

Inspection Report

9 February 2023



The Brook

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Mrs Sylvia Campbell
Responsible Individual: Ms Jennifer Welsh	Date registered: 24 October 2018
Person in charge at the time of inspection: Mrs Sylvia Campbell	
Brief description of the accommodation/how the service operates: 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 (NHSCT) in partnership with Radius Housing Association, who acts as the landlord to the premises.	

2.0 Inspection summary

An unannounced inspection took place on 9 February 2023 between 10.00 a.m. and 4.30 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 Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement and staff training. There were good governance and management arrangements in place.

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 any previous areas for improvement identified, 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.

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 there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am happy living here. The staff are very good. I have choice as to what I eat. It is warm enough. If I had any concerns, I would speak to the staff. We get out and go for walks."
- "I'm happy here. The girls are lovely."

Service users' relatives/representatives' comments:

- "The service communicates well with the family. My ... still goes out to the shops; she attends church and gets her hair done every Friday. My ... and the family have had input in the support planning. Since my ... has been here she has put on weight, which is great and her memory has been a lot better. We are very happy with the service. If I had a concern, I would report it to senior management. I have no concerns."

Staff comments:

- "The manager is approachable and would listen to me if I had any concerns. We have a training matrix, which tells us when we need to update our training or if any new training needs to be completed. The service is person centred and the service users are given choice regarding food and activities. We take service users out to the shops."
- "The service users are given choice; we promote independents as much as possible. I am here a long time. I look after the service users as I would my own parents. I have a lot of compassion for the service users. The manager is approachable; if I had any concerns I

would share them with the manager. We receive mandatory training and we get other training such as Dementia Awareness training.”

No questionnaires were returned. No responses were received to the electronic survey.

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 3 February 2022 by a care inspector. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 3 February 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2)(a) Stated: First time	The registered person shall ensure that each staff member undertakes their mandatory training; this relates to, but is not limited to, adult safeguarding training; and there must be management oversight of the staff training matrix.	Met
	Action taken as confirmed during the inspection: Following a review of the mandatory training matrix, which is overseen by management, the inspector confirmed compliance with Regulation 16 (2)(a).	
Area for Improvement 2 Ref: Regulation 23 (1) Stated: First time	The registered person shall ensure that the person designated with responsibility for undertaking the monthly quality monitoring visits, reviews staff compliance with all mandatory training requirements.	Met
	Action taken as confirmed during the inspection: Following a review of the monthly quality monitoring reports, the inspector confirmed compliance with Regulation 23 (1).	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that all staff undertake training in relation to the Deprivation of Liberty Safeguards (DoLS), as relevant to their roles and responsibilities.	Met
	Action taken as confirmed during the inspection: Following a review of the training records, the inspector confirmed that staff had undertaken DoLS training.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that all staff undertake training in relation to Dysphagia and Responding to Choking Incidents, as relevant to their roles and responsibilities.	Met
	Following a review of the training records, the inspector confirmed that staff had undertaken training in Dysphagia and Responding to Choking Incidents.	

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 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 incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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. They were aware of how to source such training should it be required in the future.

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.

Two staff required up to date medication management training; dates had been identified for staff to complete this training. All other 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 was aware that should this be required, a competency assessment would be undertaken before staff undertook 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 MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising 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 are kept under regular review and service 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 regular basis, which enabled the service users to discuss the provisions of their care.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working 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 these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulation and Minimum Standards, before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the NISCC; there was a robust 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.

There were no volunteers working in the agency.

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 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 has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. 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 user 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 (SAIs) or Significant Event Audits (SEAs) procedures.

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. No complaints were received since the last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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.



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