

Unannounced Care Inspection Report

19 July 2016



The Brook

Type of Service: Domiciliary Care Agency – Supported Living

Address: Brook Street, 6 Brook Green, Coleraine, BT52 1QG

Tel No: 02870344495

Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Brook took place on 19 July 2016 from 10:00 to 15:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Caroline Bucklee, the registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered provider: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Mrs Caroline Sarah Bucklee
Person in charge of the agency at the time of inspection: Mrs Caroline Sarah Bucklee	Date manager registered: 11 September 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with the registered manager
- Consultation with two members of staff
- Discussion with one relative

- Discussion with three service users
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector met with the registered manager, two support workers, three service users and one relative.

The service users and relative's views are contained within the body of this report.

On the day of inspection the inspector met with two care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report. The manager was also provided with ten questionnaires to distribute to service users for their completion. Ten service users returned completed questionnaires and information from these questionnaires has been included in this report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Three induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for March to May 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose.

4.0 The inspection

The Brook is a supported living type domiciliary care agency which provides care and support for 61 individuals. The agency is operated by the Northern Health and Social Care Trust.

Discussions with the staff and service users, provided evidence of positive outcomes for service users; details of which have been included within this report.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 25 June 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 25 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 23 (1) (5) Stated: Second time	23 (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.	Met
	Action taken as confirmed during the inspection: The inspector viewed the monthly monitoring reports for March, April and May 2016 these reports each contained the views of service users, their representatives and HSC Trust representatives.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	It is recommended that the agency's policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's operational policy, this policy was approved in December 2015 and operational since February 2016 and outlined the arrangements for and frequency of supervision and staff appraisal.	

Recommendation 2 Ref: Standard 8.2 Stated: First time	<p>The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.</p> <p>This recommendation refers to the review of staffing levels to ensure that to ensure that the supply of staff is effective.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the staff rotas from 10 June to 30 June 2016, these evidenced staffing was in accordance with the numbers required to meet the service users' needs as discussed with the registered manager.</p>	Met
Recommendation 3 Ref: Standard 13.1 Stated: First time	<p>Managers and supervisory staff are trained in supervision and performance appraisal.</p> <p>Action taken as confirmed during the inspection: The training records confirmed managers and supervisory staff had received training in supervision and performance appraisal in September 2015 and March 2016.</p>	Met

4.3 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff and completion of a 3 month probationary period. The inspector viewed induction records for three staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults, which is in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership', July 2015. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. Staff training records viewed for 2016 confirmed a number of care workers had yet to complete the required mandatory update training at the time of inspection. The manager has confirmed this small number of staff will complete their training by September 2016.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff described the registered manager as 'very approachable'.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service users interviewed by the inspector stated that they felt safe and secure in their homes.

Of the two staff and ten service users questionnaires returned, both indicated a high level of satisfaction with this service.

Service user comments

"I feel like I am relaxed at home"

"Sometimes cannot talk to staff if unhappy"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure. The registered manager confirmed annual questionnaires were due to be issued to service users in September to obtain feedback on services provided.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector. However, one service user comment contained within a questionnaire returned to RQIA indicated the service user had not been involved with their care plan development.

Monthly quality monitoring is undertaken and these quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Complaints, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service users indicated that they have open lines with communication with staff. The service users provided feedback that they know who to go in the agency to discuss an issue or complaint.

Two staff and ten service users completed and returned questionnaires, the responses received from both service users and staff would indicate a high level of satisfaction with this service.

Service user comment

"I am not involved in care plan development"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision. The inspector noted that staff were reminded of the importance of maintaining confidentiality and setting boundaries in relationships with service users.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The inspector received feedback from a relative which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis and through formal processes such as quality monitoring and review meetings. A relative provided positive feedback regarding the compassionate manner in which the agency had provided care to a service user:

The service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

Service user comments

"I feel I am involved in my care and my opinion and views are sought and acted on"

"Very happy here"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Staff described the manager and deputy managers as approachable and knowledgeable regarding the needs of service users. Staff valued the role of the training manager/safeguarding lead that is available for consultation with staff on training and safeguarding issues. It was noted that managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that that managers respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements policy relating to complaints and compliments. The inspector noted that three complaints were received during the reporting period of 01 April 2015 to 31 March 2016 and records indicated they were investigated and satisfactorily resolved.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

Staff comment

“the manager and deputy managers are exceptional and very professional and approachable at all times”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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