



Unannounced Care Inspection Report 19 June 2018



Killowen House

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Inspector: Joanne Faulkner

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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 provides accommodation for 43 service users. 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

Organisation/Registered Provider: Apex Housing Association	Registered manager: Brenda Cunningham
Responsible Individual(s): Gerald Kelly	

Person in charge at the time of inspection: Brenda Cunningham	Date manager registered: 30 March 2009
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4.0 Inspection summary

An unannounced inspection took place on 19 June 2018 from 10.00 to 17.00.

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

The inspection determined 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:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training supervision and appraisal
- Quality monitoring systems
- Governance arrangements
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

No areas for improvement were identified during the inspection.

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, Human Resources (HR) manager, service users, relatives and staff for their welcome, support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

No areas for improvement were identified during the inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 8 June 2017

No further actions were required to be taken following the most recent inspection on 8 June 2017.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager and HR manager
- examination of records
- consultation with service users, staff and three relatives
- evaluation and feedback

During the inspection the inspector met with the registered manager, the HR manager, seven service users; the relatives of two service users and three staff.

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
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; nine questionnaires were returned to RQIA. Responses received indicated that service users and /or relatives were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned questionnaires:

- “It took me a while to settle, but now I am and can’t complain. Very happy here.”
- “Very happy with the care provided, the girls are all very good.”
- “Best move that I made.”
- “I am writing this to say I am very happy here, I am truly settled in this home for I am well looked after.”
- “I am getting the best care, I couldn’t ask for more.”
- “Very happy here.”

At the request of the inspector, the registered manager was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; four responses were received. Responses received indicated that staff were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned survey:

- “I think the service is excellent and our tenants are spoiled. Most tenants are happy and satisfied with the service.”
- “I think the service we provide is very good and tenants’ needs are met.”
- “I think tenants choice of meals are excellent and they get offered additional choices if they are not happy with the menus. Staff respect tenants at all times.”
- “I feel our tenants are very well looked after and our staff are trained to a high level and very professional.”

In addition feedback received by the inspector during the course of the inspection 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 8 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 8 June 2017

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 inspection reviewed the agency's processes in place to avoid and prevent harm to service users; it included a review of staffing arrangements 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. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. The manager stated that confirmation is received that all checks have been satisfactorily completed in the form of a checklist. The registered manager and HR manager provided assurances that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency did not retain a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform. This was discussed with the registered manager and the HR manager who stated that the organisation is currently developing a proforma in relation to Regulation 13 (d) Schedule 3.

The agency's training and development policy details the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction competency workbook. The agency requires staff to sign that they have received the induction booklet; the expectation is that staff complete this induction workbook within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency. It was identified that staff receive a three month review during their induction period.

It was identified that no new staff have been employed by the agency since the previous inspection. Records of individual staff induction retained by the agency were viewed; they contained details of the information provided to staff during their induction period.

Observations of and discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. The agency maintains a record for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed two staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC).

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager and staff. The rota information details the person in charge of each shift.

The inspector viewed a record maintained by the manager which records registration details and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. Discussions with the manager and the HR manager provided assurances that the organisation has recently updated the process for monitoring registration status of staff to include the review of the registered managers' registration. The registered manager stated that staff will not be supplied for work if they are not appropriately registered.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of four staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that staff participate in developing individual development plans on an annual basis as part of their appraisal.

The agency has an electronic system for recording staff training; the manager and staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their individual responsibility for ensuring that training updates are completed. The inspector noted that staff were required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month.

The inspector viewed that the agency's staff training matrix; it indicated that majority of staff had completed relevant mandatory training; four staff were due to complete a training update in relation to First aid within the six weeks. The manager described the system in place for monitoring the training completed by staff on a monthly basis which includes monitoring by the training officer. Staff stated that they felt that their training was good and equipped them with the appropriate knowledge and skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding.

Discussions with staff indicated that they had a clear understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

It was noted that service users had been provided with information in relation to adult safeguarding. Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received; relatives knew how to raise concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had made a number of referrals relating to adult safeguarding since the previous inspection. The manager could describe the details of liaison with the HSCT safeguarding team and the measures put in place as part of the protection plan and following the outcome of the investigations.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office accommodation is within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- "I am happy here."
- "This is a great place; I am very happy."
- "Staff are good; food is great."
- "Speak to the office staff if worried."
- "I feel safe; I have no worries."
- "Speak to the manager if I have issues."
- "I am safer in here."
- "I have no concerns."

Relatives' comments

- "This has been life changing for us as a family."
- "Staff are amazing."
- "My ***** has thrived in here."
- "When my ***** has been ill staff have been excellent."
- "My ***** is safe."
- "XXXXX is very happy here, we have no concerns; the staff are wonderful."

Staff comments

- "I got a good induction."
- "I get supervision and appraisal."

- “I love it here; every day is different.”
- “Service users are safe and well looked after.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in accordance with legislation, standards and the organisational policy. It was identified that staff receive training relating to record keeping and confidentiality during their induction programme.

The agency’s staff personnel and service users’ records viewed on the day of the inspection were noted to be retained securely and in an organised manner.

Service users could describe how staff support them to be involved in the completion of their individual risk assessments and the development of their care plans. Staff could describe the processes used for encouraging and supporting service users to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis by the registered manager and a monthly report developed and provided to the senior management team.

The inspector viewed the agency’s quality monitoring reports and records of the visits completed by a senior manager. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Comments recorded on quality monitoring reports

Relative's comment

- "I would recommend Killowen to anyone; staff are attentive, caring and kind."

Staff comments

- "I enjoy my work here."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, relatives and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The manager could describe a range of methods in place to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates quarterly service user and staff meetings; service users stated that they are provided with the opportunity to express their views and opinions on a range of matters. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. It was noted that staff are required to sign the minutes of staff meetings to indicate that they have read and understood the information.

Minutes of service users meetings viewed indicated that service users had been provided with information in relation to meal choices, the complaints process and safeguarding. The agency facilitates family advocacy meetings; one had taken place in January 2018 and it was good to note that feedback received was positive.

Comments received during inspection process.

Service users' comments

- "Staff help me with everything."
- "The staff are lovely; they will do anything."

Relatives' comments

- "I have no concerns about the care."
- "I can go home content that ***** is being well cared for."
- "Staff couldn't do enough for you; especially *****. My ***** is well looked after."

Staff comments

- "Service users will speak up at any time they want."
- "We promote independence."
- "Service users are supported to attend a number of activities such as knitting club, manicures and tea dances at a local hotel."

In addition the organisation facilitates a tenant forum twice yearly and a number of service users are supported to attend.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with service users, relatives and other relevant key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspection sought to assess the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions relating to the care and support they receive.

Staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users, relatives and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

It was identified that care records contained information in relation to the life histories of service users and their needs, choices and preferences.

Staff could describe how they aim to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector could describe how they are supported by staff to be involved in decisions relating to their care, support and daily routines.

It was identified that the agency can provide a range of documentation in an alternative format if required; staff stated that on occasions it is used to assist staff in supporting the service users to effectively engage in decisions about their care.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that the agency is required to produce equality reports on a quarterly basis and that staff had completed training on equality and diversity.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager could describe how staff development and training enables staff to engage with a diverse range of service users.

Discussions with the service users, relatives, staff and the manager provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding management
- use of advocacy services
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Records viewed and discussions with staff indicated that the agency has effective systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders. One relative who spoke to the inspector described the agency's 'open door' policy and stated that staff are always available to talk to them.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; care review meetings, service user meetings and family meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

It was good to note that a number of positive comments from relatives had been recorded in the minutes of the family meeting held on 31 January 2018.

Comments

- "Everything is 100%; **** has improved since coming to Killowen."
- "The staff are so good. I recently had an issue; staff resolved it and rang me back to let me know it had been resolved."
- "Staff are very vigilant and noticed an issue that is now being dealt with."
- "My family member loves it here."
- "The staff are so supportive to our ***** and have helped us deal with her moving in."

Observations made during the inspection and discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. It was observed that service users could speak to staff at any time. The inspector visited service users in shared areas of their homes; it was good to note that service users appeared relaxed and comfortable.

Service users' comments

- "I can do what I want; they are going on an outing today but I am not going."
- "Staff are good, very caring."
- "Get what you want here."
- "I have lived here years and I love it."

Relatives' comments

- “Staff are tuned into ***** needs.”
- “My ***** has choice.”

Staff comments

- “Service users have choice.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspection reviewed management and governance systems in place within the agency to meet the needs of service users. The agency is managed on a day to day basis by the registered manager. Staff could describe the procedure for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was identified that the agency's Disciplinary and Equality and Diversity policies are required to be reviewed and updated; these was provided to the inspector following the inspection.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. Throughout the inspection the inspector was presented with evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency's complaints policy details the procedure for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their initial induction programme. Service users and their relatives knew how to raise concerns and stated that they could speak to staff at any time. The agency maintains an issues log detailing any matters raised. It was noted from records viewed and discussions with the manager that the agency has managed complaints received since the previous inspection in accordance with their policy. The manager stated that complaints/issues received are audited on a monthly basis.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager could describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their job roles; it was noted that staff had been provided with a job description at the commencement of employment and that they are allocated and areas of work each day. Service users and their relatives knew who to talk to if they had a concern. Staff stated that the manager and senior staff are approachable and could describe the procedure for obtaining support and guidance.

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.

Comments received during inspection.

Relatives' comments

- "Staff are excellent; the door is always open, staff have time to talk to me."
- "We can speak to the staff or the manager if we are worried; they will do their best to help you."
- "Couldn't say a bad word about the place."

Staff comments

- "I feel supported and listened to in my job."
- "If I am worried I speak to the manager."
- "We are a vocal team; we speak out if needed."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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