



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	7903
Establishment ID No:	1788
Name of Establishment:	The Brook Statutory Residential Home
Date of Inspection:	17 July 2011
Inspector's Name:	John McAuley

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 residential care homes. A minimum of two inspections per year are 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.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. 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 residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

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
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

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 Residential Care Homes Minimum Standard/s:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

GENERAL INFORMATION

Name of Home:	The Brook Statutory Residential Home
Address:	Brook Street Coleraine BT52 1RS
Telephone Number:	(028) 7034 4495
E mail Address:	Gillian.McPeak@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust
Registered Manager:	Mrs Gillian McPeak
Person in Charge of the home at the time of Inspection:	Mrs Rose Hutchinson Senior Support Worker
Categories of Care:	RC - DE
Number of Registered Places:	6
Number of Residents Accommodated on Day of Inspection:	5 + 1 respite care
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	20 January 2011 Announced Inspection
Date and time of inspection:	17 July 2011 12.30 pm – 3.30 pm
Name of Inspector:	John McAuley

PROFILE OF SERVICE

The Brook Statutory Residential Home is a purpose built ground floor home set within the boundaries of Coleraine. The Brook is situated within a complex which includes offices, attached to a day care facility and sheltered accommodation.

The Northern Health and Social Care Trust in partnership with Fold Housing Association and the Northern Ireland Housing Executive, manage The Brook.

The home was registered on 1 August 2005 and accommodates a total of twenty five adults with a diagnosis of dementia.

This current inspection focused on the assessment of the care provided to the 6 beds registered with The Regulation and Quality Improvement Authority as residential care. The remaining 19 adults are accommodated under the auspices of Supported Living with Care. This service will shortly also be registered with the Authority.

There are six single bedrooms with en-suite bathrooms, which include an electric shower for the residents. All of the bedrooms are carpeted and have a small open plan kitchen area. There is an open plan lounge, dining and kitchen area for use by the 6 residents, which is separate from the tenants.

The 6 residents are able to mix with the other supported living tenants in other parts of the home.

SUMMARY

This inspection to The Brook Statutory Residential Home was an unannounced inspection which took place over a Sunday afternoon period.

During this inspection process, the inspector toured the facility, met with residents and staff, reviewed documentation and discreetly observed care practices.

The previous inspection to the home was an announced inspection on 20 January 2011. Review of the quality improvement plan from that inspection found that one requirement had been fully attended to, another had been partially attended to, and one of the three recommendations made has had to be restated for actioning.

The DHSSPS Residential Care Home Minimum Standard on Staffing was reviewed on this occasion. Review of this standard found there to be appropriate staffing levels in place at the time of this inspection and subsequently planned for. Issues of improvement have been identified with regard to the managerial arrangements, which are discussed later in this report and highlighted in the quality improvement plan for actioning. This standard has been overall assessed as substantially compliant.

During this inspection, residents appeared comfortable and content in their environment and interactions with staff. Discreet observations of care practices, found that staff attended to residents' needs in an organised manner. Staff interactions with residents were observed to be polite, friendly and warm

The home was found to be clean and tidy, with a good standard of décor and furnishings being maintained.

Feedback and evaluation was given at the conclusion of this inspection to Mrs Rose Hutchinson, Senior Support Worker, who was in charge.

The inspector would like to acknowledge the level of support and assistance received from residents, staff and the senior support worker, throughout this inspection.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31 (1) (b) & (2)	Notification must be sent to the Authority, with regard to the absence of the registered manager and the subsequent interim arrangements.	Further notification needs to be received in a timely manner, with regard to the return from absence of the acting registered manager.	Partially met
2	27 (2) (6)	The management of the home need to meet with the appropriate person(s) in order to put in place an action plan, to ensure maintenance issues are resolved promptly.	The maintenance issues have been reported to be effectively resolved.	Fully met

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	2.4	The daily menu should be displayed in a suitable format and in an appropriate location so that residents and their representative know what is available at each meal time.	No daily menu was found to be on display, in any format so that residents and their representatives know what is available at each mealtime.	Not met - restated
2	0.2	Residents' progress records need to be reviewed so that they have sufficient detail of the resident's well being or condition after an incident, such as a fall.	Review of a sample of residents' progress records indicated that progress had been made with recording sufficient detail of the resident's wellbeing or condition after an incident, such as a fall.	Fully met
3	17.6	Advice to residents / representatives on how to make a complaint should be included in the "residents introduction to scheme" form.	The complaints procedure is now included in this introduction.	Fully met

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	COMPLIANCE LEVEL
Inspection Findings:	
Staffing levels in the home, at the time of this unannounced inspection were found to be appropriate to meet the assessed needs of residents with account of size and layout of the home, the statement of purpose and fire safety requirements. Discussions with staff on duty revealed that they felt that the staffing levels to be appropriate in respect of the present resident dependencies but that this can fluctuate accordingly.	Compliant
Criterion Assessed: 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	COMPLIANCE LEVEL
Inspection Findings:	
An overview was taken of the duty rota for the week of this unannounced inspection, over a twenty four hour period. This determined that the staffing levels were in accordance to the residents' assessed dependencies. However this issue has added complexity, given the further nineteen residents living in the home under the auspices of supported living with care.	Compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.3 There is a competent and capable person in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings:	
There was reported to be no competency / capability assessments / interviews in place, for staff who have the responsibility of being in charge of the home in the absence of the registered manager, other than staff supervision. Staff who are in charge of the home in the absence of the registered manager, have been employed in the home for a number of years, with subsequent relevant experience of policies and procedures. Nevertheless a programme of competency / capability assessments / interviews need to be put in place, to add assurance with this level of responsibility.	Substantially compliant
Criterion Assessed: 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	COMPLIANCE LEVEL
Inspection Findings:	
The home employs an administrator, and a team of house-keeping and catering staff, which respective responsibilities.	Compliant
Criterion Assessed: 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings:	
Records of staff employed in the home were found to be appropriately maintained.	Compliant

Criterion Assessed: 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	COMPLIANCE LEVEL
Inspection Findings:	
A record is maintained of the staff cover over a 24 hour period. However not included in the record is the registered manager's hours and / or the interim managerial cover, which a recommendation has been made to implement accordingly.	Substantially compliant
Criterion Assessed: 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings:	
Time is allocated between shift changes for a handover of relevant information.	Compliant
Criterion Assessed: 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	COMPLIANCE LEVEL
Inspection Findings:	
Staff meetings were reported to take place on a regular basis and at least quarterly. However the records of these most recent meetings could not be located for inspection, by the person in charge.	Unable to review

ADDITIONAL AREAS EXAMINED

General environment

At the time of this inspection, the home was found to be clean and tidy, with a good standard of décor and furnishings being maintained.

Residents' views

Due to the level of dependencies, residents were unable to clearly articulate their views. However they all indicated, primarily through expression and body language that they were happy with their life in the home and their relationship with staff.

No concerns were expressed / indicated.

Staff views

The inspector met with four members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, and the provision of training. Staff declared that they felt a good standard of care was provided for, and no concerns were expressed.

Accidents / incidents reports

Review of these reports from 20 January 2011 found these to be appropriately maintained other than all reports from 16 April 2011 to present, which were not signed off as reviewed by the head of department, as per Trust procedure. A requirement has been made for all accident / incident reports to be signed off by the registered manager / acting registered manager on a regular and up-to-date basis as reviewed / inspected, and processed as per Trust procedure.

Care Practices

Discreet observations of care practices throughout this inspection, evidenced residents being treated with dignity and respect. Staff interactions with residents was observed to be polite, friendly and warm. Care duties and tasks were found to be organised and in accordance to residents' needs, whilst maintaining a relaxed pace.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rose Hutchinson, Senior Support Worker 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.

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:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

John McAuley
Inspector/Quality Reviewer

Date



QUALITY IMPROVEMENT PLAN

SECONDARY UNANNOUNCED INSPECTION

THE BROOK STATUTORY RESIDENTIAL HOME

17 JULY 2011

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 Mrs Rose Hutchinson either during or after 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 Residential Care Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30 (1) (b) and (2) Restated	Notification must be sent to the Authority with regard to the absence of the registered manager and subsequent interim arrangement.	Twice	Letter was sent to the RQIA on 15.6.11 explaining tht G McPeak was on sick leave and that Mary Cargan was going to cover an an interium measure	One week
2	20 (3)	A competency / capability assessment / interview needs to be put in place for the member of staff responsible of being in charge.	Once	This has been discussed with Locality Manager and this will be addressed with Senior Support Staff through KSF	Two weeks
3	19 (a) Schedule 3 (3) (j)	All accident / incident reports need to be signed off by the registered manage / acting registered manager on a regular and up-to-date basis as reviewed / inspected and processed as per Trust procedures.	Once	Incident forms have been signed off and sent to Risk Management department and Locality Manager and will be sent off on a regular basis by Acting Manager	Immediate

RECOMMENDATIONS

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	2.4 Restated	The daily menu should be displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	Twice	A new large menu board and cards have been ordered. This board has been developed by a group of opticians and is specifically used for those who have either dementia or visual impairments and the new file in the kitchen has now been completed.	Immediate
2	25.6	A record of the registered manager's hours of duty should be maintained, in the duty rota.	Once	Managers hours are now documented in the off duty file.	Immediate

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: *Oscar Donnelly*

SIGNED: *Gillian McPeak*

NAME: *Oscar Donnelly*
 Registered Provider

NAME: *Gillian McPeak*
 Registered Manager

DATE *21/09/11*

DATE _____

DATE	APPROVED YES / NO	SIGNATURE OF INSPECTOR
<i>21/09/2011</i>	<i>YES</i>	<i>[Signature]</i>