

Announced Care Inspection Report 20 June 2019



Leonard Cheshire Disability

Type of Service: Domiciliary Care Agency
Address: 3 Chief Street, Belfast, 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

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Hugh Fenn (acting)	Registered Manager: Danielle Saunderson (acting)
Person in charge at the time of inspection: Danielle Saunderson	Date manager registered: 12/06/19 application received

4.0 Inspection summary

An announced inspection took place on 20 June 2019 from 09.30 to 15.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The inspection assessed progress since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be very warm and caring. Each service user consulted spoke positively in relation to the care and support received.

No areas for improvement were identified during this inspection.

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 Danielle Saunderson the acting manager and the deputy manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; two were returned and their feedback indicated they were 'satisfied' and 'very satisfied' with each of the four areas of service provided.

The inspector requested that the person in charge place a "Have we missed you" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

The inspector spoke with four service users and four staff members. Comments received are included within the report and some are noted below.

Service user's comments:

- "It is good living here."
- "These people are very good to me, I have my own place and can come and go as I like."
- "My keyworker helps me and staff are supportive of my plans."

Staff spoken with gave a comprehensive overview of the service.

Staff comments:

- “Induction was excellent and helped prepare me for the job.”
- “Ongoing training and development is good.”
- “We work well as a team, with good communication with each other.”
- “We have a good supportive team who provide a very personal service to each person here.”

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 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.

The agency’s arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s human resources department, located at the organisation’s head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users’ needs not being met.

New employees were required to complete an induction programme which included training identified as necessary for the service and familiarisation with the service and the organisation’s policies and procedures. This programme viewed included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff which included shadowing other experienced staff.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles. This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new care workers prior to service delivery.

The inspector reviewed the agency’s training plan and training records maintained for individual staff members; those viewed indicated that staff had completed all mandatory subject updates and other relevant training.

Records of training and staff feedback indicated that staffs attend a range of training necessary to meet the individual needs of service users including; dementia awareness, diabetes awareness, communication skills and behaviour support awareness.

Staff spoken with described the value of the additional training received in improving the quality of care and support they provided and their understanding of service user's human rights in all aspects of their lives. One staff member commented: "we have lots of opportunity to learn more to support our service users."

There were systems in place to monitor staff performance including spot checks and training feedback and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The agency policy and procedure in relation to safeguarding adults was reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The inspector noted that the safeguarding procedure is also available in an easy read version and copies had been provided to all service users.

From the date of the last care inspection there have been two referrals made to the relevant HSCT in relation to adult safeguarding matters. Records reviewed confirmed these matters were managed appropriately, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation.

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.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector was advised by the manager that plans are underway to review arrangements for managing such accidents in conjunction with the commissioning HSC trust.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had and an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt the service being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

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 review of two service users' care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative. Service users were enabled to exercise the maximum amount of choice and control in the care planning of their commissioned individual care arrangements with the agency. This supported the service user and agency to review and measure outcomes for the service users.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin were applicable and other key stakeholders.

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. Tenants meeting minutes were reviewed during inspection, areas for discussion included:

- events planning
- staffing changes
- computer skills course
- front door security

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.

Service user’s comments:

- “The care and support is great, I feel I have freedom to do my own thing. I have all the help I need. My CPN has been great recently.”
- “I feel very well and safe here.”
- “Great place, I miss the former support staff who have been promoted recently, this is good for them but sad for us.”

Staff comments:

- “I believe the service is very good, it allows our people to live full lives with support to remain independent and safe.”
- “I feel my work is appreciated and valued.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessment
- Disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. The inspector noted that the agency had completed their annual quality survey with positive results. The service users had the opportunity to comment on the following:

- Service user consultation
- Dignity and respect
- Support required
- Safe environment
- Safe care and support
- Staff help to make decisions
- Complaints
- Control of your life
- Access to support.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care and support. They spoke about respecting service users' rights to decline care and support, and the importance of recognising the best times for service users to make certain decisions. Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Service user's comments:

- "I love my apartment, I have so much space and can do my own thing, because I like to be quiet sometimes but can join others if I want company and a chat."
- "Staff know me very well. I trust them."

Staff comments:

- "Sometimes it can be difficult when service users make poor choices, but we are there to support them no matter what they decide."

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

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 an acting manager, supported by a deputy manager, three team leaders and a team of support workers and an administrator, a domestic assistant and maintenance officer.

The staff members spoken with confirmed that there were good working relationships and that their line manager was responsive to any suggestions or concerns they raised.

Staff spoken with commented:

- "The office staff are all very approachable, 24/7. They are there for advice at any time."
- "The training is very good, given lots of opportunity to develop our knowledge to better support our service users."

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their monthly checklist confirming this process.

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 a range of feedback received by the agency following their annual quality review in September 2018. The inspector noted that the information collated into the agency's annual report contained information received from service users, staff and commissioners. Their annual report had been shared with service users and staff in February 2019 and included positive feedback.

The agency's quality monitoring reports were reviewed for the past two months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSC representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

There had been no complaints received from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. This evidenced that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisal in line with the agency's policy and procedure; records provided to the inspector confirmed this.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held online and were accessible to staff.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)