

Unannounced Care Inspection Report 22 February 2018



Knockeden

Type of Service: Domiciliary Care Agency

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

Tel No: 02838394050

Inspector: Jim McBride

www.rgia.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 supported living type domiciliary care agency owned and operated as part of the Radius 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.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Christina Drainey
Person in charge at the time of inspection: Christina Drainey	Date manager registered: 9 April 2009

4.0 Inspection summary

An unannounced inspection took place on 23 February 2018 from 09.10 to 13.30.

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

Evidence of good practice was found in relation to:

- staff recruitment
- induction
- appraisal
- communication and engagement with service users and other relevant stakeholders
- person centred care

The inspector noted some of the compliments received by the agency:

- “It’s very clear that this model of care and support works for the tenants.”
- “Tenants are happy and content.”
- “My ***** is very happy here.”
- “The tenants are well cared for and well looked after.”
- “The level of care observed was excellent.”

Staff comments made to the inspector:

- “I enjoy all my training.”
- “I know how to deal with complaints.”
- “We are all well supported by the manager.”
- “There are good promotion opportunities.”
- “My induction was excellent I was well supported by other staff.”
- “The manager and team leaders are very supportive to us all.”
- “Training helps care and support for the tenants in a quality manner.”

During the inspection the inspector spoke with the manager two team leaders and two support workers regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Due to communication difficulties the inspector was unable to speak with service users, however he did observe them going about their daily activities with the support of staff.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Christina Draine, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 17 November 2016

No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

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

- discussion with the manager and staff
- examination of records
- observations of service users
- evaluation and feedback

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the care coordinator, two staff and five service users.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Family /carer meeting minutes
- Staff meeting minutes
- Staff training records including:
 - Safeguarding
 - Fire awareness
 - Managing tenants monies
 - Challenging behaviour
 - Risk assessments
 - Human rights
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Staff rota information
- Induction Policy (2017)
- Supervision and Appraisal Policies (2016)
- Risk Management Policy (2017)
- Safeguarding Policy (2016)
- Confidentiality Policy (2016)
- Whistleblowing Policy (2017)
- Complaints Policy (2017)
- Statement of Purpose (2016)
- Service User Guide (2016).

At the request of the inspector, staff were asked to display a poster 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. At the time of issuing this report it was good to note that ten staff views had been returned to RQIA via Survey Monkey.

Staff survey results show that the staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

Comments:

- "I feel as if the tenants have the best lives possible here and are treated with the most respect."
- "I feel the staff are doing an amazing job and don't get enough credit for the work they do."
- "Being a staff member I am enjoying it working with our tenants."

- “I feel service provided is of an excellent standard and the staff really care about the tenants.”

The inspector provided 10 questionnaires for service users/relatives seeking their views on the service. It was good to note that nine questionnaires were returned to RQIA.

Comments received:

- “Always friendly, accommodating staff.”
- “Good care of tenants.”
- “The care is food staff are always friendly”
- “My *** is well cared for and gets good food.”
- “I enjoy my outings and holidays. The staff are helpful and friendly.”

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 November 2016.

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 17 November 2016

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 the agency’s systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

It was identified that the agency’s staff recruitment process is managed by the organisation’s Human Resources (HR) department. The agency’s recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The registered manager stated that they receive confirmation from the HR department when staff are available for work following the satisfactory completion of pre-employment checks. Documentation viewed and discussions with the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and shadow other staff employed by the agency during their induction period.

A record of the induction programme provided to staff is retained; the inspector viewed records of individual staff induction and noted that they are verified by the registered manager. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was indicated from discussions with staff that the agency aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspector viewed the agency's staff rota information for weeks ending: 25 February 2018, 4 March 2018 and 11 March 2018 and noted it reflected staffing levels as described by the manager. The rotas highlighted the person in charge on each shift pattern.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract. The agency retains a record of staff supervision and appraisal. Records viewed by the inspector indicated that support staff had received appraisal in accordance with the agency's policies and procedures and a number of supervision sessions.

The inspector viewed details of training completed by staff; it was noted that staff are required to complete induction training, a range of mandatory training and training specific to the needs of individual service users.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency has highlighted the identification and role of an Adult Safeguarding Champion.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the manager indicated that the agency has made no referrals in relation to adult protection matters since the previous inspection.

It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update. Staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users’ health, welfare and safety. The agency’s protocol for assessment of needs and risk outlines the process for assessing and reviewing risk.

It was identified that the agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support. The agency has a range of risk assessments and care plans in place relating for individual service users. Staff and service users described how they are support to be involved in the development and review of their care plans; they are reviewed and updated as required. The inspector noted some comments made by service users and relatives during their annual care review:

- “I was lonely at home but happy living here.”
- “I am happy with the service provided.”
- “I enjoy living here and participate in all activities.”
- “No concerns, very helpful.”

Staff record daily the care and support provided to service users; an annual review is completed with service users which was noted to involve their HSCT community keyworker.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, appraisal, and adult protection.

Nine returned questionnaires from service users/family indicated that safe service meant:

- there are enough staff to help you
- you feel protected and free from harm
- you can talk to staff if you have concerns

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's management of records policy details the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel and service user records viewed by the inspector was noted to be retained securely.

Staff could describe the methods used for supporting service users to be effectively engaged in the development of their care plans; it was noted that service users are provided with a copy of their care plan. The agency requests that service users/family sign their care plan to indicate that they are in agreement to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by senior managers. The process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives. The inspector noted some of the comments made by service users, staff, relatives and the HSC trust staff.

Service users:

- "I'm happy at Knockeden."
- "I'm happy here."
- "I'm very content here I have no concerns."

Staff:

- "I find my job rewarding."
- "The team work well together."
- "I am well supported by the mänge and the senior team."

Relatives:

- "My relative enjoys the interaction with staff."
- "My **** is very happy."
- "This is a lovely place and a pleasure to come in to."
- "Everyone is very friendly."

HSC Trust:

- "The care and attention the tenants receive is the best I have seen."
- "The working relationship with the manager and staff is good."
- "There is always a lovely friendly atmosphere."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with staff and observations of service users indicated that staff communicate appropriately with service users and where appropriate their representatives.

Staff who met with the inspector demonstrated that they were very knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain and maintain their independence.

The agency facilitates staff meetings; it was identified from records viewed that a range of items are discussed at each meeting, they include:

- Rotas
- NISCC
- RQIA
- Medication
- Activities
- Training
- Personal care requirements
- Tenants.

The agency facilitates family /carer meetings; records viewed were noted to contain a range of items discussed at each meeting.

The agency produces a quarterly magazine that has lots of pictures and of tenant's activities and outings staff interactions and birthdays etc. This is good visual prompt of all activities and news about the scheme. The magazine is forwarded to all relatives for information.

Discussions with the staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT community keyworkers.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication with service users/families and relevant stakeholders.

Nine returned questionnaires from service users/family indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

No areas for improvement were identified 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 assessed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with staff observations of service users indicated that the values such as choice, dignity and respect were embedded in the culture of the agency.

Staff could describe the methods used for supporting service users to make informed choices and for respecting their views and wishes. Observations made during the inspection indicated that staff respected the views and opinions of service users and encouraged service users to make choices regarding their care, support and daily routines.

There are a range of systems in place to promote effective engagement with service users and where appropriate their representatives in conjunction with the HSCT community keyworker; they include the agency's monthly quality monitoring process; complaints process, care review meetings and tenant's meetings. It was identified that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. The agency had recorded one complaint being received which was fully satisfied.

The agency has processes in place to record comments made by service users; records of service user care review meetings, family/carers meetings and quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided. The inspector noted that the agency completed an annual quality review seeking comments on the quality of the service from service users, relatives and the HSC Trust.

Here is an example of what people were asked to comment on:

- How do you rate the care and support your NOK receives?
- Do you feel your wishes are listened to?
- Do you feel your NOK is treated with dignity and respect?
- Do you attend relatives meetings
- Are you aware of the complaints procedures?
- Have you had any cause for concern?
- How would you rate staff care?
- What do you think of the activities offered?

Comments received:

- "The care and support is excellent I have no concerns."
- "The manager is always available if I have concerns."
- "The staff are genuinely interested in the tenants and do offer choice."
- "They are treated with dignity and respect at all times."
- "It's a great place I wish there was more like it."
- "Staff are friendly and make you feel welcome."

Staff spoke enthusiastically about the number of ways they support service users to participate in activities of their individual choice and preferences; and in addition the group activities provided which service users can choose to participate in.

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, effective communication and providing care in an individualised manner.

Nine returned questionnaires from service users/family indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

No areas for improvement were identified 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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis the registered manager and a number of care staff. Staff who met with the inspector could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access. During the inspection the inspector viewed a number of the organisation’s policies; it was identified that those viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency’s systems for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively handling complaints; discussions with the registered manager and staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff indicated that they receive training in relation to managing complaints during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received one complaint since the previous inspection; records viewed by the inspector indicated that the agency has acted in accordance with their policy and procedures in the management of complaints.

Records viewed and discussions with the staff indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints.

The organisational and management structure of the agency is outlined in the agency's statement of purpose. Staff who spoke to the inspector had a clear understanding of their job roles and responsibilities; the manager stated that staff are provided with a job description at the commencement of their employment. Staff demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member's registration status are retained by the agency. Discussions with the manager provided assurances that the agency has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered appropriately.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated in (2016). Staff who spoke to the inspector indicated that they are aware of who they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions. Staff stated "The manager has an open door policy and is supportive to all staff."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of complaints.

Nine returned questionnaires from service users/family indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed

- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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