



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## **SECONDARY INSPECTION**

<b>Inspection No:</b>	<b>21091</b>
<b>Establishment ID No:</b>	<b>10957</b>
<b>Name of Establishment:</b>	<b>The Brook</b>
<b>Date of Inspection:</b>	<b>9 December 2014</b>
<b>Inspectors' Names:</b>	<b>Audrey Murphy &amp; Jim McBride</b>

**GENERAL INFORMATION**

<b>Name of agency:</b>	The Brook
<b>Address:</b>	Brook Street 6 Brook Green Coleraine BT52 1QG
<b>Telephone Number:</b>	028 7034 4495
<b>E mail Address:</b>	Karen.McCaughern@northerntrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Northern HSC Trust Dr Tony Stevens
<b>Registered Manager:</b>	Lee William Robert Wilson
<b>Person in charge of the agency at the time of inspection:</b>	Lee William Robert Wilson
<b>Number of service users:</b>	55
<b>Date and type of previous inspection:</b>	4 March 2014, primary announced inspection
<b>Date and time of inspection:</b>	9 December 2014 18:30 – 23:00
<b>Names of inspectors:</b>	Audrey Murphy & Jim McBride

## **1.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

### **1.2 METHODS/PROCESS**

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

### **1.3 INSPECTION FOCUS**

The focus of the inspection was to determine the agency's arrangements for ensuring adequate staffing is in place to meet the needs of service users.

Inspectors also wished to explore with staff their knowledge and understanding of adult safeguarding procedures and the agency's whistleblowing policy.

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Minimum Standard/s:

The Brook - Secondary Unannounced inspection – 9 December 2014

## **PROFILE OF SERVICE**

The Brook is a supported living type domiciliary care agency in Brook Street, Coleraine, operated by the Northern Health and Social Care Trust. Under the direction of the registered manager, Mr Lee Wilson, 61 staff provide care and support for up to 61 older people with dementia.

Since the last inspection, the Trust voluntarily deregistered the six bedded residential home that had been operating at this address.

Current service users occupy accommodation either within the 'main block' (single bedsit rooms) or within single person accommodation.

Agency staff provide a range of care and support service to the individuals who live at the Brook including assistance with personal care tasks, social support and assistance with domestic tasks.

Additionally there are five bungalows on the site which can accommodate up to two persons. The inspector has been advised that individuals residing in the bungalows receive their personal care exclusively from other domiciliary care agencies.

Agency staffing is comprised of the registered manager, a deputy manager, nine senior support staff, and support staff. The agency also employs domestic staff, an activities coordinator and an administrator.

All of the service users rent their accommodation from Fold Housing Association.

## **SUMMARY**

The unannounced inspection was undertaken on 9 December 2014, 18:30 – 23:00 at the agency's registered office, Brook Street, 6 Brook Green, Coleraine.

On arrival, inspectors were greeted by agency staff who were facilitating an evening activity for some of the service users in one of the communal areas. The agency's registered manager met with inspectors during the inspection and inspectors also spoke with eleven members of staff and with the relative of a service user. The service user's relative who participated in the inspection provided very positive feedback in relation to the quality of the care provided by agency staff.

An inspector observed service users participating in the activity and noted a warm atmosphere and supportive interactions between agency staff and service users.

## **BACKGROUND**

In July 2014, RQIA received information from an anonymous source in relation to the staffing arrangements at The Brook. The agency responded promptly to RQIA's enquiries regarding these concerns and provided assurances in relation to the matters raised.

Prior to this inspection, RQIA met with a Trust representative on 10 November 2014 to discuss the Trust's response to information that had been passed to RQIA in October 2014 by an anonymous source. Subsequent to this meeting, RQIA received further related information from an anonymous source. The information suggested that some service users had potentially experienced verbal, physical, emotional and sexual abuse. RQIA had been advised by the Trust representative on 3 November 2014 that disciplinary investigations had been underway since May 2014.

During these discussions, an inspector was advised that an adult safeguarding referral had not been made.

On 18 November 2014, RQIA wrote to the Trust's Director of Mental Health and Disability Services outlining RQIA's expectation that, in accordance with the regional adult safeguarding procedures, concerns of this nature are considered as potential abuse. Inspectors were subsequently advised by the Trust's Director of Mental Health and Disability Services that an adult safeguarding investigation was underway.

## **FOCUS OF INSPECTION**

The focus of the inspection was to determine the agency's arrangements for ensuring adequate staffing is in place to meet the needs of service users.

Inspectors also wished to explore with staff their knowledge and understanding of adult safeguarding procedures and the agency's whistleblowing policy.

Staff who met with inspectors confirmed their participation in adult safeguarding training and commented positively on the content of their training. Staff also advised inspectors of their awareness of the agency's whistleblowing policy and reported that they would have no hesitation in raising any concerns about poor practice with agency management.

The agency's staffing arrangements were discussed with the registered manager and with staff. Inspectors were advised that at the time of the inspection, seven of the agency's 52 members of care staff were absent from work due to illness and that most of these individuals were on long term sick leave. Inspectors raised concerns about the agency's ability to provide a consistent and safe service to the service users given the amount of absence due to illness. The registered manager advised inspectors that staff are given the opportunity to avail of additional hours to cover gaps in the rota and that some staff have, in writing, opted out of the European Working Time Directive. The registered manager also advised inspectors that some staff had indicated to him that they would seek trade union advice if they weren't offered the amount of additional hours they wished to be offered.

The agency's staffing arrangements were discussed with representatives of the registered person at a meeting at RQIA offices on 23 December 2014. Inspectors raised concerns in relation to the quality and consistency of service provision.

At this meeting inspectors were advised that staff absence due to illness had decreased significantly and that several staff had returned to work. Inspectors were also advised of the agency's absence management arrangements.

Inspectors were also given assurances in relation to the arrangements in place to manage the allocation of additional shifts.

A number of staffing records were requested during the inspection of 9 December 2014 including the agency's alphabetical list of staff, duty rotas, induction records and recruitment records.

From discussion with the registered manager and examination of duty rotas it was acknowledged by the manager that the alphabetical list provided for inspection did not include all staff supplied or available for supply. In particular it excluded the deputy manager and a number of staff who had been sourced by the registered manager from another domiciliary care agency. Inspectors highlighted to the registered manager the importance of maintaining these records, particularly when the agency is experiencing staffing shortages (as noted during this inspection).

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of failure to comply with Regulation 21 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 23 December 2014, representatives of the registered person provided evidence of full compliance with this regulation and of the measures in place to maintain the alphabetical list of staff supplied or available for supply to work in the homes of service users. On this basis, a failure to comply notice was not issued.

It was evident from the records, and from discussions with the registered manager and with staff, that nine individuals from another domiciliary care agency had been sourced by the registered manager and supplied to work in the homes of The Brook service users. The arrangements in place to ensure that fitness and suitability of these individuals is assessed prior to their supply was discussed with the registered manager. The registered manager advised inspectors that in advance of the worker being supplied to work in The Brook, information in relation to their fitness or identity is not requested from the other domiciliary care agency. The registered manager further advised inspectors that there is no system in place for verifying the identity of these individuals when they report for duty, other than requesting their own identification.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of failure to comply with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 23 December 2014, representatives of the registered person acknowledged the breach in this regulation and the potential impact on the safety and wellbeing of the service users. Information shared with inspectors at the meeting was incomplete and reflected some gaps in the registered person's compliance with this regulation. On this basis, a notice of failure to comply with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 was issued.

The agency's use of staff from other domiciliary care agencies was discussed with the registered manager and with agency staff and their induction records were requested. The registered manager advised inspectors that individuals who are sourced from other domiciliary care agencies do not receive a formal structured induction when they commence their duties at The Brook.

Agency staff who met with inspectors reflected concerns about the lack of preparation provided to staff from other agencies in relation to the tasks they were to undertake.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of failure to comply with Regulation 16 (5) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Subsequent to the inspection, the registered manager forwarded to inspectors an induction checklist for staff sourced from other domiciliary care agencies. This was discussed at a meeting at RQIA offices on 23 December 2014 with representatives of the registered person. Inspectors were advised that individuals from other agencies are sourced well in advance of their shift and inspectors concluded that the brief checklist did not reflect the necessary three day induction period, as outlined within Regulation 16 (5).

On this basis, a notice of Failure to Comply with Regulation 16 (5) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 was issued.

During the inspection of 9 December 2014 an inspector examined the records of the most recently held staff meeting which had been held on 18 November 2014. The records reflected a discussion between agency staff and a Trust senior manager in relation to the Trust's whistleblowing policy.

The record of a staff meeting held in July 2014 was also examined. The inspector noted that the registered manager had discussed with staff at this meeting some information that had been passed to RQIA by a whistleblower. The record of the meeting stated that the registered manager was 'disgusted' by the whistleblower's actions. Inspectors raised concerns with the registered manager about his expressed views to the staff team on whistleblowing, and how these were not in accordance with the agency's policy on whistleblowing.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of Failure to Comply with Regulation 14 (b) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 23 December 2014, inspectors were advised of a range of steps taken by the Trust to raise staff awareness of the agency's whistleblowing policy. In particular, the record of a staff meeting held in November 2014 was examined and contained statements encouraging staff to report any concerns about poor practice internally or to external organisations including RQIA. Inspectors were also advised of the registered managers' supervision with a senior Trust manager and of forthcoming cultural awareness session for staff. On this basis, a failure to comply notice was not issued.

## QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Lee Wilson, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Audrey Murphy**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Unannounced Secondary Inspection

The Brook

9 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Lee Wilson, Registered Manager during or the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13	<p>The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul>	One	<ul style="list-style-type: none"> <li>• An External Agency Protocol for the use of agency staff has been developed. This outlines responsibilities for all staff involved in the process of booking to induction of external agency staff.</li> <li>• It has been agreed with all agencies that all future agency staff will not be permitted to work in the Brook until all staff information requested in the External Agency Protocol is provided to the Brook prior to commencement of their first shift in the Brook. This includes details of training and photographic identification.</li> <li>• The registered manager has completed a session with Senior Support Workers to outline the details of the External Agency Protocol and how the protocol should be implemented in practice.</li> <li>• During follow up inspection on 20 January 2015 RQIA inspector found that</li> </ul>	In accordance with the timescale outlined in the FTC/DCA/109 57/2014-15/01 20 January 2015

				arrangements now in place meet statutory requirements.	
2.	16 (5)	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and,</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>	One	<ul style="list-style-type: none"> <li>• An induction programme for external agency staff has been developed. This is based on the principles of the Northern Ireland Social Care Council induction standards.</li> <li>• The induction of agency staff is contained as part of the External Agency Protocol. The registered manager has completed a session with Senior Support Workers in the implementation of this protocol.</li> <li>• During follow up inspection on 20 January 2015 RQIA inspector found that arrangements now in place meet statutory requirements.</li> </ul>	In accordance with the timescale outlined in the FTC/DCA/109 57/2014-15/02 20 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lee Wilson
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tony Stevens

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	✓	Audrey Murphy	6 February 2014
Further information requested from provider			