



The Regulation and
Quality Improvement
Authority

LCD Lurgan
RQIA ID: 10795
Cheshire Mews
Sloan Street
Lurgan
BT66 8NR

Inspector: Jim McBride
Inspection ID: IN10795

Tel: 02838321843
Email: anita.scullion@lcdisability.org

**Unannounced Care Inspection
of
Leonard Cheshire Disability**

21 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 May 2015 from 09:30 to 15:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There was no Quality Improvement Plan (QIP) as a result of the inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Ms Tonya Mc Cormac	Registered Manager: Mrs Anita Scullion
Person in charge of the agency at the time of Inspection: Mrs Anita Scullion	Date Manager Registered: 16 August 2013
Number of service users in receipt of a service on the day of Inspection: 15	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Incidents.
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with three service users and three care staff. The inspector also contacted two service users' relatives. The inspector spoke to one HSC professional following the inspection.

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/staff
- File audit
- Evaluation and feedback.

During the inspection the inspector met with two service users, four care staff and the senior support worker and registered manager.

The following records were examined during the inspection:

- Six care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February, March and April 2015.
- Tenants' meeting minutes for March and May 2015.
- Staff meeting minutes for December 2014, January 2015 and May 2015.
- Staff training records
- Records relating to staff supervision
- Complaints records
- Recruitment policy the policy was updated by the agency on the 20 November 2014.
- Records relating to recruitment process
- Induction procedure
- Records of induction
- Staff register and associated records
- Staff rota information.

Six staff questionnaires were completed by staff during the inspection; these indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to.
- The agency's induction process prepared you for your role.
- The agency operates in a person centred manner.
- Service users receive care and support from staff that are familiar with their needs.
- You will be taken seriously if you were to raise a concern.

Individual staff comments:

"I'm very happy with the care and service provided to the service users."

"We provide a very high standard of care."

"As a team a leader, I always make sure the service users' needs are met."

During the inspection a number of questionnaires were circulated to the service users to be completed, asking them about various aspects of their care. Nine completed questionnaires were returned to the inspector during the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive.
That staff help you feel safe and secure.
- Staff responds to your needs.
- Staff help you feel safe and secure here.

However, one service user who spoke to the inspector raised some concerns that were worrying ***. The inspector spoke to the manager and the staff about these concerns. The manager and staff were already aware of the concerns raised and were managing these appropriately.

Individual comments made by service users.

"I would like to say that the staff are very caring and helpful. I don't think I could live anywhere else."

"I only have to ask, if it's possible staff will help me."

5. The Inspection

Cheshire Mews is a domiciliary care agency (supported living type 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 15 staff within Cheshire Mews .The Cheshire Mews property is owned and managed by Oaklee Housing Association.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of LCD Lurgan was an announced care inspection dated 15 December 2015. The completed QIP was returned and approved by the care inspector.

No previous requirements or recommendations.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No previous requirements or recommendations.

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has in place a recruitment policy; this was updated on the 20 November 2014 by Leonard Cheshire Disability.

The manager confirmed that there is a mechanism in place to ensure appropriate pre-employment checks are completed and satisfactory records maintained were examined by the inspector. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency.

The agency has a structured induction programme lasting at least three days. This was confirmed by the staff interviewed. The agency maintains a record of induction provided to staff; and included details of the information provided during the induction period.

The agency provides all staff with a handbook. The agency has a procedure in place for induction of staff for short notice/ emergency arrangements. The agency has in place a procedure for verifying the identity of all staff prior to their supply.

It should be noted that as per the agency's policy on recruitment service users are involved in the staff interview process. This was discussed with staff who confirmed that some of their service users are involved.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Following discussions with the manager the inspector was provided with assurances that there is at all times an appropriate number of suitably skilled and experienced persons providing care to service users. Examination of available records reflected staffing numbers outlined by the registered manager.

The manager described to the inspector the arrangements in place to assess the suitability of staff. The agency provides staff with a clear outline of their roles and responsibilities.

Records in place provided evidence that agency staff receive induction prior to providing care/support to service users. This was confirmed by the staff interviewed by the inspector. The agency has a process for evaluating the effectiveness of staff induction, this includes competency assessments.

The agency has a process in place for identifying individual training needs. Staff described to the inspector how they are given the opportunity to identify their individual training needs.

Training records examined provided evidence that staff providing supervision had the necessary skills/ training required. This training was completed on the 24 June 2014.

Agency staff are aware of the whistleblowing procedure for highlighting concerns/ issues; this was confirmed by staff during discussions with the inspector.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

The agency maintains a record of any comments made by service users/ representatives in relation to staffing arrangements, evidence of this was seen in the minutes of tenants' meetings held on the 13 May 2015. The manager was able to demonstrate that she discussed with service users significant staff changes. The manager stated that staff are not supplied to work with service users without an appropriate induction.

Records examined by the inspector provided evidence that staff receive induction training specific to the needs of individual service users. This was confirmed by the staff interviewed by the inspector.

The needs of individual service users are clearly identified within the induction process.

Agency staff could demonstrate that they have the knowledge and skills to carry out their roles and responsibilities.

The induction process takes into account the consent, privacy and dignity of service users. Staff receive ongoing supervision and assessment of competency to fulfil the requirements of their job role. The inspector read a number of staff competency assessments in place.

Overall on the day of the inspection the inspector found care to be compassionate.

Service user comments:

"My keyworker is very kind and supportive."

"Staff listen to my view."

"My care needs are always met by staff."

Staff comments:

"My induction was appropriate and ensured I was able to meet the tenants needs."

"The supervision is good and helps me with my job."

"Training is excellent the trainer is very well experienced and can work at all levels of staff understanding."

"We ensure all tenants get the care and support they need or require."

Relatives Comments:

"***** was inappropriately placed in another care centre for older people but since the move to LCD I have seen such a positive change in *** life."

“The staff support my *** well and encourage the tenants well to be part of the community.”
 “I can’t praise the care or staff enough.”

HSC Trust Comments:

“My clients really enjoy the service.”
 “The staff are approachable and caring.”

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans. There is evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

The agency staff interviewed showed an understanding of how to balance human rights with safety in service delivery.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Care provision is regularly evaluated and reviewed. The review process includes involvement with service users and/or their representatives. This was confirmed by the manager and the examination of review records.

Care and support plans are written in a person centred manner which includes the service user’s views. There is evidence that the delivery of the service is responsive to the views of service users and/or their representatives. The agency has a monitoring system in place to ascertain and respond to the views of service users and/or their representative’s representatives.

The agency’s human rights information examined provided evidence that service users are provided with information relating to their human rights in a suitable format. Human rights were discussed with service users during various tenants meetings.

Service provided to service users maximises their choice, independence and control over their lives. Service users and their representatives are made aware of representation and advocacy services. It should be noted that the service users have been invited to take an active part in Leonard Cheshire’s (CAN) Consumer action network that intends to:

“Provide people who use services and tenants with the opportunity to join together to be the peoples’ voice to effect change inside and outside Leonard Cheshire Disability.”

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

Through examination of six service users' care and support plans, the inspector found that service delivery has a person centred ethos.

Service users and their representatives are aware of their right to be consulted and have their views considered in relation to service delivery.

Agency staff who participated in the inspection understand and implement the values of respect, choice, dignity and independence daily to service users. Staff stated that service users can make choices regarding their daily routines and activities, within the resources available to them.

Explicit consideration of human rights was evident in the care and support plans examined by the inspector. Consideration of human rights includes the involvement of service users and/or their representatives. Service users, HSC trust staff and agency staff spoken to described to the inspector how service users' views have been taken into account and shaped service provision.

Staff interviewed by the inspector showed an understanding of:

- Human rights
 - Promoting human rights in supported living
- Staff who participated in the inspection could describe aspects of service provision which show a reflection of choice, dignity, and respect.

Overall on the day of the inspection the inspector found care to be compassionate.

Service user comments:

"I direct my own care."

"Staff are all approachable and listen to my opinion."

"Tenants meetings are informative and enable us to express our view."

Staff comments:

"The tenants are all capable of expressing their view or opinion to staff."

"We work closely with tenants and build up a good relationship with them."

"Tenants communication with us is important as it helps us understand their needs and act appropriately."

Relatives Comments:

"Staff are always looking for opportunities for the tenants in the community."

"***** is very happy and well supported, *** his life has changed so much for the better."

HSC Trust Comments:

"Excellent service."

"The tenants receive positive care and support."

"I attend all my clients' reviews."

Areas for Improvement

N/A


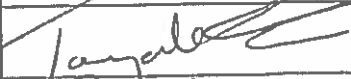

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

The agency's statement of purpose was reviewed by the agency in March 2015; it states the nature and range of the services provided.

The inspector spoke to one staff member who discussed the "Customer Action Network" of which she has been made aware of. This network will be provided to service users with an opportunity to join together to be the people's voice to effect change inside and outside.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	2/6/15
Registered Person		Date Approved	6/6/15
RQIA Inspector Assessing Response		Date Approved	9 June 2015

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

Please complete in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.