

Announced Care Inspection Report 23 March 2021



Kilcreggan Homes Ltd

Type of Service: Domiciliary Care Agency
Address: Elizabeth Avenue, Carrickfergus, BT38 7UY
Tel No: 028 9336 0111
Inspector: Corrie Visser

www.rqia.org.uk

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 provider 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 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.

3.0 Service details

Organisation/Registered Provider: Kilcreggan Homes Ltd	Registered Manager: Mr Damian Patrick Cassidy
Responsible Individual: Mr Damian Patrick Cassidy	
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 14 June 2012

4.0 Inspection summary

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.

The last care inspection was undertaken on 18 January 2019. An inspection was not undertaken in the 2019-2020 inspection year, due to the impact of the first surge of Covid-19.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of all notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake an on-site inspection, adhering to social distancing guidance.

An announced inspection took place on 23 March 2021 from 10.15 to 15.30 hours.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff engaged with service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and service users. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

Evidence of good practice was found in relation to staff registrations with NISCC and staff rotas. Good practice was also found in relation to infection prevention and control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

Those consulted with indicated that they were satisfied with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	0

* One area for improvement from the previous inspection has been stated for the second time.

Areas for improvement and 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 18 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 January 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable events and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff and following our inspection we focused on speaking with health and social care (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the person in charge and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the person in charge and care workers. All those spoken with confirmed that staff wore PPE as necessary.

We also spoke with two staff members and three service users who indicated that that they were very happy with the care and support provided by the agency. Feedback was also received from three HSC representatives. Comments are detailed below:

Staff

- “The organisation is expanding.”
- “No day in here can be predicted.”
- “I like to make a difference in people’s lives.”
- “We support our service users with daily living skills, including budgeting.”
- “We try to promote independence.”
- “Training is being done on zoom and we are encouraged to do training.”
- “We get regular supervision.”
- “There is an open door policy.”
- “The senior support workers are a great support.”
- “We got good guidance throughout the pandemic.”
- “We work closely as a team.”
- “It is important to have a good relationship with the service users.”
- “We are one big happy family.”

Staff spoken with praised the manager for their approachability and responsiveness.

Service users

- “I love living here.”
- “They are nice people and they help me out.”
- “I love doing stuff by myself but if I need help I just ask for it.”
- “I play my play station to keep my mind active during lockdown.”
- “I have made good friendships here.”
- “The staff are down to earth.”
- “If I have any issues, I can speak to staff one to one.”
- “I have a laugh with the team.”
- “I work on the farm and do my best.”
- “It is a good atmosphere living here.”
- “I am very safe here.”
- “I can go out when I want to.”
- “Moving here is the best thing that has happened to me.”
- “The support is very good and I am very happy. There are not bad things about living here.”
- “The staff are very friendly.”
- “I wouldn’t change anything here.”

- “I have my own independence.”
- “I get on really well with the staff.”
- “Staff help me plan my meals but I do my own cooking.”
- “I struggle with the changing staff but I have worked on this and understand that staff can’t stay here all their lives and they need to move on.”
- “I get on well with the new faces.”
- “I should have lived here years ago.”

HSC’ representatives

- “I continue to be impressed by the level of care and professionalism provided by Kilcreggan.”
- “In light of the current pandemic they have excelled in their communication with named workers and reported any issues/concerns in a timely manner.”
- “Staff attend all reviews and meetings.”
- “There has been some changeover of staff within the unit which has resulted in changes of keyworkers for several residents. I understand this issue is outside of their control but it does have an impact on the relationships established. Being advised of changes in key worker roles would be useful.”
- “The communication between myself and Kilcreggan is very good- I have not had any concerns with this. Any issues which arise have been dealt with in a timely manner. Staff attend reviews as required and feed into care plans.”
- “Overall I can only say positive remarks about Kilcreggan staff and the service.”
- “It is high quality person-centred care.”
- “Excellent communication with support staff and senior managers, even during times of covid-19, video call has been excellent.”
- “Congratulatory note that throughout the Pandemic they have keep the individual physically safe from covid, but also mentally well with in-house activities and stimulation to prevent boredom.”

The comment in relation to the change of key workers was discussed with the manager, following the inspection, and it was agreed that communication would be sent to key workers to update them on any changes.

No electronic feedback was received.

7.0 The inspection

Areas for improvement from the last care inspection dated 18 January 2019		Validation of compliance
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	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.	Not met
	Action taken as confirmed during the inspection: We reviewed three staff recruitment files and noted there were deficits in all three files including pre-employment checks not completed prior to a start date being issued, gaps in employment not being explained, no statement of fitness by the responsible individual/registered manager and no signed contract. This area for improvement will be stated for the second time.	
Area for improvement 2 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. This relates specifically to the agency's staff rota information.	Met
	Action taken as confirmed during the inspection: We reviewed three weeks of the staff rota and noted that the full names of staff members were identified and they also included annual leave, study days and who was supporting service users on a one to one basis.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	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	Met
	Action taken as confirmed during the inspection: On the day of inspection we reviewed a	

	sample of the agency's policies and procedures and confirmed that they were being updated on a 3 yearly basis.	
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7.1 Inspection findings

Recruitment

We reviewed three staff recruitment files on the day of inspection. As outlined in Regulation 13, Schedule 3 a statement is required by the registered provider or the registered manager to confirm that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in any of the three recruitment files. There was also a gap in employment in one staff file and no evidence of any discussion of this during interview. The references in the three staff files were undated therefore we were unable to confirm that these had been received prior to the staff member commencing employment. It was further noted that one Access NI check was received after the staff member had commenced employment. Two staff recruitment files did not contain a contract of 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 to ensure that the person is suitable to work with service users. This area for improvement has been stated for the second time.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that the agency has a system in place to monitor the registrations of staff on a monthly basis. The person in charge advised that staff are not permitted to work if their professional registration lapses. Staff also confirmed this through feedback on the day of inspection.

Covid-19

Discussion with the person in charge and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to IPC, Covid awareness training and environmental cleanliness. This included training on the donning (putting on) and doffing (taking off) of PPE. The person in charge further described how a range of other Covid-related information was available for staff to read.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. This included spot checks of care staff in relation to their adherence to the guidance and cleanliness of the environment. The service users confirmed that the staff wore PPE appropriately.

The person in charge described the availability of hand sanitisers which are accessible throughout the setting for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There was a system in place to ensure that staff and service users had daily temperature checks as well as a daily wellness check.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

A Covid-19 file was available and included information relating to:

- Daily wellness checks and cleaning schedules.
- DOH Novel Coronavirus: Advice for HSC in NI.
- Gov.uk – Covid-19: Guidance for supported living provision.
- NHS: Hand washing techniques with soap and water
- PHA: Covid-19: Public information
- PHA Table 4
- NISCC: Coronavirus and our work: What you need to know.
- Covid-19: Regional principles for visiting in care settings in Northern Ireland.
- Practical Guidance – to promote good social distancing and educate service users on how important this is now and for when they are accessing the community when lockdown is eased.

It was positive to note that the deputy manager simplifies the information received from the PHA, DOH and the Trust to make it easier for staff to read and understand. The agency has also created easy read reports for service users to understand the current situation. It was also positive to note that the service users wore face masks when speaking with us during the inspection.

Signage displayed around the building included information on:

- How the Covid-19 virus spreads and how to protect yourself
- PHA Symptom checker
- How to use face coverings correctly
- Good hand hygiene

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, both internally and externally. Service users' care plans had been updated to include preventing and reducing the risks of contracting/spreading Covid-19, maintaining a safe environment, managing symptoms and environmental factors. Support plans had also been updated in terms of risk management, provision of information and education and the service users' responsibilities in relation to keeping themselves safe.

Governance and Management Arrangements

We identified that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring processes.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed a sample of the agency's monthly monitoring reports. We identified that the process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The person in charge confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the person in charge and staff indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff demonstrated that they had a good understanding of the process with regards to whistleblowing and raising concerns.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for individualised, person centred interventions which facilitate effective engagement with service users and promote communication and social engagement.

Areas of good practice

Evidence of good practice was found in relation to staff registrations with NISCC and the staff rota. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

One area for improvement identified at the previous inspection in relation to staff recruitment has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	0

8.0 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.

8.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

8.2 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>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.</p> <p>Ref: 7.0 and 7.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Our interview assessment form will include a tick box and comment space to capture the break in employment information. We have created a 'statement of fitness' form to be completed by the registered manager. Due to the growth of the organisation we will be investing in a HR software system to ensure all requirements are met. this system will be in place by the end of June 2021.</p>

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



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