



The Regulation and
Quality Improvement
Authority

The Brook
RQIA ID: 10957
Brook Street
6 Brook Green, Coleraine
BT52 1QG

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**Unannounced Care Inspection
of
The Brook**

23 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 June 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with the deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Ms Deirdre Lewis (acting)
Person in charge of the agency at the time of Inspection: Deputy Manager	Date Manager Registered: 8 May 2015
Number of service users in receipt of a service on the day of Inspection: 57	

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

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection reports and quality improvement plans
- The records of incidents reported to RQIA
- summary of complaints received from 1 January 2015 – 31 March 2015 submitted to RQIA prior to the inspection.

During the inspection the inspector met with three service users in their private accommodation and with a number of other service users who were enjoying an activity in one of the communal areas of the Brook. The inspector also spoke with six staff, the deputy manager and with a HSC Trust professional who had previously managed the service.

The inspector requested that RQIA questionnaires were distributed to staff and service users for completion and ten service users returned their questionnaire during the inspection visit. Two questionnaires were returned by staff during the inspection and four were returned after the inspection.

The inspector requested a list of service users' representatives and relevant HSC Trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The inspector spoke with the relatives of two service users after the inspection. Both provided very positive feedback in relation to the quality of care and reported a high level of satisfaction with the attention given to the quality of their relatives' meals and to the cleanliness of their accommodation. The inspector also contacted two HSC Trust professionals after the inspection visit and received positive feedback in relation to the quality of the services provided by staff.

The feedback from service users, staff, HSC Trust professionals and service users' relatives has been incorporated into the inspection findings.

The following records were examined during the inspection:

- Staff duty rotas (current and archived)
- The agency's alphabetical index of staff
- Policies and procedures including induction, supervision, whistleblowing, recruitment and selection
- Complaints records
- Staff induction records
- Staff handbook
- Staff training records
- Care records
- Records of tenants meetings
- Records of quality monitoring.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 20 January 2015 and was undertaken to follow up on the agency's compliance with breaches in regulations identified during an unannounced inspection completed on 9 December 2014. There was no quality improvement plan issued following the inspection of 20 January 2015 as the agency demonstrated compliance with the regulations identified during the inspection of 9 December 2014.

5.2 Review of Requirements and Recommendations from the Inspection on 4 March 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b) and (c)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to:</p> <ul style="list-style-type: none"> • the specification of care and support hours available to each individual service user • The agency is required to specify how service users' needs are to be met with reference to the implementation of the fingerprint recognition system. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The agency's care records specified the care and support hours available for each service user.</p> <p>The inspector was advised that none of the current service users were using the finger print recognition system and care records reflected risk assessment and care plans outlining the best interest's decisions with regard to deprivation of liberty.</p>	
<p>Requirement 2 Ref: Regulation 16 (2) (a)</p>	<p>The registered person shall ensure that each employee of the agency – (a) receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This requirement refers to the provision of training in safeguarding vulnerable adults.</p> <p>Action taken as confirmed during the inspection: The agency's training records were examined and reflected uptake in training in safeguarding vulnerable adults.</p>	Met
<p>Requirement 3 Ref: Regulation 23 (1) (5)</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The reports of the monthly quality monitoring undertaken on behalf of the responsible person from February 2015 to May 2015 were examined and reflected monthly visits; the reports had been completed by a Trust manager. The reports provided evidence of consultations with service users and agency staff during monitoring visits and action plans being developed outlining any quality improvements necessary.</p> <p>However, the reports did not consistently include the views of service users' representatives and this requirement has been restated.</p>	Not Met

<p>Requirement 4</p> <p>Ref: Regulation 23 (2) (3)</p>	<p>23 (2) At the request of the Regulation and Improvement Authority the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) Arranges the provision of good quality services for service users;</p> <p>(i) What services it offers to them, and</p> <p>(ii) The manner in which such services are to be provided; and</p> <p>(b) Has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt of the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The agency's quality monitoring reports had been forwarded to RQIA in accordance with this regulation.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 2.2</p>	<p>It is recommended that service users are provided with information in an accessible format in relation to their human rights.</p> <p>This recommendation also refers to the information provided to service users' representatives in relation to rights and restrictive practices.</p> <p>Action taken as confirmed during the inspection: The agency's statement of purpose had been updated to include information about rights and restrictive practices and had been distributed to service users.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy (2014) was examined and was consistent with the regulations with regard to pre-employment checks.

The agency's alphabetical index of staff was examined and included the staff who had been employed to work for the agency and those staff who were being supplied from another domiciliary care agency to work in the homes of service users.

The agency's induction records were examined and provided evidence of a structured programme of induction lasting at least three days. The agency's induction records also provided confirmation that the identification of staff is checked prior to their supply. The agency's staff handbook was examined and outlines the procedures for staff induction supervision, training, recording procedures and confidentiality.

There were also arrangements in place for the induction of staff who are supplied at short notice; these included ensuring that pre-employment information is checked prior to the new worker being supplied.

The agency's 'Operational Supervision Policy for Mental Health and Disability staff within the Mental Health and Disability Directorate (NHSCT)' was examined. This describes a range of methods of supervision and contains a number of standards and an audit tool.

The policy outlines the frequency of supervision of professionally qualified staff (every 4 weeks) however does not refer to the frequency of the provision of supervision to domiciliary care staff who are not professionally qualified.

It was recommended that the agency's supervision policy and procedures are revised to detail the arrangements for and frequency of supervision.

Staff who participated in the inspection confirmed that they receive regular supervision and that the records of this are maintained and securely stored. There were records in place to evidence the provision of both group and individual supervision.

The agency maintains a 'Personal Review and Development Planning/Appraisal Staff Guidance' document which outlines the frequency of staff appraisal as annual. Agency records and discussion with the deputy manager provided evidence of staff appraisals being provided in accordance with the procedures.

Is Care Effective?

The agency's staffing levels were examined and discussed with the deputy manager and with agency staff. The inspector noted that the levels of staff supplied to work with service users were consistent with those described by agency staff. There are two senior members of staff on throughout the day and one senior member of staff on duty overnight. There is support staff available throughout the day and night and all staff are allocated to a specific area within the Brook.

The deputy manager reported that staff absences due to sickness had decreased since the previous inspections and as a consequence there had been less reliance on the supply of staff from other domiciliary care agencies.

Staff who participated in the inspection confirmed that there are at all times enough staff on duty to promote the safety of service users; staff also indicated that they receive breaks during their shifts and that the number of staff available to service users can decrease during these periods.

Five of the six staff who returned a questionnaire to RQIA indicated they were satisfied or very satisfied that there is at all times an appropriate number of suitably skilled and experienced staff on duty; one staff member indicated that they weren't satisfied with the staffing levels.

Six service users who returned a questionnaire indicated they were satisfied or very satisfied with the staffing levels. One service commented that at certain times there would not be enough staff available.

It was recommended that the agency's staffing levels are kept under review to ensure that the supply of staff is effective.

The agency's induction records evidenced a three day structured induction and staff who participated in the inspection indicated that any training needs identified during induction are addressed and that training is discussed during supervision on an ongoing basis.

A member of staff who was inducted in 2014 advised the inspector they had a three day structured induction followed by a two week period of orientation with specific service users. The staff member provided very positive feedback in relation to the quality of their induction and training.

The inspector was advised that the deputy manager and the senior support staff provide supervision. Training in the provision of supervision was discussed and it was noted that senior support staff have not received training in this area. A recommendation was made with regard to this.

The agency's supervision policy states that supervision of staff should occur monthly and the deputy manager advised that this does not happen in practice, nor is it felt to be necessary.

It was recommended that staff receive supervision in accordance with the agency's procedures.

The agency's whistleblowing policy was discussed with staff who demonstrated their awareness of the policy and the role of external organisations in raising concerns about poor practice.

Is Care Compassionate?

Agency staff who participated in the inspection advised the inspector that they are allocated to work within a certain area of the Brook and that this ensures consistency and continuity of service provision.

A member of staff described their induction as effective and reflected on how they were introduced to service users individually prior to working with them.

Staff also advised the inspector that they felt their induction and training had prepared them adequately for their role and that they have no difficulty accessing training.

The inspector observed staff interacting with service users in a supportive and friendly manner and providing individualised and person centred care and support.

Areas for Improvement

The areas for improvement identified during the inspection were in relation to:

- Staffing levels – to be kept under review to ensure the effective supply of staff at all times.
- The arrangements for staff supervision including the training of supervisory staff in the provision of supervision, the supervision policy and the arrangements for the provision of supervision in accordance with the agency's procedures.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The needs and risk assessments examined reflected the views and preferences of the service user and where appropriate, their representatives.

The service users' care plans were directly related to the assessed needs and risks and there were examples within the care records and provided by staff of positive risk taking to promote the independence and choices of service users.

Is Care Effective?

The care records examined provided evidence of regular review by agency staff and by HSC Trust professionals. The review records were completed with service users and their representatives and agency staff confirmed that they attend review meetings with service users.

The service users' care plans were written in a manner that reflects their views and had been developed with input from the service user and their representatives. Staff who participated in the inspection highlighted their role in ensuring that care records are maintained and that they reflect the service users' preferences and wishes. Agency staff and service users could demonstrate that the views and preferences of service users are sought and taken into account.

The care records made explicit references to the service users' human rights.

The agency has a range of methods of ascertaining the views of service users and these include daily interactions with staff, monthly quality monitoring, tenants' meetings, feedback from the activity coordinator and regular liaison with the relatives of service users.

Is Care Compassionate?

Service users who met with the inspector during the inspection reported that agency staff are caring and supportive and that staff understand their needs and preferences and that they receive personalised care and support. A service user who returned a questionnaire reported that agency staff are 'top class' and stated 'I can talk to staff anytime'.

Agency staff who met with the inspector highlighted their role in promoting the dignity and human rights of service users. Staff also described how they work flexibly with service users to ensure that service users have as much choice as possible in all aspects of their daily living.

Areas for Improvement

There were no requirements or recommendations made in relation this theme.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 23 (1) (5) Stated: Second time To be Completed by: 21 July 2015	<p>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.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The monthly quality monitoring reports now consistently include the views of service user's representatives. If no service user's representatives are present or available at the time of the monitoring visit, contact will be made by the Trust manager via telephone which has proven to be a very successful initiative.</p>
Recommendations	
Recommendation 1 Ref: Standard 13.2 Stated: First time To be Completed by: 18 August 2015	<p>It is recommended that the agency's policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Operational Policy for the Brook has been updated to detail the arrangements for and frequency of supervision and staff appraisal. This is easily accessible to all staff and will be further highlighted at staff meetings.</p>
Recommendation 2 Ref: Standard 8.2 Stated: First time To be Completed by: 18 August 2015	<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>Response by Registered Person(s) Detailing the Actions Taken: Any staffing deficit is highlighted and filled on completion of the rota. This is reviewed on a daily basis and actions taken to fill any unplanned deficits if required. The staffing establishment has been reviewed and all vacancies have been processed for filling including increasing the 'as and when' staff availability to ensure a robust supply of staff if required.</p>
Recommendation 3 Ref: Standard 13.1	<p>Managers and supervisory staff are trained in supervision and performance appraisal.</p>

<p>Stated: First time</p> <p>To be Completed by: 15 September 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: Training has been secured on 10th September 2015 for 5 staff and the remaining managers and supervisory staff will receive training or updates as individually required by the end of October 2015.</p>
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Registered Manager Completing QIP	Deirdre Lewis	Date Completed	21/8/15
Registered Person Approving QIP	Dr Tony Stevens Oscar Donnelly	Date Approved	24/08/15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	24/08/15

Please ensure the QIP is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address