

# Unannounced Care Inspection Report 7 August 2017



## Kilcreggan Homes Ltd

Type of service: Domiciliary Care Agency  
Address: Elizabeth Avenue, Carrickfergus BT38 7UY  
Tel no: 02893360111  
Inspector: Joanne Faulkner

[www.rqia.org.uk](http://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

Kilcreggan Homes is a supported living type domiciliary care agency located in Carrickfergus. The agency offers domiciliary care and housing support to service users.

The agency's aim is to provide care and support to service users; this includes support with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good health and maximising quality of life. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The service users' accommodation consists of single occupancy and shared bungalows and flats. The agency's office is situated adjacent to the service users' homes.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Kilcreggan Homes Ltd/Damian Patrick Cassidy	<b>Registered manager:</b> Damian Patrick Cassidy
<b>Person in charge of the service at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 14 June 2012

### 4.0 Inspection summary

An unannounced inspection took place on 7 August 2017 from 10.00 to 17.00.

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

The inspection assessed progress since the last care inspection and to determine if the domiciliary care 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 recruitment;
- Staff training;
- Service user engagement.

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge 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 31 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 October 2016.

## 5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and 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 and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the person in charge, two service users and four staff.

The following records were viewed during and following the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Following the inspection questionnaires were provided by RQIA for completion by staff and service users; no questionnaires were returned to RQIA within the timescales specified.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 31 October 2016

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 31 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2011		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time	It is recommended that the registered provider should review and update the agency's Data Protection policy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed that agency's Data Protection policy and noted that it had been reviewed and updated in September 2016.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.1  <b>Stated:</b> First time	It is recommended that the registered provider should review and update the agency's complaints procedure to include timescales in accordance with the relevant legislation and DHSSPS guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed that agency's complaints policy and procedures and noted that they had been updated to include timescales in accordance with the relevant legislation and DHSSPS guidance.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The agency's processes in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the agency was completed during the inspection.

The agency's recruitment policy outlines the processes for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. Recruitment records viewed by the inspector included details of the recruitment processes and evidence of pre-employment checks completed. They indicated that the agency has effective recruitment systems in place to ensure that staff are not provided for work until required checks have been satisfactorily completed.

The agency's training policy outlines the induction programme lasting at least three days as detailed within the domiciliary care agencies regulations; the inspector noted from records viewed and discussion with the person in charge that agency staff are required to complete induction at the commencement of their employment.

A record of the induction programme provided to staff is retained by the agency; those viewed by the inspector contained details of the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the required knowledge and skills to fulfil the requirements of their job roles.

It was identified that the agency does not access relief staff from another domiciliary care agency; the person in charge could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

The person in charge stated that there had been a recent change in the working patterns of staff to improve the service provided for service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Service users and two staff who spoke to the inspector felt that there are appropriate staff to meet the needs of the service users.

Some staff who spoke to the inspector expressed their concerns in relation to recent changes in their working patterns and the increased periods of lone working. It was noted that a meeting to discuss these arrangements took place on the date of the inspection. The inspector discussed the matters raised with the person in charge and assurances were provided that there is at all times the appropriate staff to meet the assessed needs of service users. The person in charge described other measures put in place to support staff in this transition period such as provision of mobile phones for staff on duty.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. A number of staff could describe the benefits of supervision and appraisal.

The agency has a system for recording staff training; the person in charge could describe the process for identifying training needs. Staff were aware of their responsibility for ensuring that required training updates are completed. The inspector noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector viewed that agency's staff training records; they indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the agency has recently updated their policy and procedures to reflect information contained within the policy. The inspector noted that the agency plans to provide updated training for all staff in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the agency's policy and procedures clearly outline the procedure for staff in reporting concerns.

Discussions with the person in charge and staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. It was identified from training records viewed that staff are required to complete training in relation to safeguarding adults during their induction programme and annually thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a system for maintaining a record of referrals made to the relevant Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency has made no referrals to the HSCT in relation to allegations of abuse.

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 has a process in place for completing risk assessments and management plans; it was noted that they are completed in conjunction with service users and where appropriate their representatives.

It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed as required. The inspector viewed a range of risk assessments in place relating to individual service users and in relation to practices deemed to be restrictive.

The inspector noted that records and risk assessments relating to a practice deemed as restrictive provided evidence that the practice had been discussed and agreed with HSCT representatives and relevant stakeholders.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

### **Service users' comments**

- 'I am very happy; if I am worried I speak to staff.'
- 'XXXXX is great.'
- 'I have no worries.'
- 'I am very happy and I feel safe here.'

### **Staff comments**

- 'I love working here.'
- 'I got induction when I started and the training is good.'
- 'I feel that the service users are safe and are supported to be independent.'
- 'I feel we have enough staff.'
- 'With the change in the rota there is more lone working at times.'
- 'Service users are well looked after.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training, supervision and appraisal; adult safeguarding and risk management.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed during the inspection were noted to be retained securely and in an organised manner. Staff indicated that they had received training relating to record keeping and the agency's electronic recording system during their induction programme.

Service users stated that staff support them to be involved in the development of their care and support plans. Staff could describe the procedure for ensuring that service users are supported to be effectively engaged in the care planning process. It was noted that a number of service users are currently being supported to use the agency's electronic recording system to communicate with agency staff in relation to their care and support.

There are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency receives monthly quality monitoring visits; it was noted from records of quality monitoring visits viewed following the inspection that they are completed by member of the management committed and an action plan is developed.

Records viewed were noted to include details of the review of accidents, incidents or safeguarding referrals, staffing arrangements. It was noted that on occasions comments made by service users, and where appropriate their representatives were recorded.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints.

The agency facilitates bi-monthly service user and quarterly staff meetings. Service users who spoke to the inspector indicated that they are supported to attend and provided with the opportunity to express their views and opinions. It was noted that service users facilitate the service users meetings and record the minutes; a staff member attends.

The person in charge could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

### Service users' comments

- 'Staff do the medication for me.'
- 'Staff are great; I can do my own shopping but they help you if you want.'
- 'I am happy with everything.'

## Staff comments

- 'We come back to the office to complete records; we use a system called 'Iplannit'.'
- 'Tenants are involved in their care and encouraged to be independent.'
- 'Service users have choice; one service user has a dog; others have cats and birds; we support them to care for their pets.'

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, and communication with service users and other relevant key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

It was identified that staff are provided with information relating to human rights and confidentiality during their induction programme. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the agency.

Staff and service users indicated that care and support is provided in an individualised manner. Staff could describe processes for supporting service users to make informed choices and stated that service users are supported to be as independent as possible. Service users stated that staff involve them in discussions relating to their care and encourage them to participate in tenant's meetings.

Records of service user meetings; meetings with HSCT representatives, and reports relating to the agency's quality monitoring visits reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users and other relevant stakeholders.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by service users and/or their representatives. It was noted that a number of service users are being supported to input information relating to their care in the agency's electronic recording system. Systems for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained

through the agency's complaints process; quality monitoring process; care review meetings; service users' quality of life experiences questionnaire and service user 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. Service users who spoke to the inspector stated that they could speak to the manager, seniors and care staff at any time.

### Service users' comments

- 'I was on holiday in Lanzarote with some of the staff and other people who live here.'
- 'Staff listen to me.'
- 'I get choice; I can do what I want.'
- 'I was on holiday in Wexford; it was great, I enjoyed it.'
- 'I get out and about.'
- 'I look after my wee birds.'

### Staff comments

- 'There is good service user involvement; they have choice and their views are respected.'
- 'We encourage independence.'
- 'Service users have great choice.'

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care and the agency's systems for effectively engaging with service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

During the inspection the inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered manager and a deputy; staff could describe the procedure for obtaining support and guidance from the manager or deputy.

It was identified that the agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; the person in charge stated that they are retained both in a paper and an electronic format. Staff could describe the procedure

for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. The inspector noted from documentation viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussions with the person in charge and records viewed that no complaints had been received by the agency since the previous inspection.

The person in charge stated that service users are encouraged to raise any concerns they have in relation to the care they receive; service users could describe the process for raising concerns.

The inspector viewed documentation to indicate that the agency has in place management and governance systems to monitor and improve quality; these include arrangements for monitoring staffing arrangements, incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal.

The person in charge could describe examples of collaborative working relationships with relevant stakeholders, including HSCT representatives.

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff had an understanding of the responsibilities of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff could describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff demonstrated that they had knowledge of the agency's whistleblowing policy.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that a record is maintained by the agency which records registration details and expiry dates. The agency retains a copy of the registration certificates for individual staff. Discussions with the person in charge provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

### **Service users' comments**

- 'If I am worried I can speak to the staff.'

**Staff comments**

- 'I can talk to the manager or seniors at any time.'

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's management of complaints and incidents; quality monitoring and improvement processes.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews