

Inspection Report

Name of Service: Knockeden

Provider: Radius Housing Association

Date of Inspection: 3 August 2026

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:	Radius Housing Association
Responsible Individual:	Mr Greer Wilson
Registered Manager:	Ms Denise Donaldson
Service Profile – Knockeden is a supported living type domiciliary care agency located in the Southern Health and Social Care Trust (SHSCT) area which provides personal care and housing support to 16 service users.	

2.0 Inspection summary

An unannounced inspection took place on 3 August 2026, between 8.50 a.m. and 5.15 p.m. This 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 and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the last care inspection on 15 July 2025.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider. One new area for improvement was identified, this related to the Service User Survey.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users shared that they loved living at Knockeden, that they felt safe and enjoyed the activities and holidays.

During the inspection we spoke with a number of staff members, who remarked that they enjoyed working at Knockeden that there was good teamwork and the manager was supportive.

The information provided indicated that there were no concerns in relation to the service.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users.

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, induction programme which also included

shadowing of a more experienced staff member. A staff handbook is currently under construction, this will be reviewed at future inspection.

A review of the records and following discussion with the manager it was confirmed that no staff were provided from recruitment agencies. Processes are in place to ensure that should they be used, that they had been recruited, inducted and trained in line with the regulations.

Checks were made to ensure that staff were appropriately registered with NISCC. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Discussions had taken place during inspection as to how the current recording system could be improved and allow ease of oversight by the manager. This will be reviewed at future inspection. It was good to note that training included safe use of wheelchair tie downs and occupant restraint systems (WTORS), managing challenging behaviour and epilepsy training.

Procedures were in place for supervision and for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 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.

Staff were required to complete adult safeguarding training during induction and every two years 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.

All staff had been provided with training in relation to medicines management. Monthly medication audits have been consistently undertaken.

The Mental Capacity Act (Northern Ireland) 2016 (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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. The agency has established a DoLS register, advice was shared in relation to the review and addition of pertinent information. This will be reviewed at future inspection.

The agency had established a restrictive practice register, advice was given which included clear review periods and evidence on working towards least restrictive practices. This will be reviewed at future inspections.

Care and support plans are kept under regular review.

3.3.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service user plans also included details of activities offered and undertaken by the individual service users. These included ceramic classes, exercise, gardening, baking, art and sensory activities. Each service user who spoke with the inspector mentioned concerts they had attended or recent holidays they had enjoyed.

Although an overview of the service user / relative survey was available for review, there was no full report of this survey. Discussion at inspection included exploring ways for service users to be involved in the survey. An area for improvement has been identified.

3.3.4 Care Delivery

There was a handover meeting held at the beginning of each shift, this included the sharing of information about any changes to the service users' care. A document was available for the handover, which was used to communicate any specific information pertaining to service users' care.

Staff were knowledgeable of individual service users' needs; their daily routine wishes and preferences. Staff interactions with service users were observed, these were noted to be friendly and supportive.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

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

Ms Denise Donaldson has been the registered manager in this agency since 29 March 2023. Staff spoken with commented positively about the manager, describing her as approachable, someone who listens and someone who can be relied upon.

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There was a process in place to manage any complaints. No complaints had been received since the last inspection.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

Domiciliary care agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Annual Safeguarding Position report was viewed.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided within the agency.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Denise Donaldson, Manager, 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 Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 1 Stated: First time To be completed by: Immediate from the date of inspection	The Registered Person shall ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives. This report should be for Knockeden rather than a collective report Ref: 3.3.3
	Response by registered person detailing the actions taken: A Knockeden specific report will be collated for 2026 and in future. This will provide the detail requested by the regulator. A summary of the key findings will be shared with the service users and their carere/represenatatives.



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