

Unannounced Domiciliary Care Agency Inspection Report 18 April 2016



Killowen House

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Killowen House domiciliary care agency took place on 18 April 2016 from 10.00 to 15.30.

The inspection sought to review progress with any issues identified 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.

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

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust and on occasions other stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to the meet the individual needs of service users through the development and review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate their representatives. There are robust systems in place to promote effective communication with service users and stakeholders; this was verified by one HSC Trust representative who spoke to the inspector. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observation and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users and relatives indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during this 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 Brenda Cunningham, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

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|--|--|
| Registered organization/registered person: Apex Housing Association/Gerald Kelly | Registered manager: Brenda Cunningham |
| Person in charge of the agency at the time of inspection: Brenda Cunningham | Date manager registered: 30 March 2009 |

3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders and relatives

- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Audit reports including those pertaining to complaints, notifiable incidents, restrictive practices, safeguarding incidents, supervision and appraisal
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff intranet
- Staff Handbook, April 2015
- Standards for Supported Living Policy, February 2016
- Training and Development Policy, January 2015
- Selection and Recruitment Policy; January 2014
- A range of policies relating to the management of staff
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Disciplinary Policy, June 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, February 2013
- Complaints Procedure, May 2013
- Statement of Purpose, April 2016
- Service User Guide
- Accident and Incident Policy, November 2014
- Standards for Supported Living, May 2014
- Consent and sharing information, April 2014

During the inspection the inspector met with three service users, the registered manager, nine staff members, an HSC Trust professional and the hairdresser; following the inspection the inspector spoke to the relative of one service user.

Questionnaires were distributed for completion by staff and service users during the inspection; ten staff and nine service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Killowen House is a domiciliary care supported living type agency, located in Coleraine. The purpose built facility was opened in 1996 and provides accommodation for 43 service users over the age of 65 years. The accommodation is split into 43 individual flats, each of which has a bathroom and a small living area. Service users have access to all communal kitchens and lounges located within the service. The agency's registered premises are located within same building as the service users' homes.

The accommodation, care and support is provided by Apex Housing Association. Staff are available to provide care and support 24 hours per day.

Discussion with the registered manager, staff, relatives 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 registered manager, service users, a relative, HSC Trust professional and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 15 June 2015

The most recent inspection of the agency was an unannounced care inspection dated 15 June 2015. There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

It was identified that the agency's selection and recruitment policy outlines the mechanism for ensuring that appropriated staff pre-employment checks are completed prior to employment; it was identified that a checklist detailing checks completed is retained by the agency's human resources department. The manager stated that staff are not provided until all necessary check have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are required to attend induction training one day per week in the initial ten weeks of employment; this is based at the organisations head office. The agency maintains a record of the induction programme provided to staff; records viewed outlined the information provided during the induction period and additional support provided to staff during the probationary period. Records examined provided evidence of a comprehensive induction programme.

It was noted that following recent restructuring within the organisation, the staff were required to complete competency assessments; staff provided positive feedback about this process. Staff stated that they are provided with the agency's staff handbook and have access at all times to the agency's policies and procedures online and in paper format.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care. The manager stated that staff are currently being accessed from the domiciliary care agency due to a staff vacancy.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The staff rota information viewed reflected staffing levels as described by the manager. The agency has a procedure in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role; the inspector viewed staff profiles for relief staff provided and noted that they contained information relating to staff training and experience.

The agency's supervision and appraisal policies outline the frequency and processes to be followed; it was noted that staff are provided with a supervision contract. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision was a worthwhile, positive experience.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated; it was viewed by the inspector. The registered manager could describe the role of the training officer in planning training and for identifying and highlighting gaps on a monthly basis. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users' i.e. swallow awareness training and dementia awareness. Staff stated that they can highlight individual training needs at any time and that training is discussed during individual supervision and appraisal meetings.

Staff who spoke to the inspector stated that they had the required knowledge, skills and support to carry out their roles. They could describe how their induction which involved shadowing other staff members; meeting service users and becoming familiar with their care and support needs equipped them for their role. Staff described the importance of respecting the privacy, dignity and choices of service users.

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. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance. It was noted that managers within the organisation have recently received awareness training in relation to the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has made no referrals in relation to alleged or actual incidents of abuse.

Discussions with staff and records viewed indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update electronically. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk; it details the requirement that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments are reviewed annually. The agency's governance arrangements include audit of risk assessment and any restrictive practices in place.

The agency's registered premises are located within the same building as the service users' accommodation; the premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

Ten staff and nine service user questionnaires were returned to the inspector; they indicated that care provided by the agency was safe.

Service user comments

- 'I feel safe; this place is perfect.'
- 'I am happy with everything.'
- 'I love it here.'
- 'My life is better living here'

Service user representative's comments

- '***** is safe.'
- 'The care is good; we are happy with it.'

HSC Trust Representative's comments

- 'This is a safe place for service users; staff are very aware of safeguarding processes.'
- 'I think this is a lovely place to live.'

Staff comments

- 'Tenants' care is of the upmost and measures are in place to safeguard them.'
- 'We are well trained and issues are dealt with promptly.'
- 'Staffing is okay at the moment.'
- 'Service users are safe.'
- 'There is a friendly atmosphere.'

Areas for Improvement

No areas for improvement were identified during the inspection

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy relating to management of records which was viewed by the inspector details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. The manager stated that they review records quarterly.

The inspector viewed a number of individual service user care plans; service users and relatives stated that they are involved in the development of their individual care and support plans. It was noted that staff record daily the care and support provided to service users and support the service user to complete a monthly journal report. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly. It was noted that where there is involvement of HSC Trust representatives they participate in the review process.

Service users stated that staff support them to live as independently as possible; they stated that they are encouraged to make choices in relation to their daily routines; they stated that they can refuse any aspect of their care and support.

It was identified from discussion with staff and documentation viewed that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

Monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals had been recorded; the inspector noted that they contained a number of positive comments in relation to staff and care provided. The

documentation includes details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The registered manager stated that they are required to complete monthly and quarterly returns to senior management and is required to record when the required actions identified in the action plan have been completed.

The agency facilitates quarterly tenants' meetings; records viewed and discussions with service users indicate that they are provided with opportunity to express their views and opinions. Service users and their relatives are aware of the agency's complaints procedure and the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; details of advocacy services are provided to service users.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and stakeholders, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time. Service users, relatives and stakeholders made positive comments about their working relationships with staff.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The registered manager could describe examples of recent liaison with stakeholders.

Ten staff and nine service user questionnaires were returned to the inspector; they indicated that care provided by the agency was effective.

Service users' comments

- 'Staff are great.'
- 'Staff help you with anything.'
- 'I attend the tenant's meeting; I can say what I want.'
- 'I speak to the manager if I am worried.'
- 'Staff are all good; can't fault anyone.'

Service user representative's comments

- 'We are very impressed with the care and support; staff are very helpful'
- 'Staff update me of any changes.'

Staff comments

- 'Care plans are reviewed six monthly and during the review.'
- 'Service users can do what they want.'
- 'Service users' are treated with dignity and respect.'
- 'Service users are supported to live as independently as possible.'
- 'Tenants are involved in their care and their views are always taken into account.'
- 'I enjoy my weekly chat with the service users whilst providing them with a service.'

HSC Trust Representative's comments

- 'Communication is great; staff are so helpful.'
- 'Staff co-operate well with us.'

Areas for improvement

No areas for improvement were identified during the inspection

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Agency training records viewed indicated that staff had received Human Rights training during their initial induction. Discussions with service users, agency staff and stakeholders, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

Staff could describe how the views and wishes of service users are paramount to service provision; staff provided examples of positive risk taking to enable service users to live a fulfilling life.

Observations of staff interaction with service users and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care they receive and involved in making decisions regarding their care. Records of tenant meetings reflected the involvement of service users and detailed choices made by service users in relation to shared living, activities or planned outings.

The registered manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, HSC Trust review meetings, annual stakeholder surveys, keyworker meetings, annual family advocacy meetings and tenants meetings. The manager described the process for receiving feedback from service users annually in the form of an electronic satisfaction survey.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. Service users stated that staff treat them with respect and that they make their own decisions.

The inspector viewed a range of information in an alternative format provided to service users to facilitate clearer understanding.

During the inspection the inspector observed that service users were able to make choices regarding their daily routine and activities; service users who spoke to the inspector confirmed that they could make choices about all aspects of their care and support. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as meals, activities and shared facilities.

The inspector noted that that agency has in place systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, quarterly tenant's meetings and annual satisfaction surveys include evidence of consultation with service users. Action plans developed include details of progress on improvements.

Ten staff and nine service user questionnaires were returned to the inspector; they indicated that care provided by the agency was compassionate.

Service users' comments

- 'I love it here; it's like a hotel.'
- 'If I am worried I talk staff.'
- 'I can do what I want.'
- 'Staff listen to me.'
- 'Staff take me out.'
- 'I can do what I want; I like to just sit here and look out.'
- 'This is a lovely place; I have no worries.'
- 'I have appreciated when staff have noticed when I don't feel so good but know I just require some sympathy.'

Service user representative's comments

- '***** is happy living here and with the help provided.'
- 'Sometimes I attend the meetings that are organised.'
- 'We are involved in decisions about the care of *****.'

Staff comments

- 'I love my work.'
- 'Service users can do what they want.'
- 'Service users and their families are involved care planning and in making decisions about their lives.'
- 'Tenants' choice and dignity are listened to and changes made for their benefit.'
- 'We encourage tenants to come to tenants' meetings.'

HSC Trust Representative's comments

- 'Service users' dignity and choices are respected.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a comprehensive range of policies and procedures which are reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office. During the inspection the inspector viewed a number of policies and procedures; staff stated that they can access policies and procedures at any time.

From records viewed and discussions with the registered manager the inspector noted that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA, and restrictive practices.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016; discussion with the registered manager and staff indicated that staff were familiar with the process for dealing with complaints.

The agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed evidence of appropriate staff supervision, appraisal, and management of performance issues. The registered manager could describe the importance of identifying areas for learning and development, improving the quality of the service provided, and to provide better outcomes for service users.

The organisational and management structure of the agency is clearly outlined; it identifies lines of accountability and roles and responsibilities of staff. It was noted that agency staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe their roles and responsibilities; service users and relatives were aware of staff roles and knew who to talk to if they had an issue or concern.

The registered person has worked effectively with RQIA to operate and lead the agency in accordance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated (April, 2016).

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the registered manager indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives. During the inspection the inspector spoke to a visiting HSC Trust professional who provided positive comments in relation to their engagement with agency staff.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the registered manager at any time and described the process for receiving support out of office hours and in the absence of the manager. Staff stated that the manager is approachable and supportive.

Staff were familiar with lines of accountability and knew the appropriate person to contact if they required support or guidance. Staff indicated that they were confident that their views and opinions are listened to and that the agency addresses issues raised.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in reporting any concerns or issues.

The manager could describe supportive structures in place to support them in their role i.e. quarterly meetings with managers from the organisations other facilities; regular contact with their line manager.

Ten staff and nine service user questionnaires were returned to the inspector; they indicated that they were satisfied that the service was well led.

Service user comments

- 'Staff are great.'
- 'I can talk to the staff at any time.'
- 'I talk to the manager if I am worried.'
- 'Yes I do feel the service is well led.'

Service user representative's comments

- 'I can speak to the manager at any time.'
- 'All the staff are very helpful.'

Staff comments

- 'Training is good.'
- 'I feel supported in my job.'
- 'We have all completed the competency framework; it was beneficial.'
- 'There is good team morale.'
- 'Service is very well managed.'
- 'The manager is approachable.'
- 'Senior staff in the office are well acquainted with each individual.'

HSC Trust Representative's comments

- 'The manager is very calm; they get things done.'
- 'This place is well managed, in my opinion one of the best in the area.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| 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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