



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Knockeden**

**16 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 16 July 2015 from 09.15 to 15.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

The details of the QIP within this report were discussed with the team leader in charge on the day of inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

The inspector would like to thank the team leader, agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fold Housing Association/Fiona NcAnespie	<b>Registered Manager:</b> Christina Drainey
<b>Person in Charge of the Agency at the Time of Inspection:</b> Team Leader	<b>Date Manager Registered:</b> 13 January 2014
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 16	

Knockeden is a domiciliary care agency (supported living) operated by Fold Housing Association. A service is provided to 16 adults with learning disability, all of whom live within the Knockeden complex which is four separate bungalows with a central communal area and shared outdoor space.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Prior to inspection the following records were analysed:
- The previous inspection reports and quality improvement plans
- The records of incidents reported to RQIA
- Summary of complaints received from 1 January 2014 – 31 March 2015 submitted to RQIA prior to the inspection

During the inspection the inspector met with three service users in their private accommodation and with a number of other service users who were enjoying a barbeque in one of the communal areas of Knockeden. The inspector also spoke with four staff, the team leader in charge and the administrator.

The inspector requested that RQIA questionnaires were distributed to staff for completion. Three questionnaires were returned by staff during the inspection and two were returned after the inspection. Four questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that there are at all times an appropriate number of suitably skilled staff
- Staff are satisfied that the agency's induction process prepared them for their role
- Staff are satisfied that arrangements for service user involvement are effective

Comments included:

- "I would confirm that the care and service provided within the agency is of the highest standard"
- "...it is a very happy and homely environment"

One individual who returned a questionnaire indicated dissatisfaction with aspects of the indicators included in the questionnaire. The inspector wrote to the individual for clarification however a reply was not received during the inspection period.

The inspector requested a list of service users' representatives and relevant HSC trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The inspector spoke with the relatives of one service user after the inspection. This contact provided very positive feedback in relation to the quality of care and reported a high level of satisfaction with the attention given to the service users and to the cleanliness of their accommodation. The inspector also telephoned a HSC trust professional after the inspection visit and received positive feedback in relation to the quality of the services provided by staff.

The feedback from service users, staff, HSC trust professional and service users' relatives has been incorporated into the inspection findings.

The following records were examined during the inspection:

- Staff duty rotas
- The agency's alphabetical index of staff
- Policies and procedures including induction, supervision, whistleblowing, recruitment and selection
- Complaints records
- Staff induction records
- Staff handbook
- Staff training records
- Care records
- Records of quality monitoring

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 26 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 8.15</b>	It is recommended that staff record the times of removal and return of service users' bank cards from the agency safe.	<b>Met</b>
	The inspector noted that staff record the times of removal and return of service users' bank cards from the agency safe.	

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency's Recruitment and Selection Policy (June 2014) and the Rehabilitation of Offenders Policy was examined and reflected the requirements of the regulations with regard to seeking satisfactory references, Enhanced Access NI disclosures, photographic identification and pre-employment health checks. The associated documentation relating to these checks was available for inspection. The inspector noted that one reference supplied as the previous employer reference indicated that the staff member had not worked for this person for a number of years and therefore the referee could not comment on some aspects of performance. This reference should not have been considered as the current/ most recent employer and a requirement is therefore made.

The agency's alphabetical index of staff was examined and contained details of both current and previously supplied staff.

The agency's 'Induction and Training Plan for New Employees of Fold' template was examined and reflected a three day structured induction programme. Each of the three days had a range of areas to be covered including facilities, policies and procedures, communication, courtesies, finance, role/job information and training and development. The induction documentation also includes any areas of training required during the induction period and any further training beyond the induction period. Induction records also contain a one month, two month and three month review. The inspector viewed examples of completed induction records and noted these had been signed by the member of staff and senior staff member. During the induction period staff also sign to confirm their awareness of a range of agency policies and procedures.

The agency's Use of Agency Staff policy was examined and included the arrangements for checking identification and obtaining confirmation of pre-employment checks prior to supplying the worker. There is a checklist for the induction of staff from other domiciliary care agencies. The agency's staff handbook was examined and includes information on conduct, behaviour and discipline, development opportunities, performance management, health, safety and welfare.

The agency's Induction, Supervision, Development and Competency Assessment policy was examined (June 2013) and outlined the frequency of staff supervision for the range of staff employed by the agency.

#### **Is Care Effective?**

The agency is managed by the registered manager and there are team leaders, and care staff who provide care and support to service users over the 24 hour period. A senior member of staff is available at all times on site. The team leader advised the inspector that at least two care staff are on during the day in each bungalow. Waking staff are available to respond to service users at night when two support workers and one team leader are on duty in the scheme.

The agency's duty rotas were examined. The rotas provided an assurance that the staffing levels had been maintained and that consistent staffing was available to the service users.

The team leader confirmed that only regular staff from other domiciliary care agencies are used within the scheme and that they have “flexi” workers within Knockeden staff who can respond to ensure the staff compliment is maintained.

The agency’s induction arrangements allow staff members and senior staff to identify training needs during and after the induction period. There was evidence that these training needs are met within the initial stages of employment and of newly appointed members of staff having their mandatory training scheduled, in accordance with RQIA guidance.

Staff supervision is provided by senior staff who have received training in this area. The inspector examined a Fold staff performance appraisal template and this included self-appraisal and appraisal against a number of areas of competence including: medication management, fire safety, tenant care and support, accident/incident management, complaints, safe and health working practices, management and control of operations, management of records and staff supervision and appraisal. The template also included a training and development plan and objectives for the forthcoming 12 months period.

The inspector noted in training records that some staff were not up to date with mandatory training. Subsequent to the inspection an email was sent to the inspector by the administrator in Knockeden confirming how these gaps in mandatory training were being addressed. A requirement is made in relation to this.

The agency’s Whistleblowing policy (September 2014) was examined and is summarised within the staff handbook. Staff who participated in the inspection indicated their awareness of the policy.

### **Is Care Compassionate?**

The supply of staff to work with service users was discussed with the team leader and with care staff who confirmed that all staff are very familiar with the needs of service users. Staff spoken to on the day of inspection confirmed that their induction and training prepared them adequately to meet the needs of service users. A relative who spoke to the inspector on the telephone said that staff were very pleasant and good and that there never had been any problems. This person added that service users were always very well presented. An HSC trust professional who contributed to the inspection reported seeing staff out and about enjoying activities with service users in town and remarked that service users were treated with the utmost respect. This person also stated that they were always impressed when they visited the scheme.

### **Areas for Improvement:**

- Scrutiny of employee references
- Mandatory training schedule

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

The needs assessments, risk assessments and care plans examined were very detailed and had been prepared in a person centred manner, reflecting the views of service users and their relatives.

Several service users were noted to have assistive technology and restrictions in place and there was evidence that this had been put in place following assessments and consultations with the service user and their representatives. Service users' assessments and care plans are reviewed regularly by agency staff and there was evidence of HSC trust reviews and the views of service users' representatives documented in the records of the reviews.

### Is Care Effective?

The records of meetings held with service users' relatives were examined and comments from families were sought in relation to staffing, the care provided, the environment and activities. Discussions with families in relation to staffing were noted in the records. The service users' agreements contain information about the agency's complaints procedures and agency staff confirmed they have received training in human rights.

### Is Care Compassionate?

Many service users have communication difficulties which can impact on their ability to contribute their views. A speech and language professional who visits the scheme employs a variety of strategies to ensure the voice of the service user is heard. Evidence of the scheme response to service users' requests was evident on the scheme notice board where it was noted that there was an area devoted to "You say, we did".

In records examined the inspector noted the willingness of the agency to respond to the additional complex needs experienced by a service user following a period of illness in hospital. It was evident that the service user's family wanted the service user to return to the scheme which was facilitated by the staff who participated in the successful rehabilitation and recovery of the individual.

There were no areas for improvement identified within this inspection theme.

### Areas for Improvement

There were no areas for improvement identified within this inspection theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Monthly Quality Monitoring**

The reports of the monthly quality monitoring visits undertaken on behalf or by the responsible person were examined during the inspection. The reports for April, May and June 2015 were available.

The reports examined were very detailed and included a review of the action plan and timescales identified during the previous monitoring visit. Service users' representatives and agency staff were consulted consistently during the monitoring visits.

### **5.5.2 Complaints**

The agency returned to RQIA a summary of all complaints between January 2014 and 31 March 2015. There were no complaints during this period. On the day of inspection the inspector viewed the complaints log and noted a complaint from a relative. These records were detailed and provided an assurance that relatives were listened to and their concerns documented and addressed.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the team leader as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 27 August 2015</p>	<p>The registered person must ensure that each employee provides two written references including a reference from the person's present or more recent employer.</p> <p>This requirement refers to but is not limited to an employee reference which indicated the referee was unable to comment on aspects of recent performance.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Two references are checked on appointment of any new staff by Registered Manager &amp; HR.As per Folds P&amp;P. Points raised by our Inspector in relation to comments on performance by referee are noted and will be adhered to and alternative referees sought if required in all future appointments.On This occasion this staff member had not worked in 10years however had met the criteria through care of a family member.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 24 September 2015</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform</p> <p>This requirement refers to but is not limited to an employee who requires appropriate training in managing challenging behaviour.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Every effort is made to ensure staff remain up to date with all Mandatory training. However staff do fail to attend for various reasons. Every effort is made to ensure staff attend the next available training course at alternative Fold venues. The staff member concerned had been on a period of long term absence and is scheduled to attend training in Carrickfergus 2<sup>nd</sup> Sept 2015</p>

<b>Registered Manager Completing QIP</b>	Christina Drainey	<b>Date Completed</b>	12-08-15
<b>Registered Person Approving QIP</b>	Fiona McAnespie	<b>Date Approved</b>	28.8.15
<b>RQIA Inspector Assessing Response</b>	Michele Kelly	<b>Date Approved</b>	3.9.15

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**