

Unannounced Care Inspection Report 17 November 2016



Knockeden

**Domiciliary Care Agency/Supported Living
Edenderry Gardens, Gilford Road, Portadown, BT63 5EA
Tel no: 028 3839 4050
Inspector: Jim McBride**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Knockeden took place on 17 November 2016 from 9.30 to 14.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the care was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The staff interviewed by the inspector gave a comprehensive overview of the service and how they, effectively and compassionately meet the needs of service users most of whom, have complex needs. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Team leader on duty, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20/08/2015.

2.0 Service details

Registered organisation/registered person: Fold Housing. Mrs. Fiona Mc Anespie	Registered manager: Mrs. Christina Drainey
Person in charge of the service at the time of inspection: Team Leader	Date manager registered: Mrs. Christina Drainey - 09/04/2009

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:
Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan
- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Observation of service users and staff interactions
- Evaluation and feedback.

The following records were examined during the inspection:

- Care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from February to October 2016
- Minutes of staff meetings
- Minutes of tenants/relatives meetings
- Staff training records relating to:
 - Vulnerable adults
 - Challenging behaviours
 - Medication
 - Managing tenants monies
 - Care planning
 - Report writing
 - Manual handling
- Records relating to staff supervision/Appraisal
- Complaints /Incidents records
- Induction procedure
- Staff rota information.

The inspection:

Knockeden is a supported living type domiciliary care agency owned and operated as part of the Fold Housing Association. Fold is a not-for-profit voluntary housing association. Located in Portadown, the agency provides housing, care and support for 16 service users.

During the unannounced inspection the inspector spoke with the team leader on duty, four care workers and observed the interactions of staff and service users. Feedback has been included throughout this report. The inspector also discussed the monthly quality monitoring visits and the current statement of purpose with the Fold Care services manager by telephone who agreed a possible review of both.

At the request of the inspector the team leader was asked to distribute ten questionnaires to staff for return to RQIA, eight questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. Five questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the team leader and staff, there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

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

4.0 Review of requirements and recommendations from the last care inspection dated 20/08/2016.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be Completed by:</p> <p>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>Action taken as confirmed during the inspection: The records in place were confirmed via a returned QIP and were satisfactory on inspection.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Requirement 2</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 24 September 2015</p>	<p>(2) The registered person shall ensure that each employee of the agency— (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>Action taken as confirmed during the inspection: The inspector noted a number of training events that have taken place. The training records in place were satisfactory.</p>	Met

4.1 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined four care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments

completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidenced the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care.

Induction records examined by the inspector include the following topics:

- Facilities and welfare;
- Policies and procedures;
- Communication;
- Finances;
- Courtesies;
- The role of the care worker;
- Training and development;
- Company induction;
- Induction reviews.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. The manager undertakes supervision with senior staff who in turn supervises support staff. The inspector examined staff rotas for weeks ending 13/11/16, 20/11/16, 27/11/16 and the 4/12/16 and was satisfied that the agency's staff resources meet service user needs. Discussions with the staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times. The inspector noted the use of other outside domiciliary care agencies by the agency. The records of supply were satisfactory.

Staff interviewed demonstrated an awareness and relevant knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. It should be noted that staff interviewed were knowledgeable about their induction and training and described it as helpful and important in preparing them for their role.

All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

Staff comments:

"Induction is good."

"Training is comprehensive."

"It's important to get to know the service users and their families well to ensure good care and support."

Eight returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Staff comments:

“Regular training.”

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Comments:

“My ***** is cared for in a safe environment.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.2 Is care effective?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide make references to the nature and range of service provision. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. It should be noted that the staff interviewed gave the inspector a comprehensive overview of how they promote an effective care provision helped by:

- Induction;
- Training;
- Team work;
- Staffing;
- Management support.

The inspector noted the meetings held with families and service users and has highlighted some of the topics discussed:

- Staffing issues;
- Changes within the agency;
- Benefits;
- Finances;
- Complaints/complements;
- Care reviews;
- RQIA;
- Report sharing;
- Annual survey.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Staff comments:

- “Other staff were very helpful during my induction.”
- “The tenants are well cared for by all staff who work well together.”

Eight returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

Comments:

- “My ***** receives a very high standard of care.”
- “As a family our opinions are sought and we are involved in all reviews.”
- “Good communication with staff,”
- No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments by relatives, and HSC Trust professionals:

HSC Trust comments:

- "Good interest shown by staff."
- "Good atmosphere, the tenants appear happy."
- "Tenants are well cared for."
- "The standard of care is excellent."
- "***** and her team are excellent."
- "I'm happy with the care provided."
- "The quality of care for ***** is excellent."

Relatives' comments:

- "The tenants are well cared for."
- "I'm happy with everything ***** could not be treated better."
- "The staff are lovely and very approachable."

The inspector noted the positive feedback received by the agency following their annual report in relation to:

- How do you rate the care and support you receive in Knock Eden?
- Do you feel that your wishes are listened to?
- Do you feel you are treated with dignity and respect at Knock Eden?
- Do you attend the residents/relatives meetings?
- Are you aware that there is a complaints procedure?
- Have you had cause for concern over the past year?
- How do you rate the staff working within Knock Eden?
- How would you rate the variety of meal choices/ menus?
- How would you rate the quality of food?
- What do you think of the variety of the activities provided at Knock Eden?

The inspector noted some of the comments made by relatives during the past year:

- "If I had to place a family member in care I would choose Knock Eden."
- "Knock Eden is like a real home, not an institution and is a pleasure to visit. Staff are pleasant and friendly, tenants are happy and cared for."
- "Knock Eden is a super place; staff very much care for the residents."
- "It is lovely to visit a home where the atmosphere is happy and friendly."
- "The work that the staff do here is excellent and it shows on the tenants who are so happy."

- “I sleep easy in the knowledge that my ***** is well cared for.”
- “Knock Eden is such a lovely place.”

Staff comments:

- “The tenants are well cared for here.”
- “We have good relationships with tenants’ families.”

Eight returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

Comments:

- “Staff are always very welcoming.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were in place. Discussion with staff evidenced that there was a clear organisational structure within the agency.

Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years was found to have been implemented. No concerns regarding the management of the agency were raised during the interviews.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received one complaint during this period. The complaint received had been resolved satisfactorily. The agency has responded to all regulatory matters as and when required.

Records reviewed by the inspector evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports from February to October 2016. These reports evidenced that the responsible person or their representative had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed indicated that they felt supported by the manager and senior staff who were described as approachable and helpful.

Staff comments:

- “Staff communicate well with each other.”
- “Ongoing training and development prepares you for the job.”
- “The manager is approachable and communicates well with staff.”

Eight returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Comments:

- “Great manager and very approachable.”

Five returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Comments:

- “Leadership is excellent, all staff are clear as what is expected of them. They all seem sure of what is expected of them.”
- “We feel the service is excellent, we are listened to with any concerns we have.”
- “Knockeden has an excellent manager and a first class management and support teams. A holistic service is provided. This is the best example of partnership working with the Southern “Trust.”
- “***** needs are all met.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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