

Inspection Report

24 January 2022



Knockeden

Type of service: Domiciliary Care Agency
Address: Edenderry Gardens, Gilford Road, Portadown, BT63 5EA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Mrs Christina Drainey
Responsible Individual: Mrs Fiona McAnespie	Date registered: 9 April 2009
Person in charge at the time of inspection: Mrs Denise McDonald, Scheme Manager	
Brief description of the accommodation/how the service operates: Knockeden is a supported living type domiciliary care agency located in the Southern Health and Social Care Trust (SHSCT) area which provides personal care and housing support to 16 service users with a learning disability and complex needs. The service users are supported by a team of 35 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 24 January 2022 between 10.00 a.m. and 3.15 p.m. by the care and finance inspectors.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, service users' finances, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency, managing service users' finances and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users.

Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Four questionnaires were returned and showed that those supported thought care and support was excellent. Staff supported the service users with the completion of the questionnaires and some comments included:

- “Staff recognise when I am unhappy by my facial expression. I will make gestures to indicate when I'm not happy or want something moved.”
- “The service user has no verbal communication but communicates through sound and gestures or may lead staff by the hand to show when he may want to go somewhere.”

We spoke with three service users and three staff. We also observed five service users in the presence of staff and they appeared comfortable and relaxed. In addition, feedback was received from two relatives in the questionnaires returned to RQIA and the respondents were 'very satisfied' with the care being delivered. One staff responded to the electronic questionnaire and was 'very satisfied' that the care being delivered was safe, effective and compassionate and the service was well-led.

Comments received during inspection process-

Service users' comments

- "I like living here."
- "The staff are friendly and they help me."
- "The food is nice and I get a choice."
- "The ladies are looking after me and doing a good job."
- "The girls get me what I ask them to. They are my personal shoppers."

Staffs' comments:

- "It's brilliant working here."
- "The manager is supportive."
- "Training is service specific."
- "A SALT has been in and trained us in Dysphagia."
- "There is an open door policy."
- "I love it in here, everyone is so friendly. Everything is perfect."
- "I am able to sit and chat with the service users."

Service users' representatives' comments:

- "The staff do a great job at looking after my sister and other residents. They are polite and can't do enough to help you."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 9 March 2020 by a finance inspector and on 3 September 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care and finance inspectors and was validated during this inspection.

Areas for improvement from the last inspection on 3 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that all mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: The training spreadsheet was reviewed and it was noted to be in accordance with Standard 12.3. Training was up to date for all staff.	
Areas for improvement from the last finance inspection on 9 March 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 8.15 Stated: First time	The registered person shall ensure that service users' bank accounts are managed by the members of staff listed in the authorisations issued by the Office of Care and Protection.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records evidenced that service users' bank accounts were managed by the members of staff authorised by the Office of Care and Protection.	
Area for Improvement 2 Ref: Standard 8.15 Stated: First time	The registered person shall ensure that the remaining balance held in the bank account, identified during the inspection, is reconciled to show the amount of monies owned by each service user.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that the bank account was reconciled following the last finance inspection in March 2020. Records showed the amount of the balance owned by each service user.	

Area for Improvement 3 Ref: Standard 8.15 Stated: First time	The registered person shall ensure that service users are refunded the cost of the radiators located in each of the dwellings within the service.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that service users were reimbursed the cost of the radiators following the last finance inspection in March 2020.	
Area for Improvement 4 Ref: Standard 12.9 Stated: First time	The registered person shall ensure that the controls surrounding service users' finances are included in the audits undertaken by head office. The audit should also identify additional training required by members of staff in relation to the management of service users' finances.	Met
	Action taken as confirmed during the inspection: A review of the audit reports for the last five months confirmed that service users' finances were included in the audits by Head Office. The reports identified areas of additional training required by members of staff where necessary.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that no safeguarding referrals had been made since the last inspection. Previous referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Three complaints had been received since the last inspection. It was noted that complaints and incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was further noted that where restrictive practices were in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager reported that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently a number of service users who have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department, the manager and through the monthly monitoring visits; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

A number of compliments were received by the service and some comments were noted:

- "Thank you so much for everything you are doing."
- "Thank you for sending flowers on Mother's Day from my son. A truly thoughtful gesture. You always go above and beyond. You and the team are treasures."
- "Thank you for keeping our loved ones safe through these trying times."
- "Where would they be without you. You give them a life and love them like a family."

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Denise McDonald, manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



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