

# Inspection Report

24 August 2023



## The Brook

Type of service: Domiciliary Care Agency  
Address: Brook Street, 6 Brook Green, Coleraine, BT52 1QG  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust (NHSCT)	<b>Registered Manager:</b> Mrs Nicola McKay – registration pending
<b>Responsible Individual:</b> Ms. Jennifer Welsh	
<b>Person in charge at the time of inspection:</b> Mrs Nicola McKay	
<b>Brief description of the accommodation/how the service operates:</b> The Brook is a supported living type domiciliary care agency which provides care and support for people living with dementia or cognitive impairment. The agency is managed by the Northern Health and Social Care Trust in partnership with Radius Housing Association, who acts as the landlord to the premises. At present, the facility has reduced available capacity from 61 to 30 service users.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 August 2023 between 9.20 a.m. and 3.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, Restrictive practices, Dysphagia management, and compliance with infection prevention and control (IPC) arrangements. The Brook uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant Regulations.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey. Service users and their relatives, staff and relevant professionals were also consulted during the inspection.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

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

- "Food good, bed comfy and people nice."
- "Does your head in in a good way, lovely staff."

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

- "The care is phenomenal, no complaints at all, staff great."
- "Very good care, staff excellent, no problems at all."
- "Very happy with the care my aunt receives in The Brook."

##### **Staff comments:**

- "Compassionate care is given to [service users], respect and dignity and choice given to [service users] at all times. Confident in safeguarding."
- "Very happy here and feel it is a great place for [service users]. Managers are supportive. Confident that immediate action would be taken if safeguarding issue was raised."

##### **HSC Trust representatives' comments:**

- "The Brook is a great facility dedicated to providing high quality care to its residents."
- "[The staff] "have great insight into each and every resident's needs and promptly get in touch if there are any issues or concerns"

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 9 February 2023 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 What are the systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with Regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role.

The manager reported that none of the service users currently required the use of specialised equipment. Staff were aware of how to source relevant training regarding the use of specialised equipment should it be required in the future.

A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's mobility.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

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

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that 25 of the service users were subject to DoLS. There were arrangements in place to ensure that service users' capacity had been considered and, assessed, where appropriate. Where a service user was experiencing a deprivation of liberty, the care records contained details of completed assessments alongside agreed outcomes developed in conjunction with the HSC Trust representative. There was evidence that all service users with DoLS in place had been regularly reviewed and that such arrangements were currently being managed in keeping with legislation and best practice guidance.

There was a system in place for notifying RQIA regarding the management of service users' monies, in keeping with current guidance. A finance officer supports service users with money in conjunction with the named worker.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Review of service users' care records and discussion with service users, staff and relatives, evidenced that service users were enabled to meaningfully contribute to their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a three monthly basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Meal choices
- Planned activities

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

Some service users required their food and fluids to be of a specific consistency; a review of care records and discussion with staff confirmed that SALT recommendations were retained and adhered to by staff. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

It was noted that one identified service user was assisted with eating and drinking by staff from another Domiciliary Care Agency; it was good to note that in the event of a missed call that the service user would still be fed by appropriately trained staff.

Discussion with staff and review of service users' care records evidenced that multi-disciplinary input and collaborative working was undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented SALT recommendations, as needed, to help ensure that care was delivered to service users in a safe and effective manner.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs; these were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Monthly checks were made by the manager to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC), The Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.



The agency had maintained a record of each staff member's training, including induction and professional development activities undertaken. The inspector viewed the training matrix and found no issues.

The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their professional registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager confirmed that these registrations are checked monthly and staff are notified when their re-registration is due.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in keeping with Regulation. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

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

The Statement of Purpose was reviewed and noted to be satisfactory.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Feedback was given to Nicola McKay (manager).



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