Inspection Report

11 October 2022

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: Senior Support Worker	
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 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 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 11 October 2022 between 10.00 a.m. and 4.30 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, Dysphagia management and Covid-19 guidance was also reviewed.

Deficits were noted in regard to managerial oversight and governance arrangements; for instance, shortfalls were noted in relation to: staff selection and recruitment records; the annual report; monthly monitoring reports; staff training arrangements; access to staff Northern Ireland Social Care Council (NISCC) records; nutritional management; and review of care plans. Five new areas for improvement were made.

A meeting was held with the Responsible Individual on 25 October 2022 to discuss the inspection findings; during this meeting the Responsible Individual provided assurances in regard to how the service will achieve compliance with the relevant Regulations and standards. RQIA will review the identified areas for improvement at a future inspection.
Good practice was identified in relation to service user involvement.

Kilcreggan Homes Ltd uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and 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 a number of service users, relatives and staff members.

Comments received included:

Service users' comments:

- "I like living here."
- "Staff are good."
- "I am involved in my care plan and have a copy on my iPad."
- "I get on with the manager and have banter."
- "Staff are 1000 per cent. They are good workers and they help. They do their best."
- "Staff are strict but fair."
- "I get a choice of what I want to eat."
- "I can go out when I want to."

Service users' relatives'/representatives' comments:

- "My relative seems to be happy."
- "I know how to make a complaint. Any issues I have had have been resolved."
- "There is good communication with staff."
- "Staff are respectful and friendly."

Staff comments:

- "I love working here."
- "I find this job very rewarding."
- "Staff have been very supportive."
- "Induction is really thorough."
- "Shadowing shifts are tailored to meet the service users' needs."
- "I started as part time but I loved it so much I went full time."

Returned questionnaires indicated that the respondents were either satisfied or very satisfied with the care and support provided. Written comments included:

- "Happy with everything."
- "I am happy."

No responses were received from the electronic survey.

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 23 March 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector and was not validated during this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 23 March 2021</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td>Area for Improvement 1

Ref: Regulation 13(d) Schedule 3

Stated: Second time</td><td>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.</td><td rowspan="2">Not met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
A sample of staff recruitment records were reviewed and there remained deficits in the agency’s recruitment process.

This area for improvement has not been met and is stated for a third and final time.</td></tr>
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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 person in charge 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 annually 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 staff training records were not available on the day of inspection therefore we were not provided with assurances that every staff member had completed the mandatory training or if they were up to date with their training. RQIA was informed during and following the inspection that a new system was being developed in the service which will record every training date for all staff; however, this has yet to be implemented. An area for improvement has been identified in this regard.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the Regulations. Incidents had been managed appropriately.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such 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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 MCA.

The person in charge advised that all staff had completed appropriate DoLS training appropriate to their job roles; however, staff were unable to provide the inspector with any dates of this training. An area for improvement was identified and forms part of the aforementioned AFI regarding staff training records.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their mental 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.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

Review of service users' care records and in discussions with service users, it was positive 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 were kept under regular review; in addition, services users and /or their relatives were enabled to participate, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It was also positive to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Group activities
- Scam text messages
- Fire alarms
- Photo sharing
- Staff cars

- Halloween

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

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). One service user was assessed by SALT with recommendations provided. The person in charge advised that Dysphagia training was not being offered to staff.

Through discussion with the person in charge and with staff members, it was evident that the staff were unaware of when a referral to SALT was required or how to modify food and fluid if required.

The Responsible Individual advised during the meeting on 25 October 2022 that this training will be provided to all staff and dates of this training retained by the agency. An area for improvement has been identified in this regard. While training had been provided for staff regarding how to respond to choking incidents, dates of this training were not available for review.

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

We reviewed a sample of staff recruitment files which identified deficits in the agency's recruitment process. For example: identified records evidenced that full employment histories had not been obtained and/or discussed at the time of recruitment with the candidates; there were also gaps in applicants' employment histories which had not been discussed as part of the selection and recruitment process; in addition, references had not been obtained from the current or most recent employer of identified staff members and selected records did not include the applicants' reasons for leaving previous employment.

All pre-employment checks should be completed prior to an employment start date being provided which is in line with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. This area was not met and has been stated for a third and final time.

The person in charge advised that the Responsible Individual monitored the registrations of staff with the Northern Ireland Social Care Council; however, this system was not available for review on the day of inspection. It was noted that the Responsible Individual is not always present within the agency and there was no robust system in place to ensure the NISCC registration of staff is monitored in their absence. It was also noted that this information has not been available for review during the monthly monitoring visits. An area for improvement has been identified in this regard.

Staff spoken with confirmed that they were aware of their responsibilities to keep their NISCC registrations up to date.

The agency has a policy and procedure for volunteers which clearly specified their role and responsibilities. The person in charge confirmed that volunteers did not undertake any personal care duties and that enhanced AccessNI checks had been completed.

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, 12 week induction programme which also included shadowing of a more experienced staff member for two weeks. Written records were retained by the agency of the person's capability and competency in relation to their job role.

However, the agency had not maintained a robust training record for each member of staff. This is discussed further in Section 5.2.1.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss this post registration training requirement with staff to ensure that all staff are compliant with these requirements.

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

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted that the reports were insufficiently robust and lacked detail in relation to the quality of the service being delivered. In addition, there was limited stakeholder feedback within the reports.

The reports did not include any review of the Quality Improvement Plan identified at the previous inspection and contained no action plan to drive and sustain necessary areas for improvement.

During the meeting on 25 October 2022, the Responsible Individual was directed to RQIA's monthly monitoring report template which is available on the RQIA website for guidance. An area for improvement has been identified in this regard.

The Annual Quality Report had not been completed. An area for improvement has been identified in this regard.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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. No complaints were received since the last inspection.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	3*	3

* the total number of areas for improvement includes one regulation that has been stated for a third and final time.

Areas for improvement and details of the QIP were discussed with the person in charge and Mr Damian Patrick Cassidy, Responsible Individual (by way of a meeting following the inspection on 25 October 2022), as part of the inspection process. The timescales for completion commence from the date of inspection.

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) **Stated:** Third and final time **To be completed by:** Immediately from the date of inspection and ongoing	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
	Response by registered person detailing the actions taken: We ensured our senior staff had training in Recruitment & Selection in November 2022 and has been applied to our recent round of recruitment.
Area for improvement 2 **Ref:** Regulation 13(d); Schedule 3.7 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	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 records are available at all times to RQIA and any other appropriate persons upon request. Ref: 5.2.4
	Response by registered person detailing the actions taken: We have put in a shared folder on our IT systems for senior staff to ensure adequate access of NISCC register of staff is availible for appropriate persons. The resonsible manager forwarded the NISSC register of staff to the inspector by email to demostrate that we held appropriate records following the inspection

Area for improvement 3 **Ref:** Regulation 23(1)(2)(a)(b)(i)(ii)(c)(4)(5) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	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
	Response by registered person detailing the actions taken: We completed a review of our monthly monitoring form and forwarded guidance notes by email to the inspector that would acompany Board members when completing their monthly monitoring questionaire. We feel this document adeqautely captures the information requested
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	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
	Response by registered person detailing the actions taken: Support staff have completed the requested training. This would have been captured in the training records provided by our PAMS system that was operational from November. This was sent to the inspector by email. The staff training register is available for appropriate people on the shared folder established across our IT system.
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediately from the date of inspection and going	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
	Response by registered person detailing the actions taken: Support staff have completed the requested training.The staff training register is available for appriate people on the shared folder established across our IT system

Area for improvement 3 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediately from the date of inspection and annually	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
	Response by registered person detailing the actions taken: A yearly report to be provided for our annual general meeting. Monthly audits have been have been established across mediction/finance and practise performance for the purposes of the annual report.

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

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