

# Announced Care Inspection Report 3 September 2020



## Knockeden

**Type of Service: Domiciliary Care Agency**  
**Address: Edenderry Gardens, Gilford Road, Portadown, BT63 5EA**  
**Tel No: 02838394050**  
**Inspector: Corrie Visser and Angela Graham**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Knockeden is a supported living type domiciliary care agency located in the Southern Health and Social Care Trust (SHSCT) area which provides personal care and housing support to up to 16 service users with a learning disability and complex needs. The service users are supported by 50 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Mrs Christina Drainey
<b>Responsible Individual(s):</b> Mrs Fiona McAnespie	
<b>Person in charge at the time of inspection:</b> Mrs Christina Drainey	<b>Date manager registered:</b> 9 April 2009

### 4.0 Inspection summary

An announced inspection took place on 3 September 2020 from 10.15 to 15.55 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 20 December 2018 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

One area requiring improvement was identified in relation to staff training.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), care reviews, management of incidents, monthly quality monitoring reports, management of complaints, fire safety and the environment. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures. It was also positive to note that the service had received 61 compliments in 2020.

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
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Christina Draine, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 20 December 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 December 2018.

#### **5.0 How we inspect**

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

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for the service users and those who visit them to give them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of this report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire. Three staff provided responses and comments are included within the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. Six responses were received; analysis and comments are included within this report.

During the inspection the inspector met with three service users, four staff and one service users' relative.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

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

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 20 December 2018		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time	Training on the protection of children and vulnerable adults for staff is updated at least every two years.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the training matrix and it was noted that all staff had attended this training and this standard was assessed as met.	

## 6.1 Inspection findings

### Recruitment records:

The service's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to Access NI. The manager provided us with confirmation emails from HR advising that all the pre-employment checks had been completed and a commencement date could be provided. It was also positive to note that HR kept the manager updated regularly in relation to the current status of these checks.

The NISCC matrix was reviewed and it confirmed that all staff are currently registered with NISCC. We noted that HR monitors the registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

### Staff training:

The training matrix was reviewed during the inspection and it was noted that a significant number of staff were outstanding training in relation to fire safety awareness, fire evacuation at scheme, medication and food hygiene. The manager advised that training was provided to staff during the Covid-19 pandemic however it was difficult for us to ascertain what staff had attended the training as there appeared to be two separate training records. The manager was advised that these records needed to be merged into one individual matrix so that it could be monitored and training provided when required. An area for improvement was made in this regard.

**Compliments:**

It was positive to note that the service had received 61 compliments in 2020. A comment written in a "Thank you" card stated:

- "I find it difficult to put into words my gratitude and appreciation for the love and care given by staff to xxxx over all his years in Knockeden."

**Comments from service users included:**

- "This is a good place."
- "I like colouring and staff help me."
- "Food is good, I like my lunch."
- "My room is lovely and warm."
- "I used to go out for lunch, it's a good while since I've been out for lunch."
- "Staff are good to me, they are nice."
- "No problems."

**Comments from service users' relatives included:**

- "No issues whatsoever."
- "Staff are fantastic."
- "Any directions are first class."
- "My brother has a personalised room."
- "I can't fault them."
- "The girls can pick up when my brother isn't happy or if he is anxious."
- "He was taken out to lunch or dinner and to the pantomime pre Covid-19."
- "There is more stimulation and activities in here for him."
- "No issues with his diet and the food is good here."
- "Staff facilitated WhatsApp video calls during Covid-19 when we couldn't visit."

**Comments from care workers included:**

- "The manager is approachable and supportive."
- "The team leader is always there."
- "Supervision is good and regular."
- "When we have a full staff group, we provide safe care."
- "We get a handover before every shift."
- "We always get time to read the care plans."
- "It's the first job that I can say I am happy coming to."
- "We are like a wee family."
- "We are all there for each other."
- "We are a close knit group and are close friends, even outside work."
- "Team work makes the dream work."
- "Hand washing of the tenants is so important."
- "Training is good."

Six service user/relative questionnaires were received prior to the issuing of this report. Four were from relatives and two did not state if they were a relative or a service user. All six respondents were very satisfied that the care being delivered is safe, effective and compassionate. Five respondents were very satisfied that the care being delivered is well led, with one respondent being satisfied.

Comments received included:

- “My brother lives in Knockeden. Professional and caring staff, from the chef to the manager.”
- “My sister, I feel is very well cared for at Knockeden. I’m so thankful for the staff and management for looking after her, not only in these very trying times but throughout the years.”

Three staff surveys were returned prior to the issuing of this report which focused on whether they considered the care being delivered was safe, compassionate, effective and well led. One staff member was very satisfied that the care was safe, one was satisfied and one was undecided. Two care workers were satisfied that the care being delivered was compassionate and one was undecided. In relation to if the care being delivered was effective one care worker was undecided, one was satisfied and one was unsatisfied. The final domain was in relation to if the care being delivered is well led. One care worker was satisfied, one was undecided and one was unsatisfied. We were unable to clarify the reasons why care workers were undecided or unsatisfied as no comments were provided and the questionnaires are confidential therefore the care workers were not consulted. This feedback has been provided to the manager.

### Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), care reviews, management of incidents, monthly quality monitoring reports, management of complaints, fire safety and the environment. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

### Areas for improvement

One area for improvement was identified in relation to staff training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### Covid-19:

We spoke to the manager and to four staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. The service has a specific area on site for staff to don and doff their PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- monitoring of staff practice
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19

- temperature monitoring of staff and service users in line with guidance
- used PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The manager and staff confirmed that temperatures are taken in line with guidance and staff were also mindful of the following symptoms fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the scheme for service users, staff and visitors to use to ensure good hand hygiene. It was also noted that every person entering the scheme had to be compliant with the PPE as well as sanitise the bottom of their shoes prior to coming through the main door.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good IPC practices.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the scheme.

**Areas of good practice**

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Christina Draine, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that all mandatory training requirements are met.</p> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Actioned and completed by the registered manager</p>



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews