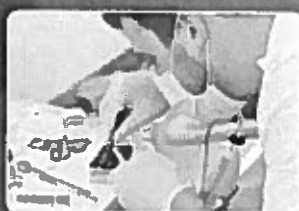




The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 31 October 2016



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

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kilcreggan Homes Ltd took place on 31 October 2016 from 10.00 to 17.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. It was identified that the agency responds appropriately to meet the individual needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussions with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more meaningful life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Two areas for quality improvement were identified during this inspection in relation to the agency's data protection and complaints policies. Two recommendations have been made.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 February 2016.

2.0 Service details

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

3.0 Methods/processes

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

- Discussion with the deputy manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP

- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Assessments of needs and 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 safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy, September 2016
- Recruitment Policy, February 2016
- Supervision and Appraisal Policy, July 2014
- Safeguarding Vulnerable Adults Policy, February 2014
- Confidentiality Policy, September 2016
- Data Protection Policy, September 2013
- Complaints Procedure, September 2014
- Incidents Policy, February 2106
- Whistleblowing Policy, February 2016
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with two service users, the deputy manager and three staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; five staff and nine service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Kilcreggan Homes is a supported living type domiciliary care agency located in Carrickfergus. The agency offers domiciliary care and housing support to service users with a learning disability or a diagnosis of autism.

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 registered office is located adjacent to the service users' homes. The accommodation consists of single occupancy and shared bungalows and flats. Service users have a tenancy with Oaklee Housing Association.

Discussions with the deputy manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the deputy manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 25 February 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 21(1)(a) Stated: First time | The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner. | Met |
| | This requirement relates to the registered person ensuring that the agency's staff rota information clearly records the full name of staff provided and includes an abbreviation list. | |
| | Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota information and noted that it details the full name of staff provided and includes an abbreviation list. | |

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that a details of the outcome of the checks completed is retained by the agency in individual staff records. The deputy manager stated that staff are not eligible for work until all necessary checks have been satisfactorily completed.

The agency's Training and development policy outlines the induction provided lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the deputy manager that all staff are required to complete a 12 week induction programme and complete an induction pack. Staff stated that they are required to shadow other staff members for a number of weeks during their induction period.

The agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and the additional support provided to staff during this period.

The deputy manager stated that relief staff are not accessed from another domiciliary care agency; however it was noted that the agency has a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role. Agency staff could identify the impact to service users of staff changes and the benefits of providing continuity.

Discussions with the deputy manager, staff and service users indicated that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the deputy manager and staff.

The agency's supervision and appraisal policy details the timescales and processes to be followed. It was noted that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector stated that supervision and appraisal were beneficial.

The deputy manager stated that the agency is in the process of developing an electronic database for recording staff training and could describe their role in identifying gaps and planning training in conjunction with staff. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Staff stated that training needs are discussed during their individual supervision and appraisal meetings. It was identified that staff are required to complete a reflective proforma following training updates received.

Staff stated that they felt they had the required knowledge, skills and experience to fulfil their roles. Staff who spoke to the inspector could demonstrate the importance of respecting the privacy, dignity and wishes of service users.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. It was identified that the agency needs to review and update their policy in response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The deputy manager stated that the agency plans to update the policy and informed that inspector that they have been identified as the safe guarding champion for the organisation.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the deputy manager and records viewed it was identified that the agency has made no referrals to the HSC Trust safeguarding team in relation to alleged or actual incident of abuse since the previous inspection.

It was identified from discussions with staff and records viewed that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and the agency's whistleblowing policy and could describe 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 risk management policy outlines the process for assessing and reviewing risk. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly and that service users have an annual review which may include their HSC Trust representatives. In addition service users have an annual Person Centred Planning meeting to plan individual goals.

The agency's registered premises are located adjacent to the service users' homes; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five staff and nine service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is safe.

Service user comments

- 'If I am worried I speak to staff.'
- 'I am happy being here'
- 'I feel safe.'

Staff comments

- 'I got induction and this included shadowing other staff.'
- 'I have had training in supported living.'
- 'I feel supported in my role.'
- 'I feel we need more training in manual handling.'
- 'We have continual review and up to date training.'

Areas for Improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

4.3 Is care effective?

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 is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. It was identified from that range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The agency has an electronic system for maintaining the records relating to service users; the deputy manager stated that the agency is aiming to support service users to have access to the system from an electronic tablet device. Assessments of need and risk assessments viewed reflected the involvement of service users and where appropriate their representatives.

Service users stated that they are encouraged to be involved in the completion of their care plans and that their views and opinions are reflected.

The inspector viewed a number of individual service user care plans electronically; service users indicated that they are involved in the development of their care and support plans. It was noted that risk assessments and care plans are reviewed six monthly and that staff record daily the care and support provided. The inspector identified that the electronic system can be adapted to provide easy read documents.

Discussions with staff and records viewed indicated that there are in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspector noted that monthly quality monitoring visits are completed by a board member within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The information details the outcome of a review of accidents, incidents or safeguarding concerns and in addition audits of staffing and documentation are completed.

The agency facilitates quarterly staff meetings and monthly tenants' meetings; service users stated that they are supported to attend and encouraged to express their views and opinions. Service users and their representatives are provided with a copy of the agency's complaints procedure; the agency maintains a record of compliments and complaints.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting concerns and stated that they can speak to staff at any time. The inspector viewed minutes of a recent practice meeting facilitated by the agency to focus on ways of improving practice areas discussed included dealing with challenging behaviours and record keeping.

The deputy manager described ways in which the agency seeks to maintain effective working relationships with HSC Trust representatives and other stakeholders.

Five staff and nine service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

Service users' comments

- 'I can go to the office to speak to staff.'
- 'Staff help me with cooking.'
- 'I speak to staff if I am not happy.'

Staff comments

- 'We can request extra training if required.'
- 'I am happy working here.'
- 'We have not experienced poor practice.'
- 'Service users are involved in care planning.'
- 'Every service user has individual care plans.'

Areas for Improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

4.4 Is care compassionate?

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, support and life choices.

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

Staff could describe examples of supporting service users to take positive risks to enable them to live a more meaningful life.

Discussions with service users and staff, observations of staff interaction with service users and records viewed indicated that care is provided in an individualised manner. Care plans viewed were noted to be completed in a person centred manner; service users stated that they are encouraged to be involved in making decisions regarding their care and support. The deputy manager described plans to support service users to record their comments on their individual electronic records. Minutes of tenant meetings reflected the comments made by service users.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, PCP meetings, keyworker meetings and tenants' meetings.

Observation by the inspector during the inspection indicated that service users were able to make choices regarding their daily routine and activities; service users stated that they could make choices about all aspects of their care and that staff treat them with respect.

Five staff and nine service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

Service users' comments

- 'I am happy with everything.'
- 'I was on holiday; the staff went with me.'
- 'My keyworker chats to me.'
- 'I was on a cruise.'
- 'Staff are great.'
- 'Beautiful staff to help me.'
- 'Staff ask me what help I need.'

Staff comments

- 'Service users always have choice.'
- 'We support service users to take positive risks.'
- 'All tenants are treated well and looked after as individuals.'
- 'Very much person centred preferences which shine through from items in their home, clothes, style, choices in daily life.'

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which are retained electronically and additionally in paper format stored within the agency's office. Staff could describe the process for accessing policies and procedures. The inspector viewed a number of the agency's policies and noted with exception of the agency's Data Protection policy that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the deputy manager and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA by the person completing the monthly monitoring visit.

The agency's complaints policy outlines the procedure in handling complaints; it was noted that the policy was required to be reviewed and updated to include timescales for handling complaints as in accordance with relevant legislation and DHSSPS guidance. Records viewed and discussions with the deputy manager indicated that the staff have an understanding of the actions to be taken should a complaint is received.

It was identified that the agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection the inspector viewed evidence of staff induction, training, supervision and appraisal.

The organisational and management structure of the agency is clearly defined; it details lines of accountability and roles and responsibilities of staff. Staff could describe the details of their individual roles and responsibilities and are provided with a job description at the commencement of employment.

Service users were aware of staff roles and knew who to talk to if they had a concern.

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 are kept under review.

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

Discussions with the deputy manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that the manager and senior staff are approachable and supportive; staff had knowledge of the process for obtaining guidance and support at any time.

Staff had knowledge of the agency's lines of accountability and described the processes for obtaining support or guidance.

Five staff and nine service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

Service user comments

- 'I don't always go to the tenants meeting; I'm not fussed on them.'

Staff comments

- 'I can speak to the manager or senior at any time.'
- 'I can ring the office if I need to discuss something when in a service user's home.'
- 'As a senior I strive to ensure I am the best leader, teacher, keyworker and team player.'
- 'I attend the staff meeting, we are required to attend.'

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the agency's data protection and complaints policies and procedures.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 2 |
|-------------------------------|----------|----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/ manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the **web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
|--|---|
| Recommendations | |
| Recommendation 1 Ref: Standard 9.5 Stated: First time To be completed by: 31 January 2017 | It is recommended that the registered provider should review and update the agency's Data Protection policy. Response by registered provider detailing the actions taken: <i>The Data Protection Policy will be updated by 31st Jan 2017</i> |
| Recommendation 2 Ref: Standard 15.1 Stated: First time To be completed by: 31 January 2017 | 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. Response by registered provider detailing the actions taken: <i>The review and updated Complaints policy will be completed by 31st Jan 2017.</i> |



**The Regulation and
Quality Improvement
Authority**

**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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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