



**The Regulation and
Quality Improvement
Authority**

**Kilcreggan Homes Ltd
RQIA ID: 11335
Elizabeth Avenue
Carrickfergus
BT38 7UY**

**Inspector: Joanne Faulkner
Inspection ID: IN023181**

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**Unannounced Care Inspection
of
Kilcreggan Homes Ltd**

25 February 2016

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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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.'

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

- Discussions with the registered manager and staff
- Examination of records
- Consultation with service users and stakeholders
- Evaluation and feedback

During the inspection the inspector met with three service users, the relative of one service user and two staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three individual service user care and support plans
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Minutes of tenants' meeting
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure (September 2014)
- Complaints register
- Recruitment and selection policy (July 2013)
- Induction training and development policy (September 2013)
- Staff handbook (2013)
- Supervision/appraisal policy
- Staff register/information

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency maintains a record of all staff signatures.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed a record of staff signatures maintained by the agency.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 3.7	<p>Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC Trust's systems.</p>	Met
	<p>Action taken as confirmed during the inspection: It was noted from discussions with the person in charge and from records viewed that service users had been supported to avail of an HSCT assessment of need; it was noted that a number of service users have been allocated an HSCT keyworker.</p>	

Staff stated that they receive four monthly supervision and an annual appraisal. The agency maintains a record of training received and has a process for identifying training gaps or needs; it was viewed by the inspector. It was identified that the agency provides staff with mandatory training and in addition training specific to the needs of individual service users; staff stated that they are encouraged to highlight any training needs to their line manager at any time or during supervision and appraisal. Staff are required to complete individual training and development plans.

Staff who spoke to the inspector were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

Service users stated that they are introduced to new staff members. Staff could describe how the agency endeavours to maintain continuity of staff and could describe the impact of staff changes on services users.

Staff stated that they receive appropriate induction and ongoing training specific to the needs of service users; they stated that they have the required knowledge, skills and support to carry out their roles. Service users confirmed that staff provided have knowledge of their needs and individual routines. The agency maintains a record of all staff training; records viewed indicate that staff have received relevant mandatory training and in addition training specific to the needs of individual service users.

Staff stated that their induction programme included meeting service users and becoming familiar with their care and support needs. Service users stated that staff respect their privacy and dignity, and their wishes are respected.

The agency's disciplinary procedure outlines the procedure for managing unsatisfactory performance of a domiciliary care worker.

Service User Comments:

- "The staff are good."
- "I love it here."
- "There are enough staff."
- "Staff help me with my tea."
- "I talk to the staff if I am not happy."
- "I am happy with everything."
- "I have recently made a film."

Staff Comments:

- "We support the service users to lead a normal life."
- "I can speak to the manager at any time; I feel supported."
- "I get supervision; it is beneficial."
- "We have enough staff."
- "We can raise concerns."

Is Care Compassionate?

Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care and support they receive; the agency is currently completing care plans electronically.

Discussions with service users and staff, and records of tenant meetings viewed, reflected the involvement of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The registered manager could describe the procedure for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

Service User Comments:

- "I can do what I want."
- "I enjoy living here."
- "I have no issues."
- "I love it here."
- "I go out a few nights per week; I have a job."
- "I am happy with everything."
- "I talk to the manager and staff if I am not happy."

Staff Comments:

- "Service users are supported to live independently."
- "Service users are given choice."
- "Service users are encouraged to develop their skills to their own ability."
- "Service users are involved in developing their care plans and will have access to their electronic records."
- "Service users meet their key worker regularly."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation and noted that unannounced monthly monitoring visits are completed by one of the agency's committee members. From records viewed it was noted that the report details any incidents or safeguarding concerns, a service improvement plan is developed and the registered manager is required to record when the recommended actions have been completed. Records indicated that the views of service users and where appropriate their representatives had been recorded.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 21(1)(a) Stated: First time To be Completed by: 25 April 2016	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>The requirement has been put in place.</i></p>		
Registered Manager Completing QIP	<i>Damian Cassidy</i>	Date Completed	<i>4/04/16</i>
Registered Person Approving QIP	<i>Damian Cassidy</i>	Date Approved	<i>4/04/16</i>
RQIA Inspector Assessing Response	<i>J. Faulkner</i>	Date Approved	<i>4/5/16</i>

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.