

Unannounced Care Inspection Report 18 April 2019



Killowen House

Type of Service: Domiciliary Care Agency
Address: 20 Killowen Street, Coleraine, BT51 3DB
Tel No: 02870329650
Inspector: Aveen Donnelly

www.rqia.org.uk

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 Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Brenda Cunningham
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 30/03/2009

4.0 Inspection summary

An unannounced inspection took place on 18 April 2019 from 09.15 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

No areas for improvement were identified.

Service users said that they were happy with the care and support provided.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with the Senior Support Worker, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 19 June 2018

No further actions were required to be taken following the most recent inspection on 19 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eleven staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; nine were returned and details of the responses are included within the report.

The inspector spoke with four service users, three staff members and three relatives. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent unannounced care inspection dated 19 June 2018

No areas for improvement were identified.

6.2 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 staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as human rights, equality and diversity, communication, confidentiality and data protection.

An information folder was also available for staff, which provided them with information and referral procedures for various community services. Information in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI) was also available.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation and a number of deputy ASC's. The Annual Position Report had also been completed.

The organisation had a safeguarding working group which meets bi-annually. A Safeguarding Newsletter is also published three times per year, in which important information about safeguarding matters is included. The newsletter focused on institutional abuse and aimed to refresh everyone's understanding of safeguarding topics and

procedures. Case studies were also included in the newsletter. This is good practice and is commended.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the person in charge was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

A Contingency Plan was also maintained at the agency's office, to ensure that important information was available to the emergency services, should the service users be required to evacuate the building. This was noted to include information pertaining to the service users' prescribed medications, mobility level and information on their communication skills and their preferences. This is good practice and is commended.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the Health and Social Care (HSC) trust.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly in relation to the service users right to maintain contact with their family and friends; choice in all aspects of their daily living; and autonomy. It was good to note that the care plan focused on the service user's right to determine the level of support they wished to avail of.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

A welcome pack included all the information new service users may need. This included information on how to access additional care packages through the relevant HSC trust, if appropriate.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments
- disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to entering their rooms at night for safety check purposes and administering medicines to those who required help from staff. In addition consent was obtained in relation to sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan. One service user commented that the staff did not consistently knock on their door, before entering. This was discussed with the person in charge who agreed to further develop the agency's consent processes in this regard, to ensure that the service users' privacy was respected at all times.

It was good to note that the organisation operated a service 'Focus Group'. A number of the service users who lived in Killowen House participated in this. The inspector was advised that the Focus Group were involved in planning activities for the agency, were encouraged to contribute to the twice yearly newsletter and that they were consulted with in relation to the development of the annual survey. The Focus Group were also given information in relation to falls prevention, which they were encouraged to share with other service users. They were also informed of policy developments for the organisation.

The organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality. This information was also included within the service user guide, so that the service users were also aware of how staff should treat them. Information was also included in relation to advocacy services, which they could access, if required.

Information on human rights was also available in 'easy read' format, if appropriate to the needs of the service users.

The inspector was provided with a number of examples which demonstrated that the staff had achieved an appropriate balance between promoting autonomy and maintaining safety, resulting in positive outcomes for the service users. One staff member described how the staff supported a service user to use a bank card; this resulted in the service user progressing towards independence where they could buy their own groceries and go to the local pub or football matches independently. Other examples related to efforts staff went to, in maintaining the service users' family connections and inclusion in social activities.

Service users' wishes in relation to their planned funeral arrangements were recorded. This ensured that the service users' wishes could be respected at this important time.

The inspector spoke with four service users, three staff members and three relatives. Some comments received are detailed below:

Staff

- "It's like a family here."
- "It's great, they are all spoilt."
- "It is a very good, welcoming place with a good team."

Service users' representatives

- "They are getting on rightly here."
- "Everything is fine."
- "We are really happy, I have absolutely no concerns and (my relative) seems content enough."

One relative spoken with commented in relation to the variety of the food. This was relayed to the person in charge who advised that the service users are involved in the menu planning process. Assurances were provided that this matter would be reviewed.

Service users

- "They are lovely."
- "I couldn't ask for anything better."
- "The staff and everything here is perfect."

One service user spoke to the inspector in relation to a specific matter. This was relayed to the person in charge and an undertaking was given that this would be followed up.

Service users consulted with during the inspection gave examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Eleven staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt 'very satisfied' that the care and support provided was safe, effective and compassionate; and that the service was well led. One respondent indicated that they felt unsatisfied in relation to safe, compassionate and effective care; two respondents were 'undecided' in relation to the well led domain. No written comments were made to support this.

Written comments included:

- “I am happy in my work and tenants care and support is person centred to their own unique needs.”
- “The service users’ human rights are upheld in all aspects of their care and support. The manager has an open door policy and I can speak to them about any issues and complaints and they will be dealt with as soon as possible.”
- “The tenants get a good standard of food and the kitchen is very accommodating to additional requests.”
- “I think the unit is well run, clean and tidy and I enjoy working in it.”
- “The tenants are very well looked after and I enjoy working with them where they can have full conversations with me.”
- “I am happy working here, I enjoy the interaction with tenants and feel they are well looked after.”
- “Tenants are well cared for in a comfortable setting where they are encouraged and supported to be as independent as possible. Staff are very well trained and fully aware of tenants needs.”
- “I am more than happy with the scheme and feel everything is as it should be to keep all tenants safeguarded and feeling at home.”

The returned questionnaires from eight service users and one relative indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “Very happy with the care and accommodation.”
- “I get what I require.”
- “Everything is great, I get the very best, all is provided and I am very well looked after.”
- “I am very happy with my care, the staff are very kind, I am so well treated, I have no complaints.”
- “I am very content and well looked after in this house for everybody does everything for us and I thank the Lord for them.”
- “This place is like a first class hotel.”

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided. The agency promoted the involvement of service users, particularly in relation to its Focus Group.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 agency is managed on a day to day basis by the manager, with the support of two senior support workers and a team of care staff. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the NISCC. The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The person in charge described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was noted that service users received a leaflet on how to make a complaint, as part of the welcome pack they received when they first came to live at Killowen House. Details of the relevant trust complaints departments was also included in the information provided.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records
- cleanliness audits.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified in this domain 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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