

# Inspection Report

23 May 2023



## Killowen House

**Type of Service: Domiciliary Care Agency**  
**Address: 20 Killowen Street, Coleraine, BT51 3DD**  
**Tel No: 028 7032 9650**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association	<b>Registered Manager:</b> Mrs. Brenda Cunningham
<b>Responsible Individual:</b> Ms. Sheena Mc Callion	<b>Date registered:</b> 30 March 2009
<b>Person in charge at the time of inspection:</b> Senior Staff	
<b>Brief description of the accommodation/how the service operates:</b> Killowen House is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to people, who live in separate apartments, located at the same premises.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 May 2023 between 09.00 a.m. and 11.30a.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement/meetings, staff induction and training.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights.

Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

#### **4.0 What did people tell us about the service?**

During the inspection we provided a number of questionnaires for service users or their representatives to comment on the areas of service quality and their lived experiences. We also had discussions with staff and service users.

##### **Service user comments:**

- "I feel safe and secure here."
- "This was the best move I ever made."
- "Staff are very reliable."
- "It has been a very positive experience."
- "Staff are very approachable and willing."
- "Staff are always welcoming to people."
- "I could not ask for any better."

##### **Staff comments:**

- "I have all my training up to date."
- "I have one to one supervision."
- "Good staff communication."
- "I'm aware of my responsibility to NISCC as a care worker."
- "I received a good comprehensive induction."
- "We have good relationships with relatives."
- "The manager has an open door policy to all."
- "Good care is provided."

No service user or staff questionnaires were returned prior to the issue of this report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 7 June 2022 by a care inspector. No areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The adult safeguarding annual report was completed and reviewed as satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. All staff had undertaken training in relation to adult safeguarding. Following review of incident records, it was evident that staff understood their role in relation to reporting poor practice and the agency's policy and procedure with regard to whistleblowing. Staff were provided with training appropriate to the requirements of their role. The manager advised that there were no service users requiring the use of specialised equipment to assist them with moving.

A review of care records identified that risk assessments and care plans were up to date. Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements. We noted some of the comments received during annual reviews:

- "I'm happy in Killowen and have no issues."
- "I'm very happy with the care and support plans."
- "I'm happy with the care I receive here from staff."
- "Very happy no complaints."
- "Very pleased with the care."
- "I'm glad I made the move. The staff are very good to me and the food is good."

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf

must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLs) training appropriate to their job roles. The manager reported that no current service users were subject to (DoLs) arrangements.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users and the relatives had an input into devising their own plan of care. The service users' care plans were person-centred and contained details about their likes, dislikes and preferences. Care and support plans were kept under regular review and service users participated, in the review of the care provided on an annual basis, or when changes occur.

The review of the care records identified that the agency focused on the service users' human rights. It was good to note the service users' consent was sought and that they had a choice.

The agency held regular service user meetings and minutes were available for review. We noted some of the areas set for discussion during meetings:

- Safeguarding
- Health and safety
- Contingency plans
- Complaints/Compliments
- Menus and food quality
- Activities, outings and events
- Professional boundaries
- Advocacy services

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

No service users were assessed by SALT as being at risk when they were eating and drinking. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

There was a robust recruitment procedure in place which ensured that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There were no volunteers working in the agency.

The agency uses the services of another registered domiciliary care agency. Records reviewed show a comprehensive induction in place.

### 5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. This was verified by staff during discussions.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement and observations of service users and staff interactions, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

We noted some of the comments received during quality monitoring:

#### Service users:

- "The staff could not be more helpful."
- "Staff are helpful and friendly."
- "I feel safe and secure."

#### Staff:

- "I am well supported."
- "High standards here."
- "Staff morale is good."

#### Relatives:

- "Excellent care and communication."
- "Good care and support."
- "I'm kept informed of what is going on."

#### HSC Staff:

- "The quality of care is very good."
- "Tenants are treated with dignity and respect."
- "Nothing is a problem to staff."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures. The agency's registration certificate was up to date.

There was a system in place to ensure that any complaints were managed in accordance with the agency's policy and procedure. Any complaints received were reviewed as part of the agency's quality monitoring process. No complaints had been received since the last inspection.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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