



The Regulation and  
Quality Improvement  
Authority

Killowen House  
RQIA ID: 10864  
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Coleraine  
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**Unannounced Care Inspection  
of  
Killowen House**

**15 June 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 15 June 2015 from 10.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/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 September 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 40	

Killowen House is a domiciliary care supported living type service, located in a residential area of Coleraine town. The accommodation, care and support is provided by Apex Housing. This purpose built facility was opened in 1996 and provides care and support for 43 service users over the age of 65 years.

The accommodation is split into 43 individual flats, each of which has an en suite bathroom and a small living area. Service users have access to all communal kitchens and lounges located within the service. The flats are unfurnished; each service user is encouraged to decorate and furnish it to their own taste. The service has a central kitchen, two smaller kitchen areas and a number of lounges. The registered office is located on the same site as the accommodation.

Staff are available to provide care and support 24 hours per day; each service user has an identified 'keyworker'.

The service users are encouraged to actively participate in the running of the service and use the forum of bi-monthly "Tenants Meetings" to put forward their views and ideas.

### 3. Inspection Focus

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

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

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

### 4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with Staff/Relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users, seven care staff and the registered manager.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- Care records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service users' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (January 2014)
- Pre- employment checklists
- Induction policy
- Supervision policy (July 2014)

- Staff register/ information
- Agency's rota information
- Whistleblowing policy

Staff questionnaires were completed by eight staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are fully satisfied that the induction process prepared them for their role
- Staff are fully satisfied that the care is delivered in a person centred manner
- Staff are satisfied that concerns raised are taken seriously
- Staff are fully satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs
- Staff are aware of the agency's whistleblowing policy

Service users' questionnaires were completed by seven service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users are satisfied that their views and opinions are sought about the quality of the service
- Service users feel safe and staff respond to their needs
- Service users are satisfied that staffing levels are appropriate

One individual stated that "There is so much thought and provision for our welfare and interests".

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of Killowen House was an announced care inspection dated 1 May 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14(a)(b)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(a)so as to ensure the safety and well-being of the service users;</p> <p>(b)so as to safeguard the service users against abuse or neglect;</p> <p>This requirement is in relation to the registered person ensuring that service users have an assessment of needs carried out by the relevant HSC trust.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records viewed indicate that service users are given the choice of having an assessment of needs carried out by the relevant HSC trust; a record of their decision is retained by the agency.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 6-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate</p> <p>This requirement is in relation to the registered person ensuring that the service user's guide contains detail of the arrangements for staff accessing food whilst on duty in a service users' home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The tenant's guide details the arrangements for staff accessing food whilst on duty in a service user's home; it was noted that staff are required to pay a charge for food consumed. The registered manager stated that this arrangement is currently being reviewed by the organisation.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 3.7	Where the agency is acting in response to a self referred service user, the registered manager explores with the service user the value of availing of the HSC trust's systems.  This recommendation relates to the manager ensuring that service users are referred to the HSC trust for assessment of need prior to admission to the service and that the agency retains a copy of assessments completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the records of one service user who received assessment of need by the relevant HSC trust prior to admission to the service; a copy is retained by the agency.	

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

#### Is Care Safe?

The agency has a recruitment policy in place and a mechanism to ensure that appropriate pre-employment checks are completed. An alphabetical index of all domiciliary care workers supplied or available for supply for the agency is maintained. Staff are required to complete a health questionnaire prior to commencement of employment; the manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role. A record is maintained of those staff supplied on a temporary or short notice basis.

The agency's induction policy outlines the induction programme lasting at least three days; it includes shadowing other staff members; this was confirmed by the agency's staff. Additionally staff receive a structured two week induction at the agency's head office. The agency maintains a record of the induction provided to all staff; records examined provided evidence of a comprehensive induction programme. Staff are provided with a handbook and induction booklet, and have access to the agency's policies and procedures. Staff receive regular supervision during their induction period and an evaluation record maintained.

The agency has a procedure for the induction of short notice/emergency staff; the agency has procedure for verifying the identity of all supply prior to their supply; the documentation was viewed by the inspector it was identified that a photographic profile is maintained.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and process to be followed. Staff are provided with a supervision contract; records are maintained of supervision and appraisal; those viewed indicate that they are completed in accordance with the agency's policies and procedures. It was noted that the person

completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

### **Is Care Effective?**

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager. The agency has a process in place to ensure that staff, provided from another domiciliary care agency have the knowledge, skills and training to carry out the requirement of the job role; the manager stated that the agency rarely uses staff from another agency. Staff rotas viewed for the forthcoming days had staff allocated to shifts as required. It was identified that staff rotas detailed the full name of staff provided or clearly indicate the time of the shift.

The agency provides all staff with a job description; those viewed by the inspector outlined the roles and responsibilities of individual job roles. Staff could describe their roles and responsibilities and the process for reporting any training needs to their line manager.

Staff could describe the detail of the induction programme received and stated that they felt equipped to complete the requirements of their role. Induction information viewed indicated that staff undertake an induction programme within the initial two weeks of employment; however, the full induction process is completed over a period of six months. The agency maintains a record of induction which details regular competency assessments completed with staff during the induction period.

The agency's training and development policy, January 2015, outlines the responsibilities of the manager and staff in highlighting individual training needs. The manager stated that staff are encouraged to highlight any concerns during supervision or at staff meetings; staff stated that they can speak to the manager at any time.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. The agency provides mandatory training to all staff and training specific to meet the needs of individual service users.

The agency has a process for addressing unsatisfactory performance of staff; the staff handbook contains details of the agency's disciplinary policy and procedures.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements and new staff. Concerns raised by service users and their representatives are discussed at monthly tenant and staff meetings.

Service users are provided with detail of staff being provided by the agency to support them; service users stated that they are introduced to new staff. Agency staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles. Service users indicated that staff provided have the knowledge and skills to provide care to meet their needs.

Staff described how their induction involved meeting service users and becoming familiar with their care and support needs; and the importance of respecting their privacy, dignity and choices. Service users stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

#### **Service User Comments:**

- "Staff are fantastic; they listen to me"
- "I make my own choices"
- "I love it here"
- "I am happy with everything; I can speak to the person in charge if I am worried"
- "Staff support me well"
- "Staff are very good"

#### **Staff Comments:**

- "I receive three monthly supervision; I find it helpful"
- "Training is really good"
- "I can approach any of the seniors at any time"
- "Concerns are taken seriously"
- "There is good communication in the staff team"
- "I love working here; the morale is brilliant"
- "We normally have enough staff"

#### **Areas for Improvement:**

There were no areas for improvement identified within Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

#### **Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views and wishes of service users and/or representatives. Service users stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff complete a risk assessment in conjunction with service users and their representatives; the assessments viewed provided examples of positive risk taking. Staff



could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible.

### **Is Care Effective?**

Service users are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust if appropriate. Staff record daily the care and support provided and care plans are reviewed six monthly or as required; in addition staff complete a monthly journal for individual service users. Service users stated that they participate in the development of their care and support plans; they stated that they meet on a regular basis with their identified keyworker within the agency. Care and support plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users.

The agency facilitates bi-monthly tenants meetings with service users and annual family meetings; records viewed indicate that service users are encouraged to express their views and opinions. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format and the tenants guide details the process of accessing an independent advocacy service.

### **Is Care Compassionate?**

Discussions with staff and service users indicate that service users receive care in an individualised manner. Care plans viewed were written in a person centred manner and service users confirmed that they are consulted about the care they receive.

The registered manager described the agency's process for engaging with service users and their representatives were appropriate. Staff discussed examples of responding to service users' choices; records of tenant and family meetings indicated the involvement of service users and their representatives. Service users could describe the detail of the agreed care and support that they receive from staff.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with information on human rights in an appropriate format.

The manager could describe the process of engaging with the HSC trust regarding best interest practices for service users where there may be capacity and consent issues.

The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to; the manager described how service users had recently participated in choosing new furnishings for the shared areas.

**Service User Comments:**

- “Staff listen to us; they are fantastic “
- “I can choose to do what I want ”
- “I talk to the manager if I am not happy”
- “Staff are available 24 hours a day to help you”
- “If you could be content here you wouldn’t be happy anywhere”

**Staff Comments:**

- “Service users are encouraged to make their own choices and their wishes respected”
- “Service users are involved in developing their care and support plans”
- “Tenants views are taken on board and all aspects of their care is discussed with them”

**Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.5 Additional Areas Examined****5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency’s senior housing officer. From records examined the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns and contains an action plan; information is recorded in relation to staffing issues, staff supervision and training needs. The agency’s reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

**5.5.2 Complaints**

The agency has no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency’s complaints policy was reviewed in May 2013; it outlines the procedure in handling complaints.

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

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Brenda Cunningham	<b>Date Completed</b>	9/7/14
<b>Registered Person</b>	Gerry Kelly	<b>Date Approved</b>	21/7/15
<b>RQIA Inspector Assessing Response</b>	Joanne Faulkner	<b>Date Approved</b>	17/08/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**