.</p> <p>Action taken as confirmed during the inspection: The review of the care plans evidenced signatures of relatives.</p>	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>This relates to missed calls to service users. The agency is required to have a system in place which records any calls that did not occur to the service user.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>The review of the records identified that a system had been put in place to audit missed calls. However, the audits were not consistently completed and failed to identify missing entries in the daily records completed by care staff. This area for improvement was partially met and has been stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 10.5</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is in relation to all entries being recorded under the correct date and a time for starting and finishing a call are specified. It also relates to entries being completed in full and signatures being written in a legible manner for every care call.</p> <p>Action taken as confirmed during the inspection:</p> <p>The review of the records identified that entries were clearly recorded and signed. However, there were a number of missing entries in the daily records. This meant that we could not verify whether the calls had been missed, or that the call did not take place for other valid reasons. This area for improvement was partially met and has been stated for the second time.</p>	<p>Partially met</p>

7.1 Inspection findings

Recruitment

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC and the NMC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or

staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to IPC. This included training on the donning (putting on) and doffing (taking off) of PPE. The manager further described how a range of other Covid-related information was available for staff to read on the Trust Intranet.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the guidance, handwashing audits and cleanliness of the environment. Relatives spoken with confirmed that the staff wore PPE appropriately.

Hand sanitisers were accessible throughout the main building for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. Both sides of the main building were segregated from each other, in essence forming two separate bubbles. Changes were made to the layout of furniture in the lounges, in as much as possible. Meal times were staggered to ensure that a limited number of service users ate together at the same time. The numbers who ate in the staff room were also limited. It was also noted that staff changed their clothes on entering and leaving the building, after their days work.

The manager described how signage in relation to visiting was displayed prominently at the entrance. Due to heightened transmission of Covid-19, visiting arrangements had temporarily been suspended. However, arrangements were in place to facilitate window visits or garden visits in as much as possible. As previously discussed in section 6.0, following discussion with a relative who expressed an interest in becoming a care partner, this was discussed with the manager and it was good to note that this will be considered for moving forward in line with the latest care partnership guidance.

There was a system in place to ensure that staff, service users had their temperatures checked twice daily and wellness checks recorded. Visitors had their temperatures checked on entering and leaving the building.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

Signage was available throughout the agency, in relation to Covid-19 precautions. This included information related to:

- Two metre distancing
- PPE and how to wear face coverings safely
- Hand hygiene
- Psychological guidance for staff
- PHA Covid-19 vaccination programme (Questions and Answers).

General risk assessments had been undertaken in respect of each service users risk of contracting Covid-19. The business continuity plan had also been updated to include staffing contingency measures.

Governance and Management Arrangements

The review of the monthly quality monitoring reports identified that complaints and incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. However, it was noted that service users' views and relatives' views had not been sought in the last two monitoring visits. An area for improvement has been made in this regard.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC and the NMC. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE

Areas for improvement

An area for improvement was made in relation to the need for monthly monitoring visits to include stakeholders' views. Two areas for improvement previously made were not fully met and have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>This relates to missed calls to service users. The agency is required to have a system in place which records any calls that did not occur to the service user.</p> <p>Ref: 7.0</p> <p>Response by registered person detailing the actions taken: Immediately from date of inspection, the agency has put in place an amended system of recording calls which show completed and missed calls. A weekly audit check has also been added to monitor same.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10.5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is in relation to all entries being recorded under the correct date and a time for starting and finishing a call are specified. It also relates to entries being completed in full and signatures being written in a legible manner for every care call.</p> <p>Ref: 7.0</p> <p>Response by registered person detailing the actions taken: Immediately from date of inspection, the agency has put in place an amended system of recording calls. This shows start and finish times and legible signatures for every care call. A weekly audit check has also been added to monitor same.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the monthly monitoring reports include stakeholder views. This includes those of staff, service users, relatives and HSC trust' representatives.</p> <p>Ref: 7.1</p> <p>Response by registered person detailing the actions taken: From date of inspection, monthly monitoring reports will include details of views sought from all stakeholders.</p>

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****Please ensure this QIP is completed in full and uploaded via Web Portal****



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