Inspection Report

26 June 2023

Kilcreggan Homes Ltd

Type of service: Domiciliary Care Agency
Address: Elizabeth Avenue, Carrickfergus, BT38 7UY
Telephone number: 028 9336 0111

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: Kilcreggan Homes Ltd **Responsible Individual:** Mr Damian Patrick Cassidy	**Registered Manager:** Mr Damian Patrick Cassidy **Date registered:** 14 June 2012
Person in charge at the time of inspection: Mr Damian Patrick Cassidy	
Brief description of the accommodation/how the service operates: Kilcreggan Homes Ltd is a supported living type domiciliary care agency located in Carrickfergus. The agency provides care and support to service users which includes 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 service users 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 houses in the local vicinity. The agency's office is situated adjacent to a number of the service users' homes.	

2.0 Inspection summary

An unannounced inspection took place on 26 June 2023 between 10.45 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

No areas for improvement were identified. Good practice was identified in relation to the supportive approach by staff in promoting service user autonomy to lead fulfilling lives. There were good governance and management arrangements in place.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect and protect the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we seek assurances from providers that they take all reasonable steps to promote people's rights.

The model "We Matter" Adult Learning Disability Model for NI 2020 states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA will review how service users who have a learning disability are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users, relatives and staff members. The information provided indicated that there were no concerns in relation to the agency.

Service user's comments:

- "I really enjoy living in Kilcreggan…the manager and staff are really friendly and very helpful and they are always available and understanding. I love working with the animals. I keep my house clean and tidy. My time here has been very good."

Service user's representatives' comments:

- "Our (relative) has lived here for many years. We have always found that staff are available to provide any supports necessary. We feel comfortable about raising any concerns we might have, and we are confident that the manager would deal with these, but we rarely need to raise any concerns. The staff team is very supportive and we couldn't ask for a better setting as the house and grounds are well kept and so suited to (our relative)."

Staff comments:

- "I got a very good induction when I started to work here and this really helped me prepare for working with the service users, especially being able to shadow other staff who knew the service users and their particular needs."
- "If I am ever unsure of anything, I know I can approach more senior staff for guidance and advice and I can have formal supervision more often if I need this."
- "Our mandatory training is up to date and management make sure we are all fully trained."

No questionnaires were returned by service users, their representatives or staff.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 11 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 11 October 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (d) **Stated:** Third and final time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates to gaps in employment being explained, all pre-employment checks being completed prior to a start date being issued, statement of fitness by the responsible individual/registered manager and a signed contract of employed being available for every staff member. Ref: 5.1 and 5.2.4	**Met**
	Action taken as confirmed during the inspection: Inspection of recruitment records confirmed that this was satisfactorily addressed.	
Area for Improvement 2 **Ref:** Regulation 13 (d); Schedule 3.7 **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates to the agency developing and implementing a robust system to effectively monitor the NISCC registrations of staff at all times; this system should also ensure that such	**Met**

	records are available at all times to RQIA and any other appropriate persons upon request. Ref: 5.2.4	
	Action taken as confirmed during the inspection: Inspection of relevant records confirmed that this was satisfactorily addressed.	
Area for Improvement 3 **Ref:** Regulation 23 (1) (2) (a) (b) (i) (ii) (c) (4) (5) **Stated:** First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This should include a full analysis of the quality of the care being delivered, identifying any patterns or trends in the information reviewed, make reference to the QIP as identified at the last inspection, consult with all stakeholders and identify and action plan which is to be reviewed each month to drive improvement. Ref: 5.2.6	**Met**
	Action taken as confirmed during the inspection: Inspection of monthly monitoring records confirmed that this was satisfactorily addressed.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 12.3 **Stated:** First time	The registered person shall ensure that every staff member completes mandatory training and the dates retained. This is to include DoLS training. Ref: 5.2.1 and 5.2.5	**Met**
	Action taken as confirmed during the inspection: Inspection of staff training records confirmed that this was satisfactorily addressed.	
Area for Improvement 2 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This is in relation to Dysphagia training. Ref: 5.2.3	**Met**

	Action taken as confirmed during the inspection: Inspection of staff training records confirmed that this was satisfactorily addressed.	
Area for improvement 3 **Ref:** Standard 8.12 **Stated:** First time	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. This report should be in a format which is suitable for the service users to understand. Ref: 5.2.6	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The manager reported that where referrals were made to the HSC Trust in relation to adult safeguarding, all records would be retained; staff would manage any such instances appropriately by co-operating fully with investigations and maintaining accurate records.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source appropriate training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provision of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records included the names and signatures of those attending the training event, the date of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was being prepared and was to be finalised by September 2023. This will be reviewed at the next care inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Damien Cassidy, Registered Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care