

Inspection Report

20 May 2021



Killowen House

Type of Service: Domiciliary Care Agency
Address: 20 Killowen Street, Coleraine, BT51 3DB
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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: Mrs Sheena McCallion	Date registered: 30 March 2009
Person in charge at the time of inspection: Mrs Brenda Cunningham	
Brief description of the agency operates: This 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

The care inspector undertook an announced inspection on 20 May 2021 between 10.00 am and 12pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the Northern Ireland Social Care Council (NISCC) were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the agency?

The information provided by service users and relatives during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received via the electronic survey:

Service users' comments:

- "It's not home but it's the next best thing."
- "I am very happy living here and have no complaints."
- "The staff do a great job looking after us and have been our family when we haven't been able to get out during Covid."
- "I moved in to Killowen House during lockdown and it has been great having the company of the staff and the other residents as I was on my own at home and felt very vulnerable."
- "I love living here. It's like a first class hotel and the staff are all so good to me."
- "It has been very hard for staff during the Covid pandemic, but they have done an amazing job and kept us all safe."

Relatives' comments:

- "The staff of Killowen House are always helpful and provide excellent care for my mother."
- "The management team, led by Brenda is first rate."
- "Killowen House is an excellent home for my mother in so many ways. I know that she is well care for and I would have no hesitation in recommending this place to anyone."
- "Brenda and her staff are doing a great job under difficult circumstances."
- "All staff were vigilant and kept the virus out of the home."
- "Words cannot express how wonderful this service is. I am totally blown away how much the manager and her staff care. I was impressed with this service before. Now, I'm totally blown away by them. This service should be held up as a service that is safe, caring,

proactive and person-centred for the clients, whilst also seeking and supporting families feelings. If only other care services would deliver care this way.”

- “Everyday when I visit, at the front window there are tenants asleep in public view which is very off-putting as in my view they should be encouraged to go to their rooms, if they would like a nap. At meal times there should be more of a choice or alternative and also more cleaning and sanitizer used within the rooms.”

Staff told us that they were happy with the support provided by the manager. The following comments were received via the electronic survey:

- “I have been a staff member in Killowen House for almost 21 years and I have always been very happy in my work and the way the scheme is managed. The manager has an open door policy for both staff and tenants and there is nothing too much trouble for her.”
- “As a new member of staff, it has been great to join such a dedicated and supportive team.”
- “I am very happy working in Killowen House. The fact that we have managed to keep covid out of the unit is excellent.”
- “Great staff team who are very committed to the unit and service users and ensure that their needs are met.”

5.0 The inspection

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

The last inspection of the agency was undertaken on 18 April 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. None were required to be submitted to RQIA.

Staff were provided with training appropriate to the requirements of their role. This included Deprivation of Liberty Safeguards (DoLS) training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there were no restrictive practices used within the agency.

The manager confirmed the agency does not manage individual monies belonging to the people they support.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

One relative provided electronic feedback regarding the impact Covid had on them, particularly in relation to the lack of 'normal' contact and the effect this had on their emotional wellbeing. The relative stated that they struggled to understand the logic behind some of the decision making. The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. The manager explained that this had been offered to service users and that no relatives had expressed an interest in this and agreed to follow this up again with relatives.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the people they support. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's

(EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Brenda Cunningham, Manager, as part of the inspection process and can be found in the main body of the report.



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