



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

| | |
|----------------------------|--------------------------------|
| Name of Agency: | Leonard Cheshire Lurgan |
| Agency ID No: | 10795 |
| Date of Inspection: | 15 December 2014 |
| Inspector's Name: | Jim McBride |
| Inspection No: | INO17502 |

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

General Information

| | |
|--|---|
| Name of agency: | Leonard Cheshire Disability |
| Address: | Cheshire Mews Sloan Street Lurgan BT66 8NR |
| Telephone Number: | 02838321843 |
| E mail Address: | anita.scullion@lcdisability.org |
| Registered Organisation / Registered Provider: | Ms Tonya Mc Cormac |
| Registered Manager: | Mrs Anita Jane Scullion |
| Person in Charge of the agency at the time of inspection: | Mrs Anita Jane Scullion |
| Number of service users: | 34 |
| Date and type of previous inspection: | Primary Announced Inspection 31 March 2014 09:30-13:30 |
| Date and time of inspection: | Primary Announced Inspection 15 December 2014 09:00- 13:30 |
| Name of inspector: | Jim McBride |

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders

- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation process

During the course of the inspection, the inspector spoke to the following:

| | |
|---------------------|---|
| Service users | 4 |
| Staff | 5 |
| Relatives | 1 |
| Other Professionals | |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 14 | 9 |

Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards full compliance with the one requirement and one recommendation issued during the previous inspection of the 31 March 2014 was assessed.

The agency has fully met the requirement and recommendation made. The inspector verified compliance by the records made available and during discussion with the Registered Manager.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

Profile of service

Cheshire Mews is a domiciliary type care agency (supported living scheme) operating under the auspices of Leonard Cheshire Disability (a voluntary organisation). The scheme provides supported living accommodation for 15 service users with range disabilities.

All service users in Cheshire Mews live within independently maintained flats and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, and cooking.

Service users are also provided with personal care, and administration of medication if required.

The scheme currently employs 52 staff; this includes care / support staff (within Cheshire Mews and the community support aspect of care provision). The Cheshire Mews property is owned and managed by Oaklee Housing Association.

The agency also provides community domiciliary care / support to 19 service users living within their own community homes within the Lurgan area. These service users are provided with support, mainly in the areas of personal care from a number of separate staff.

Summary of inspection

The inspection was undertaken on the 15 December 2014, the inspector met with the registered manager Mrs Anita Scullion during the inspection.

The inspector had the opportunity to meet four service users in their own home. The inspector also spoke to five staff as well as one relative and has added their comments to this report.

Prior to the inspection, nine staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by agency staff in the nine questionnaires was provided to the manager during the inspection. It should be noted that the feedback in relation to the service was positive and staff comments have been added to this report.

Four personal care plans examined Records examined show clear evidence of a consistency with a person centred approach. This was acknowledged in individual care plans as well as during discussion with the manager, tenants and staff.

The agency's statement of purpose states:

Leonard Cheshire Disability provides flexible support services to service users living in supported accommodation. The support service is linked to the person and aim to maximise an individual's independence while supporting them to maintain their own home.

The personal plans examined by the inspector include:

- Individual support plans
- Tenancy agreements
- Support timetable
- Human rights
- Finances
- Needs assessments
- Service users rights to take risks

The personal plans in place are based on needs and individual choice and include:

- Need
- Risk
- Outcomes

Tenants comments:

“Staff are very helpful”

“Staff are friendly”

“I could not ask for better care and support”

“Staff help and encourage me to be as independent as I can be”

“I help staff to deal with my needs”

“Staff respect and listen to me”.

Staff Comments:

“Supervision and training is good”

“We actively support people with their independence”

”We have a good team that communicate well with each other”.

Relative’s comments:

“**** enjoys supported living ad gets great support from the staff”

“Staff are friendly and keep us informed of any concerns or issues that need resolved”.

“The service is first class “

Nine questionnaires were received prior to and during the inspection; the inspector also spoke to five members of staff on duty during the inspection and has added their comments to this report.

HSC Trust Comments:

“Staff are very good and caring”

“I have a good professional relationship with the staff”

“My clients are well supported”

“I attend am I’m invited to all reviews”

“Staff communicate well and written records are good”.

The nine questionnaires returned indicated the following:

- Protection from abuse training was received by all nine staff the last recorded training event was on the 6 May 2014
- Training was rated as excellent
- Staff competency was assessed via written test questionnaire and verbal questions
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- All eight staff stated they have received training in handling service users finances during induction
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

Records in place and discussions with the manager and staff, verify the above statements received from staff.

It was evident from reading individual person centred personal support plans and discussion with staff and tenants, that the tenants and their representatives have control/input over individual care and support.

Staff also stated that systems are in place to ensure individual opinions are heard they include:-

- Service users meetings.
- Monitoring Visits. The inspector read the last five months monitoring visits reports; these clearly show discussions with staff, tenants and relatives as well as some HSC Trust Staff
- Reviews
- Keyworkers discussions. This was verified by the four tenants interviewed.

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Staff training records
- Person centred care plans.

Staff highlighted some of the principles of support living in their returned questionnaires as:-

“Person centred planning”

“Promoting choice, equality and independence”

“Care and support around the individual”.

The inspector would like to thank the manager, staff and tenants for their cooperation during the inspection process.

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded****The agency has achieved a compliance level of "Compliant" for this theme.**

The agency has provided evidence of documentation currently in place to ensure each individual service user has in place the following:

- Terms and conditions agreement
- Tenancy agreement
- Service user guide
- Statement of purpose.

The finance arrangements were discussed with the registered manager during the inspection. Service users are provided with a service user guide and statement of purpose that was updated on the 24 July 2014.

The documentation highlighted above shows clear evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

The inspector verified the above with tenants interviewed. All tenants interviewed understood what they were paying for and what help was available from staff. One tenant stated "I direct the staff in the way to deal with my care needs".

Theme 2 – Responding to the needs of service users**The agency has achieved a compliance level of "Compliant" for this theme.**

The agency does have in place comprehensive personal plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery.

The agency's statement of purpose states:

- *All service users are central to their assessment and on-going review of their personal support package. This was acknowledged by staff and four tenants during discussions with the inspector*
- *All service users are fully involved in their individual service planning process and receive a service that meets their needs.*
- *Service users are invited to give their views during internal audits or external inspections. This was verified during the examination of the monthly monitoring records that show evidence of discussions with the service users.*

Leonard Cheshire Disability states that personal plans are used by the service user to record what is important to them and how best to support them. Individual wishes and what service users want to achieve or change in their life is included as well as the outcomes.

The personal plan document reflects the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current personal plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users. It was discussed with tenants interviewed who agreed that their support plan is discussed with their keyworker monthly and they are aware of outcomes and goals they have planned being met.

Records examined show a range of interventions used in the care and support of individuals. The manager and staff explained the agency's awareness of human rights and how it is relevant in all its work with service users.

The agency has in place comprehensive risk assessments that measure the ability of individuals to achieve greater independence and choice in daily living.

Human rights considerations are implicit in the agency's documentation, staff stated they had received human rights training; the last recorded session was completed on the 27 August 2013.

Theme 3 - Each service user has a written individual service agreement provided by the agency

The agency has achieved a compliance level of "Compliant" for this theme.

Each service user has in place an individual terms and conditions agreement provided by the agency.

Tenants interviewed were aware of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided.

The manager, tenants and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users is set out in the services users individual Personal Plan.

The agency's policies and procedures on assessment and personal planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The service user agreements are consistent with the care commissioned by the HSC Trust.

The agency's individual terms and conditions agreement information accurately details the amount and type of care provided by the agency.

Additional matters examined**Monthly Quality Monitoring Visits by the Registered Provider:**

The inspector read the monitoring reports in place from June to November 2014. These have been completed regularly and were up to date and include action plans for service improvement.

It was good to note that the agency is using the updated monitoring template provided by RQIA in April 2014. It was further noted that the agency's monitoring visits follow the themes being used during the RQIA inspections 2014/15 and that all visits are unannounced.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. It was noted that the monitoring individual also examined the annual HSC Trust reviews of tenants. The manager stated that she and the agency's monitoring individual discuss the report following each visit.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The registered manager confirmed that agency staff do not act on behalf of service users as appointees or agents and are not in receipt of monies for safekeeping.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in 24 July 2014 Records in place show that service users were issued with an up to date copy on that date.

Annual review:

The agency has a comprehensive Policy Statement, Procedure and associated documentation to ensure that Service Users' Personal Plans are recorded and maintained. The Procedure allows for additional reviews and/or changes to the Plan to be easily implemented to reflect any changing need.

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users.

Follow-up on previous issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Number of Times Stated | Inspector's Validation of Compliance |
|-----|-----------------------------|---|--|------------------------|--------------------------------------|
| 1 | Regulation 5 (1) Schedule 1 | <p>The registered person shall keep under review and where appropriate, revise the statement of purpose.</p> <p>This requirement relates to the nature and range of the services which the agency provides, both at Cheshire Mews and the Community Domiciliary Care Service.</p> | <p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p> <p>The agency's statement of purpose was reviewed and updated on the 24 July 2014.</p> | Once | Fully Met |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Number of Times Stated | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|------------------------|--------------------------------------|
| 1 | Standard 1.1 | The agency should review each individuals care assessments to ensure that if restrictive practices are in place with regards to wheelchair belts, tables etc., that these are recorded appropriately in line with individual capacity and individual human rights. | <p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>The agency has now developed risk assessment itemising the use of equipment.</p> | Once | Fully Met |

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 1:

COMPLIANCE LEVEL

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
- Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
- The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
- There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
- The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
- Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
- The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.

| | |
|---|-----------|
| Provider's Self-Assessment | |
| <p>All tenants living in Cheshire Mews have a tenancy agreement, terms and conditions of service provision and a tenant's guide. These agreements clearly state details of all charges payable to Leonard Cheshire Disability and the method of payment. All tenants in receipt of personal care are funded by either Southern Health and Social Care Trust. Each tenant has an individualised person centred support plan, risk assessment and any tenant in receipt of personal care has an individualised care plan and risk assessment. As Cheshire Mews is supported accommodation and tenants live in their own homes there are no shared costs between Leonard Cheshire Disability and the tenant. Staff who work in Cheshire Mews are not provided with meals. Tenants in Cheshire Mews are responsible for their own finances, support in this area is provided by family, if necessary, and staff under housing related support will support the tenant with budgeting if required. Tenants are notified at least 4 weeks in advance of any increases to charges and this is recorded in the terms and conditions and tenants guide. All tenants have a tenancy agreement and live in their own flats therefore their home is decorated and furnished to their standard and choice. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines.</p> | Compliant |
| Inspection Findings: | |
| <p>Documents in place included the service users' guide, care/support agreements, personal care plans and individual finance summary's show clear evidence of how service users manage their finances. The manager stated that "Staff provide their own food when on duty". Records in place verify that the agency has notified each service user in writing, of the increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications were included in each service user's agreement and were processed in April 2014. The manager stated that all service users manage their own monies without support from staff; this was verified by tenants interviewed during the inspection.</p> | Compliant |

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

COMPLIANCE LEVEL

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date

| | |
|---|------------------|
| <p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p> | |
| <p>Provider's Self-Assessment</p> | |
| <p>There is written evidence within each tenant's support / care plan about finances. Tenancy agreement, terms and conditions, service user's guide and internal LCD records all clearly show the breakdown of any monies paid to the service. Tenants in the service buy their own purchases and there are no items or services purchased on behalf of the tenant. Staff in Cheshire Mews do not support any tenant with their finances, however if this is identified through Support plan, this is clearly written up in their PCP. No staff in Cheshire Mews acts as an appointee to any tenant and no money is kept in the service on behalf of any tenant. Tenants keep their money in their room/ flat. Staff have no access to either the benefits or bank accounts of any tenant. Any areas for concern are discussed at care management reviews which occur regularly or if and when required by tenants or a change in their circumstances. All tenants are assessed prior to moving in flat by the Trust and if staff have any concerns regarding the tenant's financial capability the trust would be notified right away. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines.</p> | <p>Compliant</p> |

| Inspection Findings: | |
|--|-----------|
| <p>The inspector examined a number of finance assessments and service agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed with service users' monies. The manager stated that staff have received training on the handling of service users' monies during induction staff also stated this on their returned RQIA questionnaires. The last recorded training was completed 13 December 2013. Annual reviews completed by the HSC Trust show evidence of agreements of the finance arrangements in the service user's agreement.</p> | Compliant |

| THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED | |
|---|-------------------------|
| <p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p> | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| <p>Cheshire Mews is supported accommodation and we do not store money or valuables for tenants. Tenants keep their valuables and money in their own flat. Tenants in Cheshire Mews can be supported on safety and security regarding their finance and property if they wish. 'Be Safe Stay Safe' which is part of Leonard Cheshire Disability deliver group training to tenants on security of possessions and property. 'Be Aware Take Care' also deliver one to one training with the tenants if they require it. At the end of each training session there is a feedback questionnaire. Any areas of concern that need to be addressed would then be highlighted and actioned.</p> | Compliant |
| Inspection Findings: | |
| <p>Service users have individual safe storage areas for their monies, no restrictions are in place for access.</p> | Compliant |

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 4:

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness.

COMPLIANCE LEVEL

| | |
|---|-----------|
| <p>Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. | |
| Provider's Self-Assessment | |
| <p>Cheshire Mews does not provide transport for any tenant so therefore transport charges are not applicable. Tenants accessing the community make their own arrangements for transport i.e use their own car, taxis or bus.</p> <p>Leonard Cheshire has a client transport policy for services that have transport. No services within Northern Ireland provide any service transport.</p> | Compliant |
| Inspection Findings: | |
| <p>As outlined in the self-assessment, the agency does not have a transport scheme. Tenants avail of their choice of transport individually. One tenant has her own mobility care which she has control over.</p> | Compliant |

| | |
|--|--------------------------------|
| <p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

| | |
|---|--------------------------------|
| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|---|-------------------------|
| <p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>All tenants in LCD have referral information completed by HSCT. Tenants also have a comprehensive needs assessment, care plans, and risk assessments completed by the HSCT prior to moving into Cheshire Mews. Multi disciplinary reviews are carried out approximately 6 weeks after moving in, then annually, Also if there are any issues or changes or the tenant requires a review earlier this can be requested to the HSCT.</p> <p>All tenants have risks built into their outcome focused support plans, individual risk assessments incorporating all areas of risks and they also have the Right to Take Risks Policy / forms which acknowledge their right to take risks, choice, autonomy and independence. As this is supported accommodation staff only go into a tenant’s home to provide either care/ support with the permission of the tenant. Tenants are consulted through tenants meetings, service user surveys, mmvs, feedback forms, key working sessions, audits and inspections, notice boards.</p> <p>All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action and the Be Safe Stay Safe Team. Staff have been trained in Rasing Employee Concerns (Whisltblowing) and are aware of the Rasing employee concerns. All complaints, compliments and safe guarding are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of inspection. Out of Hours arrangements for staff are displayed on the notice board.</p> | Compliant |

| Inspection Findings: | |
|--|------------------|
| <p>HSC Trust referral information informs the individual personal plans and risk assessments in place. The inspector read four personal plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current personal plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. Human rights considerations are implicit in the agency's documentation and include specific human rights articles relevant to the service users. Staff stated they had received human rights training; the last recorded session was completed on the 27 August 2013. Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions used in the care and support of individuals. This was also verified by tenants and staff interviewed who discussed their activities and individual support plans. The inspector read a number of reviews completed by staff monthly regarding support and care needs.</p> | <p>Compliant</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|---|-------------------------|
| <p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>Prior to working in the service all staff complete an induction, mandatory training and shadow shifts. All staff have personnel folders, training records and all training is evaluated. LCD have an Operational Training Person who monitors training. Staff supervisions are carried out quarterly and appraisals annually. There are regular team meetings. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Cheshire Mews is supported living and we do not employ restrictive practices or restraint. All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action and Be Safe Stay Safe. LCD has a Safeguarding Vulnerable Adults Policy. All tenants are aware of the Safeguarding Vulnerable Adults Policy and Guide for tenants leaflets. Within the staff induction programme, staff are trained in recognising and responding to abuse and neglect through Safeguarding Adults and POCA Training. Staff have been trained in Whistle blowing and are aware of the Whistle blowing policy. All complaints, compliments and safe guarding are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of the inspection.</p> | Compliant |

| Inspection Findings: | |
|--|------------------|
| <p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager stated that training completed by staff shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff in their returned questionnaires and during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Staff in their returned questionnaires rated training as good and during discussion described how flexible the agency is in responding to any training that would benefit both staff and service users in relation to any changing needs. Staff interviewed during the inspection advised the inspector that they felt they had received adequate training for their roles.</p> | <p>Compliant</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|--|-------------------------|
| <p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • 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 their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Cheshire Mews is supported living service and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. The Statement of Purpose and Service User Guide and care and support plan files clearly demonstrate all aspects of service provision, the hours of care and support provided to tenants, all service charges and who pays these charges. All care plans and reviews are person centred so the tenant is in agreement with their care plan, these are reviewed regularly to ensure the tenant is happy with care and support provided. All tenants have access to their care / support plans all tenants can avail of external support and independent advocacy services and LCD have trained advocates working in Be Safe Stay Safe who will support tenants if they require. Staff in Cheshire Mews have completed Human Rights Training.</p> | Compliant |

| Inspection Findings: | |
|---|------------------|
| <p>Each service user has in place a care plan and a “Personal Plan” files; the inspector examined four of the records in place and as stated by the agency above no restrictive practices are in place. The updated service user guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Personal plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their service user guide and statement of their right to decline aspects of their care provision.</p> | <p>Compliant</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|---|-------------------------|
| <p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>Cheshire Mews is a supported living service and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices; Managing Challenging Behaviour & Conflict Resolution. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. All staff have received training through Disability Action on Disability & Human Rights which is specific to the tenants in supported accommodation. The human rights of all tenants are adhered to through their care/support plans and risk</p> | Compliant |

| | |
|--|------------------|
| <p>assessments. Currently as this is supported accommodation with individualised packages of care/support agreed by the tenant, they clearly do not infringe on their human rights. If this was the case, full multidisciplinary and tenant involvement would be required. The agency can provide evidence through support and care planning that there are no practices undertaken which impact on the tenant's right to freedom from torture, inhuman & degrading treatment. Should there be any breach of a tenant's human rights, the agency would follow internal & external procedures which includes informing RQIA, the HSCT, the PSNI, Supporting People, LCD's Director of Operations NI & LCD's own safeguarding advisor.</p> | |
| <p>Inspection Findings:</p> | |
| <p>As stated by the agency in their self-assessment there are no restrictive in place. This was verified by staff and tenants interviewed during discussion. Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights. Staff discussed with the inspector the use of bed rails and wheelchair belts and how these pieces of equipment are used, recorded and assessed within individual personal plans.</p> | <p>Compliant</p> |

| | |
|--|--------------------------------|
| <p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

| | |
|---|--------------------------------|
| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
|--|-------------------------|
| Statement 1 | COMPLIANCE LEVEL |
| <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. | |
| Provider’s Self-Assessment | |
| <p>Each tenant/ representative is fully aware of the type of care provided by Cheshire Mews. Each tenants needs are assessed by the referring Trust and these hours are clearly stated on each tenants care plan. Likewise support hours are recorded on each individual's Support Plan. Staff is fully aware of each tenant’s care and support needs. Each tenant has an individual tenant agreement. This details the care package they receive, the supporting people funding they receive and for any charges they have agreed to pay to Leonard Cheshire Disability as part of their weekly living costs. The statement of purpose clearly states that it is Leonard Cheshire Disability policy to provide the opportunity for tenants to be actively involved in the running of the service. Tenants are routinely involved in the planning and delivery of their personal care and support. For tenants wishing to be more involved there is the opportunity to join various committees such as CAN (Customer Action Network) Tenants are always represented on recruitment and selection panels and are involved in preparing questions for all staff interviews. The statement of purpose clearly states that Cheshire Mews works within the framework of the organisation charter, values, standards and policies and procedures with service user involvement. The service users guide details all financial information relating to the individuals tenancy and care and support hours is recorded for each service user.</p> | <p>Compliant</p> |

| Inspection Findings: | |
|--|------------------|
| <p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need and personal plan. The service users and their representatives are made aware of the number of hours care and support that is available to them. Personal plans state the type of care and support provided. The manager, staff and tenants interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the personal plan. The agency's policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan and the personal; plans information accurately detail the amount and type of care provided by the agency in an accessible format called service user guide –funding information.</p> | <p>Compliant</p> |

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
|--|-------------------------|
| <p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> <p>Each tenant is aware of how many care hours they are funded by the HSCT. If funding is received there is a clear breakdown of the funding received, HSCT, Housing Benefit, Supporting People and of any other charges applied that they have agreed to pay. This details the hourly rate and how many hours they receive; this applies for both care and support. Tenants are only funded by assessment of need. Some tenants do not receive any HSCT funding and this does not impact their tenancy. Any changes to the funding received the tenant is fully involved in the decision making process. The organisations charges are transparent and assessable for tenants. Each individual has their own copy and breakdown of their funding and agreed charges.</p> | Compliant |

| Inspection Findings: | |
|---|------------------|
| <p>Each service user has in place a support agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and the NIHE supporting people scheme for support. This payment structure is also stated in the agency's self-assessment. Service users do not make contributions from their personal income towards their care or support. These documents show clear evidence that the costs and service provided have been discussed with service users and their representatives. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. As stated by the agency in their self-assessment each service user has in place a breakdown of the hours of care and support they will receive.</p> | <p>Compliant</p> |

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
|--|-------------------------|
| Statement 3 | COMPLIANCE LEVEL |
| <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. | |
| Provider’s Self-Assessment | |
| <p>The service agreement is updated annually or sooner if any changes occur. The HSCT is contacted if there is any identified changes to care needs of tenants. However, if there are no changes the HSCT may not hold an annual review. Correspondence is maintained that a formal review has been requested by Leonard Cheshire Disability. The HSCT will convene meetings if there has been any changes. The care plan and funding is reviewed. The tenant/ representative is fully involved in this. Leonard Cheshire Disability ethos is to always work in a person centred way and the tenant is fully involved. Any change occurring is recorded.</p> | Compliant |
| Inspection Findings: | |
| <p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that all annual reviews have taken place and the records were in place. During discussion with staff they confirmed that reviews can be convened as and when required, dependent upon the service users’ needs and preferences. Records confirm that service users’ service agreements and care plans are updated following reviews. It was clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.</p> | Compliant |

| | |
|---|-------------------------|
| PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

| | |
|--|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

Any other areas examined**Complaints**

The agency has had no complaints during the last year, this was verified by returns sent to RQIA and examination of records held on site.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Anita scullion, the registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Jim Mc Bride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the announced inspection of LCD Lurgan which was undertaken on **15 December 2014** and I agree with the content of the report. Return this QIP to **supported.living@rqia.org.uk**

Please provide any additional comments or observations you may wish to make below:

| | |
|---|---|
| NAME OF REGISTERED MANAGER COMPLETING |  |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING |  |

| Approved by: | Date |
|---------------------|-------------|
| | |