

# Unannounced Care Inspection Report 12 September 2017



**PCG Kilmorey House**  
Domiciliary Care Agency  
3 Arthur Street, Newry, BT34 1HR  
Telephone no: 028 30269150  
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

PCG Kilmorey House is a supported living type domiciliary care agency located in Newry. The agency's aim is to provide care and support to meet the individual assessed needs of people with enduring mental health issues. Staff provide care and support to service users who live in single dwellings, and a group living arrangement. Under the direction of the registered manager staff are available to support service users 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group/Andrew Mayhew	<b>Registered manager:</b> Stanley McGoldrick (Acting- application required)
<b>Person in charge of the service at the time of inspection:</b> Team leader	<b>Date manager registered:</b> Acting- application required

### 4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 10.00 to 15.30.

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 staff recruitment, staff supervision and appraisal, quality monitoring processes and engagement with service users and HSCT representatives.

Areas for improvement were identified in relation to the agency's recruitment policy.

Comments made by service users during the inspection and from completed questionnaires are included within the report.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 1 August 2016

No further actions were required to be taken following the most recent inspection on 1 August 2016.

## 5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- 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 the person in charge, three service users and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations' Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

During the inspection the inspector provided questionnaires for completion by staff and service users; three 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 1 August 2016**

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 1 August 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 agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency were reviewed during the inspection.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of individual staff personnel records; records viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Documentation viewed during the visit indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy which was noted to detail the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; however the inspector noted that the policy was required to be reviewed and updated in line with timescales for review as outlined with the minimum standards.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete an induction workbook during the initial induction period. Staff indicated that they are required to shadow other staff employed by the agency during their induction programme until they feel confident to carry out the requirements of their role.

The inspector viewed the records of two staff members who are currently completing their induction; it was identified that a record of the induction programme provided to staff is retained by the agency. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was identified from discussions with the person in charge that relief staff are accessed from a number of registered domiciliary care agencies; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role. The inspector viewed a staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and the status and expiry date of registration with the Northern Ireland Social Care Council (NISCC).

Discussions with the person in charge 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 noted that the agency's rota information detailed the expected levels of staffing required. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Staff and service users who spoke to the inspector felt that there is enough staff to meet the assessed needs of individuals. It was identified that the HSCT are currently funding additional staff to meet the needs of one individual service user.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The agency provides staff with a supervision contract and maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of supervision and appraisal.

The inspector viewed the agency's electronic system for recording staff training; the person in charge could describe the process for identifying training needs. It was identified that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff were aware of their responsibility for ensuring that required training updates are completed and stated that they are required to complete a written evaluation for all training completed. It was noted that the agency records compliance levels in relation to training completed; this information is reviewed by the person completing the agency's monthly quality monitoring visit.

Staff indicated that they felt that their induction and training programmes had equipped them with the knowledge and skills for their roles; they could describe the process for requesting additional training if required and stated that they felt supported in their job roles.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. 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.

It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

Discussions with staff demonstrated that they had a good understanding of adult safeguarding matters and the procedure for reporting concerns. It was identified from discussions with the person in charge and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update. The inspector noted that adult protection is discussed at the agency's staff meetings.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse. The person in charge described the details of ongoing protection plans in place in relation to safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that the agency's risk management policy outlines the process for assessing and reviewing risk. The inspector viewed a risk assessment in place relating to one individual service user in relation to an agreed restrictive practice in place.

The inspector noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users are supported to participate in the development of their individualised care and support plans and in an annual review involving their HSCT keyworker. It was identified from discussions with staff and records viewed that care and support plans are reviewed as required; staff record daily the care and support provided to service users.

The agency's registered premises are located in the same building as a number of the service users' accommodation and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

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

### **Comments received during inspection.**

#### **Service users' comments**

- 'I feel safe here.'
- 'I am happy with the care; I feel safe.'
- 'Staff are good.'
- 'I tell staff if I am worried.'
- 'I am happy here.'

**Staff comments**

- ‘Excellent staff team. Management support, and genuinely care and value staff.’
- ‘Very positive work environment in terms of support.’
- ‘I believe a lot of effort has went into making care safe. From the easy access, step by step management plans personalised for specific service users in times of crisis, to the education provided to service users on personal safety and security of property.’
- ‘The care is service user focussed.’
- ‘The staff skill mix is good; I feel we have enough staff.’
- ‘We get agency staff if needed.’
- ‘We promote independence and skills.’
- ‘I got a good induction and my competency was assessed.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, supervision and appraisal, and adult safeguarding.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the agency’s recruitment policy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Handbook.

The agency’s information governance and data protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation’s head office prior to the inspection were retained in an organised manner; records held in the agency’s office were noted to be organised and retained securely. Staff stated that they receive training relating to record keeping during their induction programme.

Staff could describe the processes used for encouraging service users to be effectively engaged in the care planning process. Service users could describe the methods staff use to support them to be involved in the development of their individual care plans. Service users are provided with a copy of their care and support plans; it was noted that service users are requested to sign their individual care plans.

The inspector reviewed the agency’s 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 monthly quality monitoring visits; it was noted that the process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of care and support provided.

The inspector viewed the records of monthly quality monitoring visits completed and the action plans developed; records viewed indicated that the process is effective in identifying areas for improvement. Documentation viewed was noted to include comments made by service users, and where appropriate their representatives. The record included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, complaints, medication, care plans and staffing arrangements.

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

The agency facilitates monthly service user and staff meetings. It was identified that a range of items are discussed at each meeting, they include recruitment, service user issues, policies and procedures and adult protection; it was noted that detailed minutes are recorded.

The person in charge could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of ongoing engagement between the agency's staff and HSCT representatives.

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

## **Comments received during inspection.**

### **Service users' comments**

- 'I go to my review meeting.'
- 'I do my own shopping and make my own meals.'
- 'Staff help me with things.'
- 'I can take my own tablets; we have a daily dispensing arrangement.'

### **Staff comments**

- 'Service users are always kept informed and involved in the development of their care plan.'
- 'We regularly discuss at team meeting each service user and the care and support we provide.'
- 'The scheme is very service user focussed; staff have strong rapport with service users and always put their views and preferences first.'
- 'I like working here; the seniors are approachable and supportive.'
- 'I feel valued and that my input matters.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and communication with service users and relevant 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, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was identified from records viewed and discussions with the person in charge that staff receive training in relation to confidentiality during their induction programme. Discussions with service users and staff, and observations of staff and service user interactions made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. Service users who met with the inspector could describe the methods used by staff to ensure they are engaged in decisions about the care and support they receive. Service users stated that they are encouraged to make their own decisions and indicated that staff are respectful of their views and opinions.

Staff could describe the systems used to encourage them to provide care and support in an individualised manner; they described the procedure for effectively supporting service users to make informed choices.

It was identified from discussions with service users, staff and information viewed that the agency has a range of systems in place to record comments made by service users and were appropriate their representatives. Records of service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

The agency has systems in place to promote effective engagement with service users and for responding to the comments made by them; they include the agency's quality monitoring process; complaints process; annual care review meetings and service user 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.

The inspector viewed information that had been provided in an alternative format to support service users to be effectively engaged in decisions about their care. The person in charge stated that if required the agency can provide a range of information in an alternative format.

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

### Comments received during the inspection process.

#### Service users' comments

- ‘The staff always listen.’
- ‘I paint and I sell my paintings; staff have supported me with this.’
- ‘Staff talk to me.’
- ‘I can talk to XXXX my keyworker.’
- ‘I go out a bit; I can do what I want.’
- ‘I have been to Lourdes.’
- ‘I choose what I want to eat and what I want to do.’

**Staff comments**

- ‘I believe this is something we do well and put at the forefront of our work.’
- ‘We hold regular service user meetings and take opinions, feedback and complaints seriously.’
- ‘Service user participation and advocacy is key.’
- ‘We hold monthly service user meetings; we have a diverse activity programme based on the service users preferences.’
- ‘We engage with service users in support planning and task analysis goal setting.’
- ‘Service is very service user focussed.’
- ‘Service users have choice and can refuse care and support.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s processes for engaging with service users and relevant stakeholders and in endeavouring to provide care and support in a person centred manner.

**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.**

It was identified that the agency has implemented systems of management and governance to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by a registered manager and a number of team leaders. Staff could describe the procedure for obtaining support and guidance from senior management within the organisation if required.

The inspector noted that the agency has a range of policies and procedures noted to be in accordance with those required within the minimum standards. It was identified that the agency’s policies are retained in an electronic format which staff can access; however it was noted that a range of key policies are also available for staff in a paper format. During the inspection the inspector viewed a number of the organisation’s policies; it was identified the

recruitment policy is required to be reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The inspector reviewed the agency's procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and care plans for individual service users. It was noted from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff stated that they receive training in relation to managing complaints during their induction programme. Service users indicated that they are encouraged speak to staff in relation to concerns they have.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received three complaints since the previous inspection. Records viewed and discussions with the person in charge indicated that the agency had acted in accordance with their policy. The inspector identified from records viewed that the agency keeps a record of the outcome of the investigation of individual complaints.

It was identified from records viewed and discussions with the person in charge during the inspection that the agency has in place effective management and governance systems to monitor and improve quality; these include ongoing arrangements for monitoring staffing arrangements, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal. Staff could describe the benefits of the process for the ongoing review of the quality of the service provided and of identifying areas for improvement.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The organisational and management structure of the agency is outlined in the Statement of Purpose and service user handbook.

Staff could describe the responsibilities of their job roles; it was noted that staff are provided with a job description at the commencement of their employment for the organisation. Staff stated that they are provided with a detailed handover pro forma at the commencement of each shift; it outlines for staff any changes in the needs of individual service users and the duties to be completed. Staff demonstrated that they had an understanding of the agency's whistleblowing policy.

Staff who met with the inspector indicated that the manager and team leaders are supportive and approachable and could describe the procedure for obtaining additional support if required. Service users were aware of staff roles and knew how to get help or advice from staff. There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives. The inspector viewed documentation detailing a positive comment made by a HSCT senior manager in relation to the care and support provided by the staff to one individual service user.

The agency's staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other appropriate regulatory body; the person in charge stated that a record is

maintained by the agency's HR department which records registration details and expiry dates. It was identified that registration status is discussed with staff at supervision and that they are alerted when they are due to renew their registration. Discussions with HR personnel and the person in charge 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.

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

### **Comments received during inspection.**

#### **Service users' comments**

- 'I like the manager; he does a good job.'
- 'I go to the tenant's meetings.'
- 'My social worker comes to see me.'

#### **Staff comments**

- 'All staff do their best; it would be improved by more support workers.'
- 'The team leaders are extremely organised; they are dedicated to achieving the best outcomes for service users.'
- 'Team leaders are approachable.'
- 'I believe our manager and both team leaders do a fantastic job; often going over and beyond for service users and staff alike.'
- 'The past year has seen many positive changes for service users, most as a result of management responding to service user feedback, suggestions, wishes and complaints.'
- 'It is very organised; there is a handover sheet provided daily.'

#### **Areas of good practice**

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

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time  <b>To be completed by:</b> 12 December 2017	The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> The particular policy, the Recruitment policy for the agency is subject to a systematic 3 yearly review and it was reviewed and signed off yesterday by HR. Going forward it is expected that all policies that are subject to a time specific review will be completed within the expected timeframe.

*\*Please ensure this document is completed in full and returned via Web Portal*



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