

# Announced Care Inspection Report 11 May 2018



## Leonard Cheshire Disability

**Type of service: Domiciliary Care Agency/Supported Living**

**Address: Cheshire Mews, Sloan Street, Lurgan, BT66 8NR**

**Tel no: 028 3832 1843**

**Inspector: Caroline Rix**

**User Consultation Officer: Clair McConnell**

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 is a supported living and conventional type of domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The scheme provides services to 52 service users with a range of disabilities.

All service users in Cheshire Mews live within independently maintained flats or other community houses in the local area 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.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Leonard Cheshire Disability Tonya Mc Cormac	<b>Registered manager:</b> Anita Scullion
<b>Person in charge of the service at the time of inspection:</b> Anita Scullion	<b>Date manager registered:</b> 6/8/2013

### 4.0 Inspection summary

An announced inspection took place on 11 May 2018 from 09.30 to 16.15 hours.

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

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

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

Feedback from service users and staff during the course of the inspection was positive.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 13 April 2017

No further actions were required to be taken following the most recent inspection on 13 April 2017.

## 5.0 How we inspect

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

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

During the inspection the inspector spoke with the registered manager, deputy manager, a team leader, six service users, one relative and four staff members. Their feedback has been included throughout this report.

During the inspection the manager was asked to distribute ten questionnaires to service users. Ten questionnaires were returned. Further detail of service user feedback is included throughout this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was received by RQIA at the time of writing this report.

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and seven relatives, either in their own home or by telephone, on 16 May 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- One staff induction and supervision record
- Two staff appraisal records
- Three staff training records
- Staff training matrix.
- Staff meeting minutes

- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Two service users' records regarding referral, assessment, support plans and quality monitoring.
- Tenant meetings minutes
- Four monthly monitoring reports.
- Annual quality report for 2017.
- Communication records with HSCT professionals.
- Complaints log
- Compliments log

The findings of the inspection were provided to the manager Anita Scullion at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 April 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 13 April 2017

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

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

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

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration and where a former staff had not renewed their registration with NISCC they were removed from working.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that the staff member had been deemed competent at the end of their probationary period.

The inspector noted the staff team is currently stable after a period of restructuring from January to March 2018. The staffing arrangements enable the agency to provide familiar staff to service users who like staff continuity.

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

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

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

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.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Leonard Cheshire Disability. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Would be lost without them."
- "XXX needs complex care but no issues with their training."
- "Great bunch of girls."

The agency's registered premises include a range of offices and staff facilities within the building which are suitable for the operation of the agency as set out in the Statement of Purpose. The manager explained that the office areas are currently being rearranged with these areas being redecorated from 14 May 2018.

Service user comments during inspection:

- "Everything is good, good, good here."
- "Staff are a great help, they know when I am not well and call my doctor for me. I need more help now as I can't walk anymore."

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

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

Staffs comments during inspection:

- "The on-going training is excellent."
- "Communication with service users, families, team leaders and support workers is very good, and helps us all do the best job possible."

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

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

Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required.

Feedback received by the inspector from service users and staff indicated that service users have a genuine influence on the content of their care and support plans. The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

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

During the inspection the inspector was able to observe a number of service users communicate effectively with 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.

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

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

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- events planning
- maintenance matters



- staffing updates.

These meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly. The inspector was invited to attend the tenant's meeting and received mainly positive feedback from those present about the service provided, however a number did explain that they felt the staff were always very busy.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Leonard Cheshire Disability were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "There are quite a lot of them. Can't remember their names."
- "Nice girls."
- "Really good to XXX. We're very happy with them."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that two care plans contained out of date information. Two issues regarding the completion of the daily log sheets were also noted. These areas were discussed with the manager who confirmed updated care plans would be provided and staff recording practice would be addressed.

Service user comments during inspection:

- "It is great living here."
- "I know I get help with the things I need and enjoy having my own flat to myself."
- "The staff are wonderful but are on the go day and night."

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

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

Staff comments during inspection:

"We build up trust with our service users, some over many years, and feel they are encouraged to live full lives."

“The care and support provided changes as the service users’ needs change, to allow them to have as many choices as possible in their own homes.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

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

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

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

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Leonard Cheshire Disability. Examples of some of the comments made by service users or their relatives are listed below:

- “Really caring and patient.”
- “They’re dead on.”
- “Very happy with the girls.”

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

Service users explained; “I am planning to get out more on my new scooter and waiting for the weather to pick up. I order my food on line and it is delivered here which is great for me.” “I find I can’t go out now because of my condition, but my friend is loyal and visits me often.”

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

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

- “Thank you to all for the help and support the girls provided to xxx. Family are asking for donations to Leonard Cheshire in lieu of flowers” (Phone call from a late service user’s family).
- “I want to thank you all for supporting me through the worst period of my life. You would come through the door each day with a smile and positive energy. If I was having a bad day- you let me cry and give me that much needed hug. But mostly we have many laughs.”(Service user comment on thank you card)
- “The level of care and attention given to xxx was excellent.” (District Nurse feedback obtained by phone).

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

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

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

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, supported by a deputy manager, team leaders and a team of support workers, an administrator and a part time domestic.

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

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual "Have your Say" review during June and July 2017. The agency had a meeting with service users in September 2017 to discuss and address matters highlighted from the annual survey, minutes viewed confirmed the agreed action plan. The manager confirmed these actions have been implemented or were scheduled to be completed.

Monthly monitoring reports were viewed for January to April 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector found no complaints were received since the last inspection. Records reviewed confirmed that any issues raised were immediately addressed and appropriately managed. The staff training records viewed confirmed all staff had received update training on handling complaints.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had made about the service. No concerns regarding the management of the agency were raised during the interviews.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were no incidents that required to be notified to RQIA since the last inspection.

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

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

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

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

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

Service user comments during inspection:

- "It is great here, the staff are all approachable, especially my key worker, I can talk to her about anything."
- "My social worker has helped me with my problems."

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

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

### **Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

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



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