

Announced Care Inspection Report 26 June 2018



Leonard Cheshire Disability

Type of service: Domiciliary Care Agency
Address: The Maples, Chief Street, Belfast, Antrim, BT13 3JR
Tel no: 028 9075 3720
Inspector: Caroline Rix

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Leonard Cheshire Disability ‘The Maples’ is a supported living type domiciliary care agency. The agency provides care and support for adults with physical/sensory disabilities.

The agency aims to provide disabled people with care and support within their accommodation which is jointly managed by the agency and the housing provider Choice Housing Association. Staffs promote empowerment and encourage service users to exercise choice and control over their lives, promoting their rights and supporting them to reach their full potential. The agency provides care and housing support to up to 17 service users, who live in a building which is divided into two floors. The Belfast Health and Social Care Trust commission their services.

3.0 Service details

Registered organisation/registered person: Leonard Cheshire Disability Tonya McCormac	Registered manager: Victoria McQuoid
Person in charge of the service at the time of inspection: Victoria McQuoid	Date manager registered: 8/9/2015

4.0 Inspection summary

An announced inspection took place on 26 June 2018 from 09.15 to 15.30hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, visiting professionals and staff on inspection. Feedback from service users others during the course of the inspection was positive.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Victoria McQuoid, registered manager and the deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 10 April 2017

No further actions were required to be taken following the most recent inspection on 10 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communication with the agency

During the inspection the inspector spoke with the registered manager, deputy manager, seven service users, four staff and three visiting professionals. Their feedback has been included throughout this report.

During the inspection the manager was asked to distribute ten questionnaires to service users. Nine service user surveys were returned to RQIA. Further detail of service user feedback is included throughout this report. The inspector requested that the manager place a 'Have we missed you" card in a prominent position in the agency to allow service users and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Feedback from two staff members was received by RQIA at the time of writing this report and is included within the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records.
- Three staff induction and supervision records.
- Three staff appraisal records.
- Four staff training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of Purpose.
- Service User Guide.
- Three service users' records regarding referral, assessment, support plans and quality monitoring.
- Tenant meeting minutes.
- Three monthly monitoring reports.

- Annual quality report for 2017.
- Communication records with HSCT professionals.
- Complaints log.
- Compliments log.

The findings of the inspection were provided to the registered manager and deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 April 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 April 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Three records sampled confirmed staff pre-employment details have been obtained in line with regulations and standards. The organisation, where possible, includes service users on the staff interview panels which is to be commended.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a).

Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that the staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team has been stable, with minimum use of external employment agency staff. The recruitment of three support workers due to commence soon was confirmed by the manager. The staffing arrangements enable the agency to provide familiar staff to service users who like staff continuity.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify and plan future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff as 'useful process for keeping up to date and discussing different matters'. Staff confirmed senior staff were approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' procedure provided clear information and guidance for staff as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. The inspector noted that the safeguarding procedure is also available in an easy read version and copies had been provided to all service users.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and were regularly reviewed.

The agency's registered premises include a range of offices and staff facilities within the building which are suitable for the operation of the agency as set out in the Statement of Purpose. The landlord had carried out building renovation works recently, however, the manager and service users explained that disruption was kept to a minimum.

Service user's comments during inspection:

- "We had a laugh with some of the work men, but was glad when scaffolding was taken away."
- "I love living here. It is the best place I have ever lived."
- "This has been my home for years. I feel happy and safe here."

The returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Written comments included:

- "I am quite happy."
- "Everything has been explained well and is dead on here."

Staffs comments during inspection:

- "The training is excellent, both the on-line and practical training. All the team leaders are being supported to complete the QCF Level 5 qualification, which I am really enjoying."
- "We have had training to meet the needs of individual service users."
- "Training excellent-feel I am well trained to meet the particular needs of our service users."

The returned questionnaires from two staff members indicated that they were 'very satisfied' that the care was safe.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required. Feedback received by the inspector from service users, visiting professionals and staff indicated that service users have a genuine influence on the content of their care and support plans. The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

It was clear through observations that the staff have good knowledge of the service users' needs and preferences; and how they are working with the service users to maximise independence.

During the inspection the inspector was able to observe a number of service users communicate effectively with each other and staff and were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices. One service user asked the inspector if the shower temperature could be increased. This was discussed with the manager who explained that the landlord had checked the water boiler/shower and both were working correctly. However there are thermostatic temperature valves fixed to all hot water outlets that cannot be altered, with this service user's shower set at the maximum heat permitted. The service user had been provided with this information.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker and service users.

Service users, professionals and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. The service users described the positive value of their involvement in a range of activities and interests which are facilitated with staff support.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings are held on a regular basis, along with service users having one to one discussions with senior staff as recorded in the 'what's working, what's not working' records viewed by the inspector. Tenants meeting minutes were reviewed during inspection, areas for discussion included:

- events planning
- recycling waste
- volunteers
- maintenance matters

- staffing updates

Service user comments during inspection:

- “I like living here. I wouldn’t want to live anywhere else.”
- “I sometimes go out to the pub, but can go anytime I like. My family visits once a week and help me with cleaning my flat. Everyone gets on well here.”
- “The staff are excellent and help keep me right, I can talk to any one of them.”

The returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

Written comments included:

- “I feel xxx is friendly and helpful as my keyworker along with xxx. I am happy here.”

Professional’s comments during inspection:

- The service is excellent; staff are on the ball, respond quickly to each change in service users’ needs and keep us updated with all matters immediately.
- The feedback from service users is always positive about level of support received.

Staff comments during inspection:

- “Staff team works really well together, support each other and are flexible.”
- “The care and support we provide does change and evolve as the service users’ needs change, to allow them to have as many choices as possible.”

The returned questionnaires from two staff members indicated that they were ‘very satisfied’ that the care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support needed, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported and encouraged to consider healthy meals of their choice, and the social activities they engaged in were very person-centred.

The inspector was able to speak to service users who expressed their satisfaction with the service during conversations. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The agency has provided service users with information relating to human rights, advocacy and adult safeguarding in easy read and pictorial formats. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Compliments from service users, representatives and other professionals reviewed during inspection provided the following examples in support of compassionate care:

- 'To all the Maples staff and tenants, thank you for all the support and care, I love the photos. With very best wishes xxx.' (Thank you card from relative of a service user).
- 'Congratulations and thank you to the deputy manager for all her hard work and efforts, in difficult circumstances, relating to an episode of ill mental health and incident relating to xxx service user.' (Trust care manager phoned with feedback regarding a service user).
- 'I feel The Maples Supported living unit has provided our clients with a new home supported by professional, caring and knowledgeable staff and manager. My clients are all happy and content, which in itself shows the impact Leonard Cheshire has made in their lives and how in some cases has helped them to return to live in the community with support. Communication, information sharing, knowledge and hands on care has been excellent and I would definitely recommend The Maples to other professionals.' (Email feedback from a trust care manager)

Service user comments during inspection:

- "I get my decisions respected. Come and go as I like or stay in my flat and watch TV with my friend."
- "I've had no problems but if I had any worries I could talk to any one of the staff and know they would sort it out for me."
- "I had some problems settling in here, but the staff are all so good to me. They encourage me to be safe and take me out anywhere I want to go. I sometimes say things I don't really mean but no one ever gets upset with me."

- “This is a great place, we play pool and enjoy banter, keep each other going, and I wouldn’t want to live anywhere else.”

The returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Staff comments during inspection:

- “Really enjoy building trust and fostering relationships with service users.”
- “We have some challenging behaviours but have well established plans in place to meet and manage these safely for all.”

The returned questionnaires from two staff members indicated that they were ‘very satisfied’ that the care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The day to day operation of the agency is overseen by a manager, supported by a deputy manager, two team leaders and a team of support workers and an administrator, a domestic assistant and maintenance officer.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual "Have your Say" review during June and July 2017. The agency had shared their annual survey report findings with service users during the tenants meeting in October 2017, with a plan for further consultation regarding volunteers available to support service users. The manager confirmed this action is being implemented.

Monthly monitoring reports were viewed for March to May 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service. Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector found one complaint was received since the last inspection, and records indicated it had been appropriately managed and resolved. The manager confirmed that any issues raised were immediately addressed and resolved. The staff training records viewed confirmed all staff had received update training on handling complaints.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There had been no safeguarding reports received since the previous inspection or matters that required to be notified to relevant bodies and RQIA.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy

- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

Service user comments during inspection:

- “I enjoyed watching the builders at work; it reminded me of my own working life before. I talk to xxx if I have any worries about anything.”
- “I know the staff are great, very helpful and we have a laugh a lot of times.”

The returned questionnaires from service users indicated that a well led service meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

The returned questionnaires from two staff members indicated that they were ‘satisfied’ and ‘very satisfied’ that the service was well-led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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