

Unannounced Domiciliary Care Agency Inspection Report 4 April 2016



Leonard Cheshire Disability

The Maples, Chief Street, Belfast, BT13 3JR
Tel: 028 9024 6247
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Leonard Cheshire Disability took place on the 4 April 2016 from 09:00 to 13:30. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care and the service was found to be well led. The outcome of the inspection found no areas for concern. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The service provision was found to be outstanding. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. Responses received from both service users and staff would indicate a high level of satisfaction with this service. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The service provision was found to be outstanding. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual.

There was evidence over time of positive outcomes for service users. Responses received from both service users and staff would indicate a high level of satisfaction with this service. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The service provision was found to be outstanding. The agency asks people who use their services what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans. Responses received from both service users and staff would indicate a high level of satisfaction with this service. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be providing a well led service. The service provision was found to be outstanding. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced support systems that enable service users to get involved e.g. advocacy services, user-led groups. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

1.1 Inspection outcome

There were no actions or enforcement required to be taken following the last inspection.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Vicki Mc Quoid the Registered manager as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered Organisation/Registered person: Mrs. Tonya Mc Cormac. Leonard Cheshire Disability	Registered manager: Mrs Vicki McQuoid
Person in charge of the agency at the time of inspection: Mrs Vicki McQuoid	Date manager registered: 8 September 2015

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for October 2015 to February 2016
- Minutes of staff meetings for October 2015 January and March 2016
- Minutes of tenant meetings for November and December 2015 and January 2016
- Staff training records relating to:
 - Human rights*
 - Challenging behaviour*
 - Customer care*
 - Health and safety*
 - Complaints*
 - Vulnerable adults*
 - Deprivation of liberty*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

4.0 The inspection

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. Staff 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 32 service users, who live in a building which is divided into two floors. The management of the agency is under the direction of Mrs Vicki McQuoid. At the time of the inspection there were 32 individuals receiving a service from 22 staff.

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

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Six Questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Seven questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence over time of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 9 April 2015

The previous inspection of the agency was an unannounced care inspection on the 9 April 2015. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 April 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency on the 30 January 2016. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide. This was felt to be important both in terms

of the service user's security and the staff's knowledge of the required care. One service user stated *"The staff know me and what I need help with, I know who is working with me each day."*

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined ten care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. The agency delivers positive outcomes for people who use their services on an ongoing basis and in some instances over a long period of time.

The agency's risk management policy was reviewed by the agency on 30 July 2015.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks. The recruitment policy was updated by the agency on 11 September 2015. The agency has in place a comprehensive "Checklist for personnel file" document. A number of staff files were examined by the inspector and they included the required information.

The agency has a structured comprehensive twelve week staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the NISCC standards for new workers in social care. The agency's induction procedures were reviewed by the agency in January 2016.

Records examined evidenced that staff have received core mandatory and other relevant training. The inspector noted training dates in place relating to future training updates for all staff.

Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency on 18 March 2016. The manager reported that she undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for weeks ending 3 April 2016, 10 April 2016 and the 17 April 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager, staff and service users indicated that an appropriate number of suitably skilled and experienced staff were available at all times. Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. The agency identified evidence of when shortcomings in systems have been highlighted as a result of an investigation; additional identified safeguards are put in place.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The three service users interviewed by the inspector stated that they felt safe and secure in their homes. One service user discussed with the inspector previous living arrangements in an inappropriate placement, where staff did not understand their individual disability and were providing care they thought was appropriate. The care and support provided in this agency was discussed with the service user. The current care and support was negotiated in line with individual needs and assessment. Over time the service user has gained a level of independence that they thought would never be possible. This feedback evidences that the agency is flexible and responsive, and able to adapt the service to best meet individual needs.

Other comments included:

“I have my independence and my family back, living here.”
“I’m able to support my family again.”

“I’m happy here my flat is great.”
“I have no problems, this is my home and staff respect me at all times.”

Staff comments:

“We receive comprehensive training and induction.”
“My training prepared me for my role.”

Six returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Seven returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Comments:

“This service is brilliant.”
“Safety and security is my hope and my priority.”

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.4 Is care effective?

The three service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. All three people advised that they had never needed to make complaints to the agency.

Records viewed confirmed that direct observation of staff practice was carried out on a regular basis by team leaders. Staff interviewed were positive and felt well-supported to manage the challenges of their job. The agency aims to develop the skills and knowledge of its staff.

Service user records viewed by the inspector evidenced that regular contact and feedback received from service users had been followed up. The agency meaningfully engaged at a local level, engaging in partnership working to meet the needs of service users.

Discussions with service users evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff stated that they involve service users in providing information, support and assistance as requested.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the service User Guide. The agency has in place a "*Personalisation and involvement officer.*" (PIO) The role is to develop and help the service users to develop a service user led focus group which will discuss and respond to the issues that affect all service users.

The PIO makes regular visits to service users and discusses with them issues that are affecting them and creating an action plan to deal with any issues. The inspector noted a number of issues that service users have brought to the attention of the agency:

- Disability hate crime locally
- Activities
- Training
- Service user focus group
- Family situations
- Group activities

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. Staff demonstrated how they support service users to be independent and make decisions about their day to day life, for example, what support they want.

Minutes of staff meetings for October 2015 January and March 2016 were examined by the inspector. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed. Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

The inspector noted the results from the "Have your say" survey completed by the agency during March and April 2015 some of the results from the service show that service users are either happy or very happy with the following questions:

- Do you feel safe in the service?
- The way you are helped and treated?
- The control you have with your medication?
- With the care you receive?

The agency involves everyone in consultation activities and believes that everyone has the capacity to be involved. The inspector saw evidence that changes have been made as a result of user involvement and consultation.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service. This was evidenced in the records of monthly quality monitoring and annual quality surveys.

The agency has in place a policy in relation to the creation and storage of individual records; this was reviewed by the agency in October 2015 and was satisfactory.

Service user comments:

"I'm happy here my flat is great."

"I have no problems, this is my home and staff respect me at all times."

"Staff are fabulous, kind and considerate."

"I can't thank this place enough for the change in my life. Supported living allows me to be part of my family again and encourages my independence."

"I have been given the chance to make my life better with the support of my family and the staff, I have a renewed life."

Staff comments:

"The staff team work well together."

"Both supervision and appraisal is one to one and staff are valued."

"The manager is approachable."

"Both team leaders and managers are supportive."

"I love working here."

Six returned questionnaires from staff indicated that:

- Quality monitoring of the service they provide is in place
- The review of service users' needs is completed

Seven returned questionnaires from service users indicated that:

- They get the right care, at the right time and with the best outcome
- They are involved in the review of their care and have a say about what happens to them

Comments:

"Service users are encouraged to make decisions during tenants meetings."

"The staff are all very good."

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.5 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values including privacy, dignity, independence, choice, rights and fulfilment form an important part of care provision.

The three service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. One service user stated: *"I have my independence and my family back, living here."*

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are given their choice in regards to personal care, and are encouraged to complete tasks themselves when appropriate. One service user stated *"The staff work well with me and my choices, I manage as much of my care as possible and I am encouraged by staff to do what I can."*

Service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs. Discussions with staff and service users evidenced that staff focus on people as individuals with different needs and wishes.

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement. The inspector noted some comments by service users, staff and HSC Trust professionals:

Service user's comments:

*"I know I can go to ***** if I have any problems."*

"High praise for all the staff."

"Staff are very helpful."

HSC Trust comments:

"It was lovely to have a positive review with my client."

"My client says it's the best thing that's happened to her."

"I have no issue with the quality of care being delivered."

"Staff are very accommodating."

The agency has in place an annual service monitoring report "Have your say" which is made available to service users describing the quality of service provided. The inspector examined the report and the actions to be completed by the manager. The information requested of service users via a questionnaire has been highlighted earlier in this report.

This commitment to “Have your say” is part of the organisation’s culture and values.

The agency aim states:

“We work for a society in which every person is equally valued. We believe disabled people should have the freedom to live their lives the way they choose. To have the opportunity and support to live independently, to contribute and participate fully in society.”

The inspector saw evidence of compassionate care and support during the inspection relating to:

- *Choice;*
- *Support;*
- *Freedom;*
- *Opportunity;*
- *Independence;*
- *Participation.*

Staff interviewed were aware of the agency’s policy and procedure on confidentiality and could demonstrate how this is implemented. It was noted by the inspector that the following policies, were reviewed/updated by the agency:

- Complaints Policy 8 September 2015
- Confidentiality 1 October 2015

The agency provides training entitled “*People focus*” to increase the knowledge and skills of staff this training relates to:

- Equality and diversity of disability
- Disability equality

This training aims to challenge staff to think about what this means to them at work, what it means to the people they support whilst ensuring a non-discriminatory environment for everyone.

During discussion with a service user it was stated that:

“The staff are excellent they support me in everything I do.”

During discussion with staff it was stated that:

“The staff team work well together.”

“The manager is approachable.”

“Both team leaders and managers are supportive.”

“The team is really good.”

“I feel the care is compassionate and is completed at a high standard.”

Six returned questionnaires from staff indicated that:

- Service users’ views are listened to and improvements are made
- Service users can make decisions about the service they receive

Seven returned questionnaires from service users indicated that:

- They are given enough information about the people who will provide their care
- They are treated with dignity and respect and involved in decisions affecting their care

Comments:

“Staff always take the appropriate action.”

“Service users are encouraged to make decisions during tenants meetings.”

“We are kept up to date about staff changes.”

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.6 Is the service well led?

The manager reported she had completed a review of all systems and processes in the agency and where necessary made changes, in consultation with senior management staff and service users to bring about improvement. This review was evident as the agency that has now updated their monthly monitoring template specifically to the domains of safe, effective, compassionate and well led. This allows the agency to take the views of service users into consideration when managing and delivering their services. The agency has demonstrated vision, leadership and creativity that influences practices within the service.

Feedback provided to the inspector from staff and service users, indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users that include service user involvement and empowerment, whilst increasing people’s choice and control.

A number of policies and procedures in place are accessible to staff in hard copy or via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. Monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification. The agency provides feedback to service users during tenants meetings in relation to complaints made. The inspector noted discussions relating to concerns raised by a number of service users. The agency’s complaints policy and procedure is reflected within the Statement of Purpose and Service User Guide.

The agency has reported a number of incidents to RQIA as required and it was evident that agency policies had been followed in relation to these. Incidents form part of the monthly monitoring and there was evidence of appropriate actions being taken to address concerns and of learning from incidents. The incident reporting policy was created by the agency on the 9 September 2014.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection. The inspector noted human rights training completed by both staff and service users, provided by a local disability organisation. This training supports a well led, effective, compassionate and safe service for service users. Human rights training for staff and service users included:

- About making sure that we treat everyone fairly
- About making sure people aren't mistreated and are looked after
- About making sure everyone is free to live their life the way they want

Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency. Staff reported that they had a very good working relationship with the manager who they described as "*Very approachable*".

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed by examination of records within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was created by the agency on 1 November 2013.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was seen within the staff meeting agendas and minutes. The agency has in place a policy and procedure on staff supervision and appraisal. This policy was updated by the agency on 18 March 2016. The manager reported that she undertakes supervision with Team leaders who in turn supervise care staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received no complaints during this period. The manager demonstrated an awareness of the regulatory framework and understanding of their obligations in relation to this. The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes. This included monitoring of training, supervision, complaints and incidents. The central ethos of audit within the agency is to improve the quality of service delivery and outcomes to service users. The agency aims make it possible for people to have control over decisions about their life as well as day-to-day decisions. Following discussions with staff and service users, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centered. The agency reflects on its work and uses this information to challenge its own performance.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Staff comments received from returned questionnaires;

“The service is well managed and run to a high standard.”
“More staff would be good.”

Six Questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user’s needs
- Any complaints from service users are listened to.

Seven Questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well

Comments:

“The manager is very good; she helps with all my needs and is easy to speak to.”
“The staff are all very good.”

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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