

Inspection Report

7 June 2022



Killowen House

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association	Registered Manager: Mrs Brenda Cunningham
Responsible Individual: Ms. Sheena McCallion	Date registered: 30 March 2009
Person in charge at the time of inspection: Mrs Brenda Cunningham	
Brief description of the agency operates: 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 7 June 2022 between 9:00 a.m. and 12:00 p.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), restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, governance and management arrangements.

Killowen House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 the 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 survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives, staff members and visiting professionals.

The information provided by these stakeholders indicated that there were no concerns in relation to the agency.

Service users' comments:

- "They (staff) are all very good."
- "Fantastic place to live, everything is done for you."
- "Very good, all the staff are very friendly."

One of the service users spoke about the impact of the Covid-19 visiting restrictions. This was discussed with the manager who advised that easing of restrictions was planned to be discussed with senior management within Apex. Following the inspection, RQIA received confirmation that normal visiting arrangements had resumed.

Service users' relatives/representatives' comments:

- "It is great, really good. The staff are very friendly, as you would expect them to be."

Staff comments:

- "I do my job as if it were my mother was living here."
- "Absolutely great, I have no concerns."
- "One of the best run places I have worked in."
- "Wonderful team spirit."
- "They (service users) are spoilt here, lovely place to live/work."

Visiting professional's comments:

- "I have no concerns, happy residents, happy staff."

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "It's very good, first class."
- "I am content and happy I made the move."
- "Yes, I am happy here."
- "We have no problem with our care."
- "I am very happy here."
- "I am content."
- "I am happy in Killowen. I have made it my home and am happy in it."
- "I am happy and staff are very good to me."
- "I am very content in here. I am very happy. The staff are very obliging and help me."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "Tenants in the unit are happy and well looked after."

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 inspection to Killowen House was undertaken on 20 May 2021 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 agency's annual Adult Safeguarding Position report was in the process of being completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns during and outside normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Review of records confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment but they were aware of how to source relevant training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

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

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA) 2016. The 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.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Health and Safety
- Adult Safeguarding
- Professional boundaries
- Contingency plans
- Fire safety
- How to make a complaint
- How the service users' comfort monies were spent
- Menu suggestions
- Advocacy services
- Covid-19
- Activities planning

It was good to note that the service users 'Had a Say' in the running of the service. This was evident in the review of records, where their suggestions were recorded and notes made of any follow up actions taken in response.

Service users' consent was sought in relation to whether or not they wanted:

- to administer their own medicine
- staff to check on them during the night
- staff to make referrals to HSCT professionals on their behalf
- their information to be shared with relatives

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). The inspector was advised that none of the service users had difficulty swallowing or required their meals to be of a specific consistency. A review of training records confirmed that all staff had completed training in relation to dysphagia.

One health care worker supplied by a recruitment agency required dysphagia training. Following the inspection, RQIA received confirmation that this training had been undertaken. It was good to note that all staff had undertaken First Aid training which included how to respond to choking incidents.

A resource folder was available for staff to reference. This included information on Swallow awareness and other relevant information/newsletters.

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

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and there was a system in place for professional registrations to be monitored by the manager.

The manager advised that there were no volunteers working in the agency.

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, three day 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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing 90 hours of Post Registration Training & Learning.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 monthly quality monitoring process established that there was engagement with service users, their relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was in the process of being completed; this will be reviewed at the next inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents or Significant Event Analyses procedures.

The agency's registration certificate was up to date and displayed appropriately. Current certificates of public and employers' liability insurance were reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where any complaints were received since the last inspection, these were managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

The Statement of Purpose was in the process of being updated. This will be reviewed at the next inspection.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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