

Unannounced Care Inspection Report

20 December 2018



Knockeden

Type of Service: Domiciliary Care Agency

Address: Edenderry Gardens, Gilford Road, Portadown, BT63 5EA

Tel No: 02838394050

Inspector: Kieran Murray

www.rqia.org.uk

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 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 domiciliary care agency supported living type located in the Southern Health and Social Care Trust 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 38 staff.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 20 December 2018 from 09.20 to 16.00.

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

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

Evidence of good practice was found in relation to:

- staff inductions
- care reviews
- supervision and appraisals
- professional body registrations
- management of complaints
- management of incidents

An area requiring improvement was identified in relation to adult safeguarding training.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Christina Draineey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 22 February 2018

No further actions were required to be taken following the most recent inspection on 22 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with seven service users, the registered manager, 10 staff and one service users' representative.

The following records were examined during the inspection:

- four service users' care and support plans
- service users' care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- record/evaluation of care records
- a sample of monthly quality monitoring visit reports
- a sample of staff meeting minutes
- a sample of family and carer meeting minutes
- records relating to staff training, including induction training
- records relating to service user training
- records relating to staff supervision
- records relating to appraisals
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- a range of policies relating to the management of staff
- Safeguarding adults in need of protection policy
- Whistleblowing policy
- Data Protection policy
- Statement of Purpose
- Service User Guide

The registered manager was asked to distribute 10 questionnaires to service users/family members. Three relative questionnaires were received prior to the issue of the report.

The feedback received on the questionnaires will be reflected in the body of the report.

There were a number of areas rated as 'undecided' on the feedback received from relatives. The inspector spoke to the relative on the 11 January 2019 and discussed the feedback received. The relative agreed that the inspector could discuss the feedback with the agency. The inspector contacted the director of care and support on 11 January 2019 and has been assured by the director of care and support that the comments made would be discussed with relatives at the next relative meeting. The director of care and support has agreed that a record of the discussion can be evidenced at the next inspection.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2018

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 February 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements during the inspection. The agency has a mechanism in place to ensure that appropriate pre-employment checks are completed prior to staff commencing work and these are satisfactory.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to nine staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The registered manager and staff advised the inspector that the agency uses a small number of bank staff who currently work for the agency. In addition the agency also uses a small pool of staff from an employment agency which is also a registered domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them.

Service users' comments:

- "I am very happy here."

Relatives' comments:

- "The staff are very caring."

Staff comments:

- "I felt so welcomed when I came to work here."
- "Training was very informative and detailed."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisals in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Epilepsy Management Training, Autistic Spectrum Disorder Awareness and Eating and Drinking Awareness Training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. However, the inspector reviewed adult safeguarding training records and found that a number of staff's adult safeguarding training was out of date. An area for improvement has been made in respect of Standard 14.10.

It was positive to note that staff spoken to on the day of the inspection were able to name the Adult Safeguarding Champion in the agency.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there were no safeguarding referrals made to the HSCT since the last inspection 22 February 2018.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Discussions with the registered manager confirmed that a number of practices which are deemed restrictive are in place to support service users. Practices implemented were of the least restrictive nature considered necessary in conjunction with the service users, representatives and HSCT community Trust professionals and were reviewed regularly and evaluated.

The inspector noted that evidence of review of service users' needs took place on an annual basis or sooner if required.

On the day of the inspection the inspector reviewed the reporting and management of incidents within the agency. It was noted that a number of accident/incidents had taken place since the last inspection 22 February 2018. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection 22 February 2018 and that these complaints were managed in accordance with the agency's policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

The inspector also noted a number of thank you letters from relatives and students who were on placement in Knockeden.

Of three questionnaires returned by relatives, two indicated they were 'very satisfied' that care was safe and one indicated that they were 'undecided' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisals, adult safeguarding and risk management, management of incidents/accidents and complaints.

Areas for improvement

An area of improvement has been identified in relation to adult safeguarding training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018). However, the inspector noted that the Statement of Purpose did not contain details on independent agencies to support service users in completing a complaint and some contact details needed to be updated. The registered manager updated the Statement of Purpose on the day of the inspection to include all relevant information and contact details. The inspector reviewed the Service User Guide and found the information to be satisfactory.

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a three monthly basis or sooner if required. The records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory.

The agency maintains contact records for each service user in the form of a computerised system. A computer is installed in each service user's bungalow. The inspector reviewed the information inputted to this system and found it to be satisfactory.

Staff spoken with or consulted on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and the service users' representatives indicated that service users have a genuine influence on the content of their care plans.

Relatives comments:

- "XXX has a lot more opportunities living in Knockeden."
- "As a family we are involved in decision making and informed when XXX's condition changes."

Staff comments:

- "It's an excellent place to work."

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by a relative and a private therapist during quality monitoring visits:

Relative comments:

'Very happy with XXX's care and was very grateful to the registered manager and the staff who took XXX away to Lanzarote on holiday recently.'

Private therapist comments:

'This is a lovely place, I think the staff are very good and the tenants are well cared for.'

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems within the staff team, including the use of a diary, allocation sheets and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users routinely on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a three monthly basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of family and carer meeting minutes showed the views of family and carers are taken into account in planning and making decisions. The inspector noted that family and carers were updated on issues such as holidays, shopping and social outings.

The inspector examined the Tenant and Relatives Questionnaires 2017/2018 and noted positive results within both questionnaires. The results of these surveys were available on the noticeboard within the foyer of the agency. The annual quality report 2017/2018 was available in the office for staff. The registered manager informed the inspector that a Radius Staff Attitude Survey will be distributed to staff in 2019. The inspector noted a circular stating 'Your Opinion is Important to Us'. The results of this survey can be reviewed at the next inspection.

The inspector noted that service users relatives were sent a Knockeden Newsletter every four months which updated them on issues such as new staff and service users' social events.

Advocacy services were recorded in the service user guide.

Of three questionnaires returned by relatives, two indicated they were 'very satisfied' that care was effective and one indicated that they were 'undecided' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

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

6.6 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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

A service user invited the inspector to view their home. The inspector evidenced photographs of service users and their families enjoying social events and personal celebrations. Another service user informed the inspector how their private therapist had supported them with decorating their home for Christmas and their plans for Christmas Day.

The inspector noted photographs throughout the service user's homes and the agency of service users enjoying social events supported by staff.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

Service users advised the inspector that they had attended events in the local community as well as going on cruises and trips to Spain and Scotland.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives. As discussed in section 6.5.

Service users' comments:

- "I stayed in Lanzarote for a week."
- "I am going to a pantomime in Belfast."

Relatives comments:

- "There is a lot of social inclusion for service users."
- "XXX goes on a lot of holidays."

Of three questionnaires returned by relatives, two indicated they were 'very satisfied' that care was compassionate and one indicated that they were 'satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of 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

6.7 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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns. In addition staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained on paper format and accessible to all staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Relative comments:

- “XXX runs a good show.”

Staff comments:

- “The management are very approachable and take on board our views and opinions.”

Of three questionnaires returned by relatives, two indicated they were ‘very satisfied’ that the service was well led and one indicated that they were ‘satisfied’ that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

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

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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 14.10 Stated: First time To be completed by: Immediate and ongoing	Training on the protection of children and vulnerable adults for staff is updated at least every two years. Ref: 6.4
	Response by registered person detailing the actions taken: All staff have completed Adult Safeguarding Training.

Please ensure this document is completed in full and returned via Web Portal



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