

Inspection Report

Name of Service: Knockeden
Provider: Radius Housing Association
Date of Inspection: 15 July 2025

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1.0 Service information

Organisation/Registered Provider:	Radius Housing Association
Responsible Person:	Mrs Fiona McAnespie
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 with a learning disability and complex needs.	

2.0 Inspection summary

An unannounced inspection took place on 15 July 2025, between 9.00 am and 4:20 pm. This was conducted by a care Inspector.

The last care inspection of the agency was undertaken on 4 January 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

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 established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as training, induction, the process relating to staff from recruitment agencies and recruitment.

Knockeden 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 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 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. This included questionnaires and an electronic survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that the "Staff are great" and that they "loved living there". A number of service users were observed participating in a craft activity which they each appeared to enjoy.

Staff told us they loved their job, they had no concerns about the agency and felt the manager was approachable. They also shared that they felt confident to raise any concerns.

3.3 Inspection findings

3.3.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

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. The records did not consistently contain full employment histories or reasons for leaving posts. Although two references were gained for each staff member, these did not consistently include a reference from their current / most recent employer. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (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.

Two files for staff from a recruitment agency were reviewed. In one file, profiles for two individuals with the same name were found, the induction of the staff member who attended was not appropriately signed. The second file found that at the time of working the staff member's trainings were not in date. An area for improvement has been identified.

There was evidence that the agency had an induction programme for all newly appointed staff, having regard to the NISCC 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. On review, this documentation was incomplete and did not evidence the shadowing of a more experienced staff member. An area for improvement has been identified.

The training matrix was reviewed; the current system was found to lack robustness as it did not identify expired / expiring training. No evidence was available on inspection that staff had been trained and competency assessed in the safe use of wheelchair tie downs and occupant restraint systems (WTORS). A number of staff were also undertaking clinical observations to include Central Nervous System (CNS) observations without evidence of competency assessments. The medical devices in use for observations are not subject to a maintenance programme and are not calibrated. There was evidence that the devices were not suitable for all of the service users. An area for improvement has been identified.

Procedures were in place for appraising staff performance.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities. A craft class was observed with individual projects being undertaken according to the service users' preferences. There was evidence of a wide range of activities available.

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.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

A restrictive practices register is being established in the agency, this will be reviewed at future inspections.

3.3.4 Quality of Management Systems

Ms Denise Donaldson has been the manager in this agency since 29 March 2023. Those consulted staff commented positively about the manager and described her as supportive and approachable.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

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. The agency had received a number of compliments from a variety of sources.

The annual quality report was reviewed and noted to include stakeholder feedback. The results from the service user feedback audit were displayed in the hallway of the agency.

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 safeguarding policy. A specific individual was identified as the agency'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.

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 by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	4	0

Areas 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that the induction process is complete and that evidence of work shadowing is contained within the induction</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff complete induction training and shadow an experienced colleague as part of their induction training. Dates of these shadow/ buddy shifts will now be clearly detailed on the staff rota and the staff members induction record.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that the verification and induction of staff from recruitment agencies is robust</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Agency staff are rarely used within Knock Eden, when used a profile is obtained from the agency prior to the shift which provides details and a photograph of the staff member, including training and registration information. All old agency profiles will now be archived to ensure only up to date information is held on file. Radius have an agency induction form which is completed prior to new/ non regular agency staff working, a copy of this form will be retained with the agency staff profile.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)(e) 15 (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that staff are appropriately trained and competency assessed for the tasks they undertake, this specifically relates to relates to the safe use of wheelchair tie downs and occupant restraint systems (WTORS) and the undertaking of clinical observations.</p> <p>The registered person shall ensure that a robust system for monitoring training is established and maintained</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Competency checks will be completed in addition to the training provided to staff as requested. To support basic SBAR information for GP /medical practioner if a tenant becomes unwell vital signs are taken by the Registered Manager or Senior care worker/ Team leader. Training together with competency will be recorded to the staff training register. The domestic/ home</p>

	equipment used to check blood pressure, pulse, oxygen saturation, temperature and pupil dilation will be checked to monitor reliability.
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that full and satisfactory information is obtained during recruitment, this relates specifically to full employment histories with clear reasons for gaps in employment, reasons for leaving positions and appropriate references</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: We have previously discussed gaps in employment with candidates but wil now record this and reasons given for leaving on the interview documentation.</p>



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Authority

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