Unannounced Care Inspection Report
18 January 2019

Kilcreggan Homes Ltd

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

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 houses in the local vicinity. The agency's office is situated adjacent to a number of the service users' homes.

3.0 Service details

Organisation/Registered Provider: Kilcreggan Homes Ltd **Responsible Individual:** Damien Patrick Cassidy	**Registered Manager:** Damien Patrick Cassidy
Person in charge at the time of inspection: Deputy Manager	**Date manager registered:** 14/06/2012

4.0 Inspection summary

An unannounced inspection took place on 18 January 2019 from 10.00 to 17.30.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- engagement with service users and relevant stakeholders
- staff supervision and appraisal
- provision of care in an individualised manner
- supporting service users to develop new skills
- promotion of independence
- quality monitoring process

Three areas for improvement were identified during the inspection in relation to the agency's staff rota information, policies and procedures and information retained in relation to domiciliary care workers.

The comments of service users and staff have been included within the report.

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 manager, deputy manager, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 7 August 2017

No further actions were required to be taken following the most recent inspection on 7 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

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

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

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

During the inspection the inspector met with the registered manager, deputy manager, two service users and 10 staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge display 'Have we missed you' card within the premises; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

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 7 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 7 August 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the system in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The deputy manager stated that they review the application information to ensure that the pre-employment checks have been satisfactorily completed for any new staff. The person in charge stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

It was identified that the agency does not currently have in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform, as detailed in Regulation 13(d) Schedule 3. An area for improvement has been identified.

The inspector reviewed staff induction records; those viewed and further discussion with the person in charge indicated that the induction is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete mandatory training, orientation, shadow other staff employed by the agency and complete a medication competency assessment during their initial induction. The person in charge stated that new staff normally shadow other staff for two weeks at the commencement of employment. The inspector discussed with the person in charge the need to clearly record the dates of staff induction.

Staff could describe the details of the induction programme provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The person in charge stated that all staff supplied are employed by the agency; they described the process for ensuring that staff who are provided at short notice have the appropriate knowledge and skills. It was identified that the agency are not currently accessing staff from another domiciliary care agency.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users. It was identified that a number of service users have specific staff allocated to provide their care and support to ensure continuity of care.

The agency's staff rota information was viewed and reflected staffing levels as described by the person in charge. Staff who spoke to the inspector stated that there were sufficient staff to meet the assessed needs of the service users. It was identified that the rota information needed to include an abbreviation list and the role of staff supplied. In addition the inspector noted that correction fluid had been used on staff rotas viewed; the inspector discussed with the person in charge the importance of good record keeping. An area for improvement was identified.

Staff receive supervision four monthly and appraisal is ongoing in conjunction with the supervision process; group supervision forms part of this process. The agency retains a record of staff supervision and appraisal; records reviewed relating to four staff indicated that they had received supervision/appraisal in accordance with the agency's policy.

The person in charge could describe the procedure for identifying and ensuring that training updates are completed as required. Staff are required to complete training in a range of mandatory areas and in addition a wide range of training specific to the individual needs of service users. The inspector viewed the training records for staff and discussed with the person in charge and a team leader the benefit of developing a training matrix to support the agency in identifying when training updates are required by staff. The person in charge stated that the agency is currently reviewing their procedures for recording training completed by staff.

The agency has a process for managing staff registration status with Northern Ireland Social Care Council (NISCC).

The person in charge stated that the registration status of staff is monitored regularly; they stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that all staff were appropriately registered.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. 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 outlines the procedure for staff in reporting concerns. The deputy manager has been identified as the Adult Safeguarding Champion (ASC) for the agency.

Staff who met with the inspector were knowledgeable regarding the process for reporting adult safeguarding concerns. Training records viewed provided evidence that staff had received safeguarding adults training. It was noted that staff are required to complete safeguarding training during their induction programme and annual updates thereafter. The deputy manager has recently completed training to enable them to provide the training updates to staff. Service users knew how to raise concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for recording details of referrals made to the 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 evidenced that referrals made by the agency had been managed in accordance with policy and procedures and that details of actions and outcomes were retained.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety. The agency collates all the information on a bespoke electronic system. It was noted that prior to receiving care the agency receives a range of assessments relating to the service user. It was noted that service users are supported to participate in the development of their individual care and support plans and in six monthly reviews of their care plan. The inspector viewed a range of risk assessments in place relating to individual service users; including those relating to practices that may be deemed to be restrictive; it was noted that they are reviewed as required. Staff record the care and support provided to service users at each visit.

The agency's office is located in a separate building from the homes of the service users. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection.

Service users' comments

- "The staff are good."
- "I am happy here."

Staff comments

- "I feel the service users are safe; there is always staff around."
- "Supervision is good; you come away with a fresh mind."

- "Training is very good."
- "We are supported at all times."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff supervision and adult protection processes.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the agency's staff rota information and the information retained in relation to domiciliary care workers.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency's arrangements for responding to, assessing and appropriately meeting the needs of service users. It was noted that details of the range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy is currently being reviewed and updated. It was identified that the agency has an electronic system for recording information relating to service users. Staff stated that the receive information relating to record keeping and confidentiality during their induction programme. Records viewed during the inspection were noted to be organised and retained securely in accordance with legislation, standards and the organisational policy with exception to staff rota information.

Discussions with staff and service users provided evidence that service users are involved in risk assessment and care planning processes. It was noted that risk assessments and care plans are reviewed six monthly or as required.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly monitoring visits by a member of the organisation's management committee.

Following the monthly quality monitoring visits a report is developed. Reports viewed include an action plan and indicated that the process supports the agency in identifying areas for improvement. Comments from service users, staff, and where appropriate service users' representatives received from the agency's questionnaires, are included in the reports. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA. In addition safeguarding matters, staffing arrangements, training, care records are reviewed as part of the process.

The agency's systems to promote effective communication between service users, staff, relatives and relevant stakeholders were reviewed.

Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate respectfully and effectively with service users. The inspector observed a number of service users visiting the office to speak to staff throughout the inspection.

The agency's Service User guide provides details of information relating to advocacy services that service users can access if required.

The person in charge could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. It was noted that there is ongoing liaison with HSCT keyworkers due to the complex needs of service users and in relation to prospective service users.

The agency facilitates service user and staff meetings. During the inspection, the inspector observed part of a staff meeting; it was noted that the meeting related specifically to one service user who attended for part of the meeting. A number of service users meet weekly with their keyworker to plan for the week and discuss any issues or concerns they have.

Comments received during inspection.

Service users' comments

- "The staff help me with everything."
- "I like going shopping."

Staff comments

- "We promote independence; service users are treated as individuals."
- "We help service users work things out; there is always an open door."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

During the inspection the inspector spoke to a large group of staff in relation to ensuring the confidentiality, dignity and respect of service users. Staff demonstrated that they had a good understanding of the need to provide care and support to services users in an individualised manner. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences.

From discussions with staff and service users and observations made it was noted that a range of methods are used to support service users in making informed choices. Staff support service users to be involved in discussions relating to their care, support and individual daily routines; service users describe how they are supported to make choices about their everyday lives.

It was identified that the agency are providing care and support to a number of service users with a diverse range of backgrounds and needs. The inspector discussed with the person in charge the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff stated that their training had equipped them with knowledge and skills to engage with a diverse range of service users. It was positive to note that service users are encouraged to make their own decisions in relation to their daily routines.

Service users who spoke to the inspector could describe the process for raising a concern; service users had been provided with information relating to the agency's complaints process.

Observations made and discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their previous or current lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives.

Engagement with service users is maintained through the agency's service user meetings, complaints process, keyworker meetings and care review meetings. During the inspection the inspector noted that service users are encouraged to make choices regarding their daily routines and activities. Service users are supported by staff to be as independent as possible; integrate into the local community and to carry out their daily activities with the least support required. Staff support service users to develop new skills within their home environment and in the local community.

Comments received during inspection.

Service users' comments

- "I can do what I want; staff are very good to me."
- "I help on the farm; I love working."
- "The staff are good to me; they help me."

Staff comments

- "Service users have choice; they tell us what they want to do and can plan out their week."
- "We try to support the service user in a person centred way."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users.

The agency is managed on a day to day basis by the deputy manager and a team of senior support workers and support workers. Staff indicated that the manager, deputy manager and seniors are approachable and supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained in a paper format and retained in the agency's office. It was identified that a number of the policies and procedures viewed during the inspection were required to have be reviewed and updated in accordance with timescales detailed within the minimum standards. An area for improvement was identified.

The agency's current complaints policy details the processes for managing complaints; the inspector discussed the need for the policy to include details of the Ombudsman; the person in charge provided assurances that this information would be included. The agency maintains a record of complaints received, actions taken and outcomes of investigation are clearly recorded. It was identified from records viewed and discussions with the person in charge that the agency has received no complaints since the previous inspection.

Staff had a clear understanding of the actions to be taken in the event of a complaint being received. Service users knew how to raise concerns.

The agency retains details of all accidents, the actions taken and outcomes; they are reviewed monthly by the person completing the monthly quality monitoring visit. Incidents had been reported to RQIA as required.

The agency has processes for monitoring the quality of the service; these include arrangements for the monthly review and audit of staffing arrangements, incidents, accidents, safeguarding referrals and complaints.

There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives and relatives as appropriate. The inspector viewed evidence which indicated appropriate staff recruitment, induction and supervision.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff demonstrated that they had an understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was displayed appropriately.

Comments received during inspection.

Staff comments

- "I feel very supported at all times; the manager or a team leader is always available."
- "The seniors are approachable; can talk to seniors or ***** at any time."
- "Issues raised are followed through."
- "Team leader is always on duty."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective management of complaints, accidents and incidents and engagement with relevant HSCT representatives.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref**: Regulation 13.(d) Schedule 3 **Stated**: First time **To be completed by**: Immediate and ongoing from the date of inspection.	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. Ref: 6.4
	Response by registered person detailing the actions taken: A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform has been added to the personel files and a copy of the document was forwarded by email to the inspector on 14th February
Area for improvement 2 **Ref**: Regulation 21.(1)(a) **Stated**: First time **To be completed by**: Immediate and ongoing from the date of inspection	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. This relates specifically to the agency's staff rota information. Ref: 6.4
	Response by registered person detailing the actions taken: The recommendation by the inspector have been implemented on the rota
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 9.5 **Stated**: First time **To be completed by**: 18 April 2019	The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures Ref: 6.7
	Response by registered person detailing the actions taken: The recommendatiopn has been implimented.

Please ensure this document is completed in full and returned via Web Portal

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