The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Killowen House

Provider: Apex Housing Association

Date of Inspection: 3 December 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	**Apex Housing Association**
Responsible Individual/Responsible Person:	**Ms. Sheena McCallion**
Registered Manager:	**Mrs. Brenda Cunningham**

Service Profile:

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 in Coleraine.

2.0 Inspection summary

An unannounced inspection took place on 03 December 2024, between 09.30 a.m. and 13.00 p.m. The inspection was carried out 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 inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

Good practice was identified in relation to service user involvement, tenant and relative feedback, and staff induction. There were good governance and management arrangements in place.

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 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about Killowen House. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff and the commissioning trust.

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.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in Killowen House.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff. The information provided indicated that there were no concerns in relation to the service.

During the inspection the inspector spoke with a number of service users who commented:

- "I've lived here for many years. I love it. The staff are first class."
- "We are very well looked after. The food is good and the staff are all nice."
- "I love my flat. It's great having your own front door."

The inspector spoke with a number of service users' relatives who commented:

- "It's a great place. Brenda is great. Not an issue with Killowen House."
- "I couldn't be happier with [my relative] in Killowen House."
- "[my relative] is very happy and that's all that matters to me."

The inspector spoke with a number of staffwho commented:

- "I've worked her most of my working life. I love my work family."
- "I love the service users. The manager is great."

- "I'm very happy here."

There were no responses to the electronic survey but a number of service users completed questionnaires. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "It's like a holiday home."
- "The staff show kindness and compassion."
- "I could not be better off than where I am."

3.3 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 23 May 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection Findings

3.4.1 Are there operational management systems and arrangements in place that support and promote the delivery of quality care services?

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).

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 incidences of abuse and the process for reporting concerns in normal business hours and out of 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.4.2 Governance and Managerial Oversight

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 with service users, 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.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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

3.4.3 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); there was a system in place for registrations to be monitored by the Manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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 lasted twelve weeks which also included shadowing of a more experienced staff member. Written records in the form of an induction booklet were retained by the agency of the person's capability and competency in relation to their job role.

Staff training was examined; the inspector was assured that the agency had a training and development plan in place which highlighted a number of areas that are mandatory. 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 Post Registration Training and Learning. There was a process for the both the Manager and the agency to check these monthly. Staff said that they were aware of this requirement.

3.4.4 What are the systems in place for meeting service users' care needs?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with reports which support 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. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The Manager reported that none of the service users currently required the use of specialised equipment. All current service users were independently mobile as this is one of the admission criteria to the agency. Staff were aware of how to source training in the use of specialised equipment, should it be required in the future. In the event of deterioration in a service user's mobility, all possible reversible reasons for this are explored before alternative accommodation is sought.

The Manager advised that there were no service users with Dysphagia care needs. All staff had, however, completed training in this area.

It was also good to note that the agency had service users' meetings on a quarterly basis which enabled the service users to discuss the provisions of their care.

Care reviews had been undertaken in keeping with the agency's policies and procedures, though the Manager reported that there were few service users who have designated community named workers. There was evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. 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 completed 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 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).

Staff had completed appropriate Deprivation of Liberty Safeguards (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 supervision and appraisal arrangements were examined and the agency's policy set out the frequency of supervision in conjunction with NISCC guidelines. Arrangements were in place to help ensure that staff appraisals would occur annually.

Where staff are unable to gain access to a service users home, the Manager confirmed the existence of an operational policy and procedure which clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. 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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