The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Kilcreggan Homes Ltd

Provider: Kilcreggan Homes Ltd

Date of Inspection: 8 April 2025

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

Service Profile:

Kilcreggan Homes Ltd is a supported living type domiciliary care agency located in Carrickfergus. The agency provides care and support to service users which includes 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 8 April 2025, between 9.30 am and 3 pm by a care Inspector.

The last care inspection of the agency was undertaken on 26 June 2023 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 agency is delivering safe, effective and compassionate care and if the service is well led.

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 recruitment, training records and monthly quality monitoring.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Kilcreggan Homes was an excellent experience. Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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, and to address any deficits identified during our inspections.

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, or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users who are in receipt of care and support; the staff who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. Several service users told us that they felt that the staff were 'brilliant' and that they are 'hard workers'. Service users said that they 'loved living in Kilcreggan' and described very positive relationships with the staff. One service user described the staff as being 'like family' and another service user described how the staff were 'good and helpful' and that they got on very well with the staff. Service users' relatives similarly praised the staff and described how the staff communicated any changes in their loved one's condition to them. Staff told us that they had no concerns and described working in Kilcreggan Homes as the best job they ever had.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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.

Service users said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users. However, deficits were identified in relation to full employment histories not being recorded. Reasons for leaving previous posts were not recorded, therefore it was not possible to establish if there had been any unexplained gaps in employment. Advice was given in relation to further developing the job application form, to ensure this information is recorded. In addition, any deficits in completion of the application form should be identified and addressed prior to commencement of role. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (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. There was a robust, structured, 12-week induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff confirmed that got sufficient training for their roles. However, the system in place for recording training dates required improvement, to ensure that the manager had better oversight of staff compliance levels. An area for improvement has been identified.

All staff received regular supervision. Staff told us they felt supported and involved in discussions about their personal development.

There was evidence of robust systems in place to manage staffing.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Activities for service users were provided which involved both group and one to one activities.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering and discussing service users' care in a confidential manner. Staff were also observed offering service users choice in how and where they spent their day or how they wanted to engage socially with others.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

3.3.2 Management of Care Records

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

Service users care records were held confidentially.

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.

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

Any restrictive practices were reviewed alongside the support plan review and the multidisciplinary review. Advice was given in relation to reviewing the restrictive practice register on a monthly basis.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Damian Cassidy has been the manager in this agency since 14 June 2012.

Those consulted with commented positively about the manager and the management team and described them as being 'excellent' and 'amazing'.

The agency was visited each month by a representative of the registered provider to assess the quality of service provision. Whilst the reports included consultation with staff and service users, there was a need for relatives and referring/visiting professionals to be consulted with. An area for improvement has been identified.

In addition, the section pertaining to the review of care records ought to have been more detailed. The manager was signposted to the updated monthly quality monitoring template which is available on the RQIA website.

Incidents and complaints were managed appropriately. It was evidenced that all staff were registered with the Northern Ireland Social Care Council (NISCC). Advice was given in relation to recording the dates the register was checked. It was further advised to retain an alphabetical list of staff names and start dates, in keeping with regulation.

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

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 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.

The annual safeguarding position report had been completed.

There was a protocol in place for staff to follow where service users were found not to be at home.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice 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 the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Damian Cassidy, 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	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that recruitment records include full employment histories and the reasons staff may have left their previous posts; any gaps in employment must be explained. Ref: 3.3.1
	Response by registered person detailing the actions taken: Kilcreggan Homes will ensure that this information is gathered in the recruitment process prior to the applicant being apppinted.
Area for improvement 2 **Ref:** Regulation 16 (2)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that training records are retained in such a manner to ensure compliance and manager oversight. Ref: 3.3.1
	Response by registered person detailing the actions taken: Kilcreggan Homes will develop & impliment a traing matrix that will provide oversight.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring visits include consultation with visiting professionals and service users' relatives, as appropriate. Ref: 3.3.4
	Response by registered person detailing the actions taken: This requirement to the monthly quality monitoring visits will be incorporated into this process via either one-one interviews/telephone or email correspondance.

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

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