

Inspection Report

19 July 2022



Leonard Cheshire Disability - Cheshire House

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Leonard Cheshire Disability	Registered Manager: Mrs Hannah Louise Horner
Responsible Individual: Mrs Fiona McCabe	Date registered: 22 January 2009
Person in charge at the time of inspection: Mrs Hannah Louise Horner	
Brief description of the accommodation/how the service operates: Leonard Cheshire Disability - Cheshire House is a supported living type domiciliary care agency, which provides care and housing support services for up to 18 service users with physical disabilities and acquired brain injury. Service users live in their own flats and have the use of communal indoor and outdoor space	

2.0 Inspection summary

An unannounced inspection took place on 19 July 2022 between 9.45 a.m. and 4.35 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, monthly quality monitoring and monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we met with two service users and two staff member who spoke positively about the care and service provided at Leonard Cheshire Disability – Cheshire House. We received nine responses to the service user/relative questionnaires. The respondents were very satisfied that the care provided was safe, effective and compassionate and that the service was well led. No responses were received from the electronic staff survey.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I have lived her for years. I love it here. Staff are good to me, they are brilliant. If I had a concern I would speak to the staff. No problems. If I saw something that wasn't right, I would speak to the staff."
- "I am very happy here. The staff are very good to me. I am not worried about anything. I want for nothing. I have no problems. I don't think I could be any happier."

Staff comments:

- "It's a brilliant service and we were well supported throughout the pandemic. The manager is brilliant and you can go to her anytime. The manager's door is always open. We get loads of training. You can do extra training if you want. I think the staff team is great. The service users have a choice of activities."
- "The manager values the staff. Staff have been here a long time. The manager is approachable. We are always doing training every year. We have a wide range of professional contacts who we contact for advice. Staff put the tenants first and always follow the care plans and the support is always person centred planning. Tenants have their say in the support provide to them and can change their support. I have had a lot of

opportunity to work my way up the ladder and do well in my career. I feel valued as an employee.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection to Leonard Cheshire Disability – Cheshire House was undertaken on 24 September 2020. One area for improvement was identified and a Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in 2021-2022 inspection years due to the impact of Covid-19.

Areas for improvement from the last inspection on 24 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (1) Stated: First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.	
	Action taken as confirmed during the inspection: Review of governance records evidenced that monthly monitoring visits were completed in keeping with Regulation.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff when needing to

report concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that no adult safeguarding referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role.

Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the agency's mandatory training programme. A review of records confirmed that moving and handling risk assessments and care plans were up to date and the staff had received the required training.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment should be undertaken before staff completes this task.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference when considering DoLS and the provision of care to service users.

Discussion with the manager confirmed that there was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Staff discussed individual care plans with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus. The inspector noted that information posters relating to Covid-19 were also posted up in the common areas.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Review of a sample of service users' records evidenced that some service users had been assessed by SALT staff who made nutritional recommendations concerning the need to provide a modified diet. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of service users' care records reflected that staff engaged with members of the multiprofessional team as needed.

The manager demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of staff recruitment records confirmed that all pre-employment checks were completed and verified before staff members commenced employment and had direct engagement with service users. Checks had been made by the agency to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a robust system in place which ensured that the manager had an effective oversight in regard to staff registration with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their NISCC registration up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction training, having regard to NISCC's Induction Standards for new workers in social care. There was a robust, structured 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.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

The manager also maintained a record for each member of staff in regard to all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included comment on service user care records; accident/incidents; safeguarding matters; staff recruitment; training and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

6.0 Conclusion

Based on the inspection findings, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager/management team.



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