

# Unannounced Domiciliary Care Agency Inspection Report 8 June 2017



## Killowen House

20 Killowen Street, Coleraine BT51 3DB

Tel: 02870329650

Inspector: Joanne Faulkner

[www.rqia.org.uk](http://www.rqia.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

Killowen House is a domiciliary care agency supported living type, 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 provided in individual flats, each of which has a bathroom and a small living area. Service users have access to a number of shared facilities such as kitchens and lounge areas. Staff are available to provide care and support 24 hours per day.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 8 June 2017 from 10.00 to 16.00.

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 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 recruitment;
- Staff induction and training;
- Quality monitoring;
- Service user engagement.

It was good to note that the agency had recently been awarded a 'Gold Award' at the National Housing for Older People Awards 2017.

#### **Service users said:**

The comments of service users have been included in the relevant report sections.

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.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 18 April 2016

No further actions were required to be taken following the most recent inspection on 18 April 2016.

#### 5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff, service users and one relative
- Evaluation and feedback

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

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

During the inspection the inspector met with four service users' five staff and the relative of one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records

- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Staff Handbook
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; 10 service user and nine staff questionnaires were returned to RQIA.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 18 April 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 18 April 2016**

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

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

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's staff recruitment is processed and managed by the organisation's HR department. The inspector visited the HR department on 27 April 2017 and reviewed a number of staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Records viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The registered manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines the induction programme provided to staff; the inspector noted from two records viewed and discussions with the registered manager that the organisation has a 10 week rolling induction programme which all staff must complete. It was noted that staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme which is in excess of the three day timescale as required within the regulations. In addition staff are required to complete an induction workbook and shadow other staff employed by the agency during their induction programme. A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detailed the information provided during the induction period.

Staff who spoke to the inspector stated that they are required to complete the full induction programme within their six month probationary period. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Discussions with the registered manager and 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 and noted it reflected staffing levels as described by the registered manager. Staff, service users and a relative who spoke to the inspector felt that there were enough staff to meet the needs of the service users.

The agency's supervision and appraisal policies outline the procedures and timescales to be followed. The inspector viewed the supervision and appraisal records for four 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 could describe the benefits of supervision and appraisal.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying training needs in conjunction with staff and the organisation's training officer. Staff were aware of their responsibility for ensuring that they had the appropriate skills and knowledge to fulfil their roles and for ensuring that required training updates are completed. It was noted that staff were required to complete training in a range of areas and in addition training specific to the needs of individual service users. It was noted agency has recently introduced an E- Learning programme for staff; it was noted that staff will be required to complete an identified training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training; it was noted that staff were booked to attend training in relation to manual handling a few days following the inspection. Staff who met with the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

It was identified that following restructuring within the organisation staff had completed competency assessments; staff could describe how the process had enhanced their confidence, skills and knowledge.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered 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 recently updated their policy and procedures to reflect information contained within the policy. The registered manager stated that all of the organisation's registered managers have received training in relation to the updated policy and procedures; they could describe the agency's plans to provide information sessions for all staff in relation to the updated procedures. It was noted that all staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. It was noted that information leaflets in relation to adult safeguarding have been developed for both staff and service users. The agency's policy and procedures clearly outline the process for staff in reporting concerns.

Discussions with the 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 an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency has a system for recording any referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to safeguarding since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that 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 a HSCT keyworker if appropriate and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of individual care records and risk assessments.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a shared entrance; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the agency has a contingency pack for staff to support them in the event of a serious incident occurring.

Ten service user and nine staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is safe.

### **Service users' comments**

- 'I think it is safe; I was not safe were I was before at home.'
- 'Staff are so good; nothing is any trouble.'
- 'Staff are always talking to me.'
- 'I feel on top of the world.'

### **Relative's comments**

- 'So lucky to get mum a place; she is encouraged to be independent and supported to do things.'
- 'I have no concerns; this was the best thing for mum.'

### **Staff comments**

- 'Tenants are well looked after by staff and staff are well trained and equipped to deal with issues that arise.'
- 'Staff are very well trained and are competent in their job role. Risk assessments are in place for both staff members and service users.'
- 'Risk assessments are up to date and accurate.'
- 'This is a very safe environment.'
- 'We have enough staff; the service users are very capable.'
- 'Supervision is good; we can air our opinions and pass on concerns.'

### **Areas of good practice**

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



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. The Statement of Purpose and Service User Guide detail the nature and range of services provided.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. The inspector noted from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation's head office prior to the inspection were noted to be retained securely and in an organised manner; records held in the agency's office were noted to be retained securely. It was identified that staff had received training relating to record keeping and confidentiality during their induction programme.

Service users and a relative who spoke with the inspector indicated that that they are supported to be involved in the development of their care and support plans and that their choices are reflected. Staff could describe the methods used to effectively engage service users in the care planning process. It was noted that service users are required to sign their care plan to indicate that they have agreed the care to be provided.

It was identified that the agency has systems in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector noted that the organisation is currently in the process of reducing the quality monitoring visits by a senior manager to quarterly; additional processes have been developed to ensure that relevant information continues to be collated and audited on a monthly basis. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; they indicate that the system is robust.

Records of quality monitoring visits viewed were noted to include comments made by staff, service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

## Comments recorded on quality monitoring reports

### Service users' comments

'I love getting involved in everything that goes on here. I love living here.'

'I am being well looked after.'

### **Staff comments**

'It is difficult to get tenants involved in activities but it is their choice and some are happy with their own company.'

### **Relative's comments**

'This is a lovely scheme and they are looked after very well here.'

'All the staff are lovely here.'

### **H SCT representatives' comments**

'I have no problems with this scheme; I wish everywhere I visited was like this. Staff are all very good.'

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, a relative and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users and a relative who spoke to the inspector could clearly describe the process for raising concerns or complaints.

The agency facilitates quarterly service user meetings; service users who met with the inspector indicated that they are supported to attend and encouraged to express their views. Quarterly staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided. It was identified that a range of standard items are discussed at both staff and service user meetings, they include adult protection and health and safety.

The registered manager could describe a range of methods used to develop and maintain effective working relationships with the H SCT representatives and other relevant stakeholders.

Ten service user and nine staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

### **Service users' comments**

- 'If I am worried I go to the staff in the office.'
- 'Any help I get is 100%; it could not be better.'

### **Relative's comments**

- 'Staff work hard, they are friendly and speak to me; I feel they listen and are responsive.'
- 'If I raise concerns staff sort things out.'

### **Staff comments**

- 'Tenants are fully involved at assessment, care plan, support plan and review stage.'
- 'Service users and their families are involved in the care and support planning.'

- ‘Annual reviews are held with service users and their family in order to ensure that they are satisfied with the quality of care and support given.’
- ‘Care plans are reviewed regularly.’
- ‘All tenants are given the right to make informed choices about their care and included in decision making.’

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to audits and reviews, communication between service users, relatives, agency staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

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

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

From observations made during the inspection and discussions with service users, a relative and staff the inspector identified that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. It was noted that staff have been provided with information relating to human rights and confidentiality during their induction programme and in staff meetings.

Observations made by the inspector during the inspection of staff interactions with service users indicated that staff endeavour to provide care in an individualised manner and encourage and support service users to make informed choices. The inspector noted that the agency’s complaints policy has been provided in an alternative format to support service users in understanding the information being provided. The manager stated that if necessary the agency can provide a range of information in an alternative format to assist service users to meaningfully engage in decisions about their individual care and support.

Service users could describe the methods used by staff to support them to be involved in making decisions regarding the care and support they receive.

Records of service user and care review meetings reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users and other relevant stakeholders.

It was identified from a range of records viewed during the inspection that the agency has a process for recording comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and were appropriate their representatives are maintained through the agency's compliments/complaints process; quality monitoring visits; stakeholder and service user satisfaction surveys, service user meetings; annual care review meetings and annual family advocacy meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

During the inspection the inspector observed agency staff supporting service users to make choices regarding their daily routine and activities. Service users and a relative who spoke to the inspector stated that they could speak to the manager and staff at any time and made positive comments in relation to the support they receive from staff.

Ten service user and nine staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

### **Service users' comments**

- 'If I am worried I speak to the office staff.'
- 'We go out in the car most days.'
- 'We are settled; staff are good.'
- 'I am happy here.'
- 'Staff are wonderful.'
- 'I speak to the manager if I am worried.'

### **Relative's comments**

- 'Mummy is more than happy.'
- 'I have no concerns about what I see.'
- 'Mummy is given choice.'
- 'Mummy is very private; the girls are mindful of her privacy.'

### **Staff comments**

- 'Tenants are fully involved in their care and support; their views are sought on many levels and we aim to promote an open door policy.'
- 'All our service users are treated with dignity, respect and their choices are respected.'
- 'Service users have choice.'
- 'We work well as a team; all staff are compassionate and get to know the tenants well.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users and where appropriate their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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; it was identified 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 with the ongoing support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was noted that they are retained both in an electronic and paper format. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

It was identified that the agency has effective systems for reviewing information with the aim of improving safety and quality of life for service users. The inspector noted from records viewed and discussions with the registered manager 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 the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users and a relative who spoke to the inspector could describe the process for making a complaint. It was identified from discussion with the registered manager and records viewed that the agency has received one complaint since the previous inspection. Records viewed indicated that the complaint had been managed in accordance with the agency's policy and procedure.

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

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding the responsibilities and requirements of their individual job roles; service users and their relatives were aware of staff roles and knew who to talk to if they had a concern. Staff described an 'open door' arrangement and could clearly describe the process for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable.

The inspector reviewed arrangements in place for ensuring that all staff are registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. Discussions with the HR manager and the registered 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.

Ten service user and nine staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

### Staff comments

- 'Apex is a very good company to work for. Training is exceptional and here at Killowen house we have a very good manager whose door is always open to staff and service users.'
- 'Complaints which are few are dealt with in the appropriate manner and to the satisfaction of the complainant.'
- 'Staff and management work together to provide the best care.'
- 'We have good support; I can approach the seniors for guidance.'
- '\*\*\*\*\* is a good manager.'

### 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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