

Unannounced Care Inspection Report

29 August 2017



The Brook

Type of Service: Domiciliary Care Agency

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

Tel No: 02870344495

Inspector: Jim McBride

Observer Olive MacLeod: (CEO) (RQIA)

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Brook is a supported living type domiciliary care agency which provides care and support for 56 individuals. The agency is operated by the Northern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Mr Anthony Baxter Stevens	Registered Manager: Caroline Sarah Bucklee
Person in charge at the time of inspection: Frances Dundee (Acting manager)	Date manager registered: 11 September 2015

4.0 Inspection summary

An announced inspection took place on 29 August 2016 from 09.30 to 14.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Staff training
- Staff recruitment
- Service user consultation
- Quality monitoring.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Frances Dundee, Acting 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.

4.2 Action/enforcement taken following the most recent care inspection dated 19 July 2016

No further actions were required to be taken following the most recent inspection on 19 July 2016.

5.0 How we inspect

The findings of the inspection were provided to the acting manager at the conclusion of the inspection.

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

- Discussion with the acting manager
- Discussion with staff
- Discussion with service users
- Discussion with relatives
- Examination of records
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The previous RQIA inspection report
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector spoke with the current acting manager, the proposed acting manager, three care staff regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector also had the opportunity to meet with three service users and two relatives. Their feedback has been included in the report. The inspector would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

The acting manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten staff questionnaires were returned to RQIA. The inspector also asked the acting manager to distribute ten questionnaires to tenant's. Ten questionnaires were returned. Further detail of feedback is included throughout this report.

The following records were examined during the inspection:

- Monthly quality monitoring reports
- Staff meeting minutes
- Tenant meeting minutes
- A number of care and support plans
- Staff training records including:
- Safeguarding

- Medication
- Challenging behaviour
- Supervision
- Client valuables training
- Complaints records
- Records relating to adult safeguarding
- Staff rota information
- Statement of purpose (July 2017)
- Service user guide (July 2017).

The findings of the inspection were provided to the acting manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2016.

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the agency's processes to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements in place within the agency.

The acting manager stated that the agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The agency's training and development procedures outline the comprehensive induction programme provided to staff; the inspector noted from records viewed and discussions with the acting manager and staff that the organisation has a rolling induction programme which staff are required to complete. Staff interviewed stated that they were required to complete an induction programme that includes shadowing other staff employed by the agency.

The inspector noted some of the areas of induction covered by staff:

- Staff role and responsibility
- Supervision
- Training

- Policies and procedures
- Safeguarding
- Team working
- Health and safety
- Care planning
- Key working
- Individual service user needs.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information for a number of recent and future weeks and noted they reflected staffing levels as described by the acting manager. Staff who spoke to the inspector felt that there was enough staff to meet the needs of the service users. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was noted that relief staff are currently accessed from other registered domiciliary care agency's; the acting manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role. The inspector viewed a number of staff profiles for staff provided from other agencies and noted that they contained information in relation to training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC).

The inspector viewed the supervision and appraisal records for a number of staff; those viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal benefited them in their job roles and was one to one with a senior staff member.

The agency has an electronic system for recording staff training; the acting manager could describe the process for identifying training needs in conjunction with staff. Staff interviewed were aware of their responsibility for ensuring that required training updates are completed whilst ensuring that they had the required skills and knowledge to fulfil their roles. The inspector noted from records viewed and discussion with staff that staff were required to complete training in a range of identified areas and if required training specific to the assessed needs of individual service users i.e. (Dementia awareness)

The inspector viewed the agency's staff training matrix and noted that the records indicated that staff had completed relevant mandatory training. Staff who met with the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role. The inspector reviewed the agency's provision for the welfare, care and protection of service users. The acting manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy and were in the process of facilitating staff awareness training days.

The inspector noted that the HSC trust has identified an "Adult safeguarding champion." The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns. Discussions with the acting manager and staff demonstrated that they had a clear understanding of adult safeguarding and the process for reporting concerns; in addition staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are provided with training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete updates as required.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the acting manager and records viewed it was identified that the agency has a system for recording any referrals made to the relevant Health and Social Care Trust safeguarding teams and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the acting manager indicated that the agency has made a number of referrals in relation to safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving an HSC trust keyworker if appropriate and that care and support plans are reviewed as required. The inspector noted some of the areas assessed during the preparation for review:

- Action Plan from last review
- Behaviour
- Communication
- Insight
- Deprivation of Liberty
- Incidents
- Mobility
- Personal Care
- Eating and Drinking
- Medication
- Spirituality
- Finance Management
- Social Contacts
- Management of Risks
- Assistive Technology
- Tenant / Representative/ Advocate comments
- Multi-professional Input.

The inspector noted some of the comments made during annual reviews:

- "I enjoy the Brook and enjoy the choice of day to day activities."
- "I like the staff they are helpful to me."

It was identified that the monthly governance arrangements include an audit of individual care records and risk assessments and any practices that may be deemed as restrictive.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a shared entrance; the premises includes offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments during inspection:

- "I feel safe and secure here, I have my own private space."
- "The staff make sure I have everything I need."
- "I have no concerns, they are all lovely."

Staff comments during inspection:

- "All staff are well trained and prepared for the service we provide."
- "Staff are supported and helped to do their job well."
- "Induction is comprehensive and prepares people for the challenges of the job."

Relatives' comments made during inspection:

- "My ***** is very safe and secure here."
- "I had excellent support from staff during the referral process and the move for my **** to the Brook."
- "I'm happy that my ***** is safe and secure here as well as being well cared for."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Ten returned questionnaires from service users indicated that:

- Feel safe and protected from harm
- They can talk to staff if they are unhappy or have any concerns
- The care received helps you feel safe
- Staff are trained to meet your needs.

Questionnaire comments:

- "I'm happy with staff who are easy to talk to."
- "I'm happy with the staff I could not complain about them."
- "I have no worries."
- "The staff do their best for us."
- "I can depend on staff."

Ten returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

Questionnaire comments:

- “Assistive technology in place provides safety and independence of service users.”
- “Identified risks are assessed by relevant professionals when identified.”
- “Care is of a professional and high standard.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. It was noted that the agency’s Statement of Purpose and Service User Guide detail the nature and range of services provided.

Records viewed both prior to and during inspection indicated that they are maintained in accordance with legislation, standards and the agency policy. Staff stated that service users/relatives are supported to be effectively engaged in the care planning process. The inspector noted the “About me” document in place for service users that includes relevant information about each individual service users.

‘About Me’ aims to provide succinct need to know information about the service user. This information enables staff to adopt a consistent, user led approach, to support the service user effectively.

The inspector has noted some of the information gathered about individual service users:

- What I preferred to be called
- Significant people in my life
- My parents’ names and what they did for a living
- My brother and sisters names
- My pets
- Where I grew up at
- Where I live now
- Where I went to school
- My favourite memory from school
- My best friend from childhood
- Where I worked at
- My happiest memory
- My saddest memory
- My hobbies/interests
- Things that make me smile
- Things that make me unhappy
- My health
- How I like to communicate
- Special Stories or memories

- Things which are important to me
- Things I need which are important for me.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. The inspector viewed the records of monthly quality monitoring visits completed by a senior manager from the agency and the action plans developed; they indicate that the system is effective in identifying areas for improvement. Records of quality monitoring visits viewed during the inspection were noted to include comments made by service users, staff and HSC trust representatives and where appropriate service user's representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

Comments received during the monthly quality monitoring:

Service users' comments

- "I'm very happy here."
- "Staff are caring and attentive."
- "I'm happy with the care and support."

Staff Comments

- "I enjoy my work, every day is different."
- "Excellent care and support is provided."
- "I like the other staff we get on well."
- "I am well supported by the senior management team."

Relative's comments

- "I am happy with the care and support provided."
- "Staff are kind and caring."
- "Care and support provided is of the highest standard."
- "My mum is very well cared for."
- "Staff are friendly and approachable."

HSC Trust representatives' comments

- "Staff are always prepared for the care reviews."
- "Good communications."
- "Staff are always approachable."
- "Good staff teamwork."

The agency's systems to promote effective communication between service users, staff and other key stakeholders were reviewed during the inspection. Observations of staff interaction with service users during the inspection indicated that staff do communicate appropriately with service users.

The agency facilitates service user meetings; the inspector noted that service users are provided with the opportunity to express their views. Service users who met with the inspector

indicated that they are supported to attend and provided with the opportunity to express their views and opinions. The inspector noted some of the areas for discussion during service user meetings:

- New staff
- Care and support
- Outings
- Activities.

Staff meetings are facilitated by the manager and/or senior staff; it was noted that a number of standard items are discussed at each meeting:

- Staffing/rotas
- Medication
- Complaints
- Key-working
- Training
- Record keeping
- Whistleblowing.

The acting manager could describe a range of methods used to develop and maintain effective working relationships with the HSC trust representatives and other relevant stakeholders.

Service user comments during inspection:

- “I have my independence here, but staff help if I need them.”
- “The staff communicate well with my family.”

Staff comments during inspection:

- “Both induction and training helps prepare you for your role.”
- “We have a great team who communicate well with each other.”

Relatives’ comments made during inspection:

- “Staff do a good job in the Brook.”
- “Staff communicate well with families and the people are well cared for.”
- “Staff encourage my **** to join in activities both inside and outside the Brook.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Ten returned questionnaires from service users/relatives indicated that:

- They were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Questionnaire comments:

- “If I ask for something I always receive it, I could not ask for any more.”

Ten returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

Questionnaire comments:

- “Care provided is of a high standard.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity and respect and to involve service users in decisions affecting the care and support they receive.

Discussions with the acting manager and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

The inspector noted from observation of staff interactions with service users that staff endeavour to provide care in an individualised manner and support service users to make informed choices. Staff stated that if necessary the agency can provide a range of information in an alternative format to assist service users to effectively engage in decisions about their care and support.

The agency has a range of processes for recording comments made by service users and/or their representatives were appropriate. Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency’s compliments/complaints process; quality monitoring visits; service user meetings and care review meetings. The organisation’s quality monitoring process supports the agency in the evaluation of the quality of the service provided and in identifying areas for improvement.

It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The inspector noted the positive feedback received from the annual customer satisfaction survey completed by the agency and the areas that service users/relatives had the opportunity to agree or disagree on:

Service User Questionnaire:

- Are you happy with the accommodation?
- Are you aware that the front door is secured and that you cannot go out on your own unless assessed to do so?
- Are you happy that you cannot go out unaccompanied?
- Do you feel you are treated well by the staff
- What do you dislike about The Brook?
- Is there anything you would like to change in The Brook?

Relatives Questionnaire:

- Are you aware of the following documents?
- Service Users Guide
- Statement of Purpose
- Complaints Procedure
- Are you aware of the restrictions due to the locked door?
- In your opinion do you feel staff are equipped to meet your relative needs?
- Are you made aware prior to your relatives review
- Are you kept informed for your relatives' progress?
- Do you feel happy to approach staff with regards to your relative?
- Do you feel you could report an issue to staff?
- Do you feel your relatives rights are upheld to privacy, dignity, respect, choice and independent proportionate to their ability?
- Do you attend Relative Meetings at The Brook?
- Are there any improvements you feel would be beneficial?

Service user comments during inspection:

- "The staff care for me well and listen to me if I have any concerns."

Staff comments during inspection:

- "We help both tenants and relatives with any concerns or worries they may have."
- "Care and support of tenants is our role and we care what the tenants feel about the service."

Relatives' comments made during inspection:

- "Staff are really caring and make me feel this is the right place for my *****."
- "Staff facilitate outings and activities for everyone and care well for the residents."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Ten returned questionnaires from service users/relatives indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service
- The care you receive meets needs and expectations.

Ten returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire comments:

- “Excellent care.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users; documentation viewed and discussion with staff indicated that the agency has implemented effective systems of management and governance.

The agency is managed on a day to day basis by the registered manager a number of senior support workers and support staff. Ongoing support and guidance from a senior manager within the organisation can be accessed at any time.

It was noted from a range of policies and procedures discussed during the inspection that the agency's policies and procedures were in place and had been reviewed and updated in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures; it was noted that they can be accessed both electronically and in a paper format.

The inspector noted that the agency has effective systems for reviewing information with the aim of improving safety and quality of care for service users.

It was identified from records viewed and discussions with staff that the agency's governance arrangements promote the identification and management of risk; these include the provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Staff who spoke to the inspector could describe the process for making and dealing with a complaint. It was identified from discussion with the acting manager and records viewed that the agency has received no complaints since the previous inspection.

The inspector viewed information indicating that the agency has in place management and governance systems to drive quality improvement; these included arrangements for monitoring incidents, accidents and complaints. Throughout the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The acting manager and staff could describe the benefits of reviewing the quality of the services provided and of identifying examples of good practice and areas for improvement.

Feedback provided to the inspector by staff and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders.

The Statement of Purpose outlines that organisational and management structure of the agency and details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their individual job roles. Staff who spoke to the inspector stated that the manager is very approachable and supportive to all staff.

The inspector reviewed arrangements in place for ensuring that were required staff are registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. The acting manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated in (2017).

Service user comments made during inspection:

- "I have no complaints and enjoy living here. The staff help me when I require assistance."
- "The staff are great and the manager is always here if you need her."
- "I have no complaints and love living here there is a lot to do each day."
- "I have my independence and it's helped by my family and staff."

Staff comments made during inspection:

- "The manager and senior staff are very supportive to all staff."

Relatives' comments made during inspection:

- "Staff are always helpful and approachable."
- "The manager is great and cares well for the residents."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents and quality monitoring and improvement.

Ten returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

Ten returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user's needs.

Questionnaire comments:

- "Care packages take some time to start."
- "Management and leadership are excellent."
- "Care provided is of a high standard."

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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