Inspection Report

21 July 2022

Leonard Cheshire Disability - Cheshire Mews

Type of service: Domiciliary Care Agency
Address: Sloan Street, Lurgan, BT66 8NR
Telephone number: 02838321843

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Leonard Cheshire Disability **Responsible Individual:** Mrs Fiona McCabe	**Registered Manager:** Mrs Anita Jane Scullion **Date registered:** 16 August 2013
Person in charge at the time of inspection: Mrs Anita Jane Scullion	
Brief description of the accommodation/how the service operates: Leonard Cheshire Disability - Cheshire Mews is a supported living type of domiciliary care agency, which provides care and housing support to15 service users who have a range of disabilities. Service users live in their own flats and have use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2022 between 9.30 a.m. and 5.30 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 and 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.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Good practice was identified in relation to service user involvement. Good practice was also found in relation to the systems in place for disseminating Covid-19 related information to staff.

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 spoke with a number of service users and staff who spoke positively about the care and service provided at Leonard Cheshire Disability – Cheshire Mews. We received three responses to the service user/relative questionnaire; the respondents were satisfied/very satisfied that the care provided was safe, effective and compassionate and well lead. 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:

- "It is a great place and I enjoy living here."
- "The staff are excellent."
- "If there was anything wrong I would go to the team leaders or the manager. They would listen and act on any concerns."
- "The staff are kind and respectful."

Service users' relatives/representatives' comments:

- 'Excellent service at Cheshire Mews ...'

Staff comments:

- "I feel the manager is approachable and I would be listened to if I had a concern. We get loads of training. I feel the service users' needs and wants are put first. The service users have a say in their support and if their needs change the support plan is reviewed."
- "The manager is approachable. We can discuss any concerns with the manager at the team meetings and can also discuss any concerns privately. I feel listened to. We get a lot of training. We had training during induction and we get hands on manual handling training. The induction was good. The shadowing shifts were good; shadowing the more experienced staff."

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 Mews was undertaken on 24 September 2020. Four areas for improvement were 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 13 (d) **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. **This refers specifically to recording the reasons for leaving previous employment**	**Met**
	Action taken as confirmed during the inspection: Review of the most recent recruitment records evidenced that the reason for leaving previous employment had been recorded in keeping with Regulation.	

Area for Improvement 2 **Ref**: Regulation 13 (e) **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless registered in the relevant part of the register. **This refers specifically to NISCC registrations**	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed compliance with Regulation 13 (e). Records reviewed evidenced that staff were appropriately registered with NISCC.	
Area for Improvement 3 **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. **This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.**	**Met**
	Action taken as confirmed during the inspection: Review of governance records evidenced that monthly quality monitoring visits were completed in keeping with Regulations.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 8 **Stated:** First time	The registered person shall ensure that records are maintained in accordance with good practice. **This refers specifically to the staffing roster which should include the full names of all staff supplied and records of 'shadowing' shifts.**	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed compliance with Standard 8. Records reviewed confirmed that the roster included the full names of all staff and 'shadowing shifts' had been recorded.	

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 HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

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 the records confirmed that moving and handling risk assessments and care plans were up to date and that 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.

Review of the training records, including evidence submitted by the manager on 25 July 2022 indicated that all staff have received medicines management training. The manager advised that no service user required their medications to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook 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 quality 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 by the service to explain Covid-19 and how they could keep themselves safe and protected during the on-going pandemic. The inspector noted that information posters relating to Covid-19 were also displayed within 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)?

One service user was 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 the agency's staff recruitment records found that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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 these requirements.

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 details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and 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. No complaints were received since the last inspection.

6.0 Conclusion

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.

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care