



The Regulation and  
Quality Improvement  
Authority

Leonard Cheshire Disability  
RQIA ID: 10898  
Springfield Court  
57a Springfield Avenue  
Belfast  
BT12 7BA

Inspector: Jim McBride  
Inspection ID: 10898

Tel: 02890329989  
Email: [Paula.smyth@lcdisability.org](mailto:Paula.smyth@lcdisability.org)

---

**Unannounced Care Inspection  
of  
Leonard Cheshire Disability– Springfield Court  
11 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 11 May 2015 from 09.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe and compassionate care, however, the inspector found the care to be less than effective in relation to staffing arrangements, specifically the areas of supervision and staff appraisal. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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

No requirements or recommendations were issued during the previous inspection of the 15 May 2014.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

The details of the QIP within this report were discussed with the Team Leader on the 11 May 2015 as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Tonya Cormac	<b>Registered Manager:</b> Paula Smyth
<b>Person in charge of the agency at the time of Inspection:</b> Mr Richard Casement	<b>Date Manager Registered:</b> 6 November 2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 10	

## 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. Received by RQIA.

During the inspection the inspector met with four service users, four care staff and one service user's relative. The inspector spoke to one HSC professional following the inspection.

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

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

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessment of needs and risk assessments
- Care reviews, other methods of recording/evaluation
- Monthly quality monitoring reports for January, February and March 2015
- Tenants' meetings March 2015.
- Staff training records examined:
  - Human rights*
  - Safeguarding*
  - Behaviour Awareness*
  - Customer focus*
- Complaints records
- Recruitment policy/ process was reviewed on the 20 November 2014 by Leonard Cheshire Disability.
- Pre-employment checks
- Job descriptions
- Terms and conditions of employment
- Staff register/ information
- Agency's rota information.

Five 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:

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

### **Individual comments by staff:**

"I feel that LCD promotes a high quality of care and service to service users with physical disability."

"We all have a great working relationship, between staff and service users."

"I have no issues, staff work in a professional way and a person centred way."

During the inspection a number of questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Five completed questionnaires were returned to the inspector during the inspection and one was received following the inspection.

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

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

However, one service user questionnaire highlighted a number of individual concerns. The service user spoke to the inspector at length about the accommodation and the support received.

The inspector discussed these issues with the Team leader and staff and was assured that the service user is in receipt of all care and supported outlined within the individual care and support plan.

The inspector examined the care and support plan in place and was able to verify the tasks carried out by staff within the number of care and support hours allocated. The inspector spoke to the service user again and suggested that they may want to speak to the keyworker within the HSC Trust if they wish to move to other accommodation. The service user stated they would ring their social worker next day.

## **5. The Inspection**

Leonard Cheshire disability is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The agency provides domiciliary care services to 10 service users with physical disabilities and / or sensory impairments, such as spinal injuries and Cerebral Palsy.

Service users live within bungalows on the site of Springfield Court and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, cooking and a range of personal care support. The service currently employs seventeen staff. The building is owned and maintained by Oaklee Housing Association.

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

## **5.1 Review of Requirements and Recommendations from the last Care Inspection**

No previous requirements or recommendations were made.

## **5.2 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 Team leader 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. The inspector met with one service user who stated: *"I love the recruitment process and my involvement. It makes me feel I have some say in what people I want to care for me."*

#### **Staff comments:**

"Induction prepares you for your work within the agency."

"Our training is excellent and flexible."

#### **Relatives' comments:**

"Staff are good."

"Staff do try to support \*\*\*\* to mix with others."

#### **Service user comments:**

"Staff are well trained."

“Staff listen and respond to me.”

“My care plan belongs to me.”

“The staff are good communicators.”

### **Areas for Improvement**

N/A

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

### **Is Care Effective?**

Following discussions with the Team leader 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 Team leader 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. However, the agency could not demonstrate that supervision and appraisal was being provided in accordance with the agency's policy and procedure.

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

### **Staff comments:**

“Training and induction was good.”

“We communicate well with each other.”

### **Service user comments:**

“Staff always promote service users individuality.”

### **HSC Trust comments:**

“The staff changes have been effective.”

### **Relatives' comments:**

“The tenants could benefit from more staff or volunteers to help with outside activities.”

“The staff need to encourage more outside for people.”

**Areas for Improvement**

The registered person shall ensure that staff receive appropriate supervision and appraisal.

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

<b>Number of Requirements</b>	2	<b>Number of Recommendations:</b>	0
-------------------------------	---	-----------------------------------	---

**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. 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.

**Staff comments:**

"My training is good and informative."

"Tenants' rights are important."

**Relatives' comments:**

"My \*\*\*\*\* is well settled and is enjoying \*\*\* surroundings."

**Service user comments:**

"Staff promote my rights and my views."

**HSC Trust Comments:**

"Staff communicate well with the trust."

"I attend all reviews."

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

**Areas for Improvement**

N/A

### 5.3 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.

##### Service user comments:

“Staff are always available to me.”

“Staff are focused on my needs.”

##### Staff comments:

“Service user involvement means responding to the needs of each individual and listening to their views.”

##### HSC Trust comments:

“Both my clients are very happy with the service.”

Overall on the day of the inspection the inspector found the care/support 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 during 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.

However, the monitoring system requires further action and one requirement has been made.

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.

The 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.



**Staff comments:**

“My training on service user’ involvement helps me communicate with them meaningfully.”

**Service user comments:**

“I feel at home with the staff and the managers. I feel I have my opinions sought and listened to.”

**HSC Trust comments:**

“One of my clients wanted a move to a larger Apt and was facilitated to do so when a vacancy became available”.

**Relatives’ comments:**

“Both me and my relatives are listened to by staff. They are all very approachable.”

Overall on the day of the inspection we found the management to be less than effective.

**Areas for improvement:**

It is required that quality monitoring completed on behalf of the registered person takes into account the records of supervision and appraisal in line with the agency’s own policy.

<b>Number of Requirements</b>	1	<b>Number of Recommendations:</b>	0
-------------------------------	---	-----------------------------------	---

**Is Care Compassionate?**

Through examination of four 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/support to be compassionate.

**Areas for Improvement**

N/A

**5.4 Additional Areas Examined**

- Statement of purpose

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 service user who discussed the "Customer Action Network" in which she is involved. This network will be provided to service users with an opportunity to join together to be the peoples voice to effect change inside and outside Leonard Cheshire Disability. The service user was very enthusiastic about this challenge and stated: " We can now look forward to having our views and opinions heard more regularly, whilst working closely with staff and management."

The inspector has issued one requirement in relation to the quality monitoring visits.

**Regulation 23 (2) (3)**

The inspector has written to the registered provider to request the submission of the monitoring reports to RQIA until further notice.

**6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr R Casement Team leader as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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.

**6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (a)</p> <p><b>Stated:</b> First time</p> <p>To be Completed by: Immediately from the date of inspection In accordance with the urgent action notice issued : 11 May 2015</p>	<p>(1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Out of 17 staff 14 have an up to date appraisal on file and the remaining 3 are timetabled for completion in June.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (1) (4)</p> <p><b>Stated:</b> First time</p> <p>To be Completed by: Immediately from the date of inspection In accordance with the urgent action notice issued : 11 May 2015</p>	<p>(1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(4) The registered person shall ensure that each employee receives appropriate supervision</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Out of 17 staff 16 have an up to date supervision on file and the remaining 1 is timetabled for completion in June.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23 (2) (3)</p> <p><b>Stated:</b> First time</p> <p>To be Completed by: One month from the inspection date.</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and <b>Improvement</b> Authority.</p> <p>This requirement relates to the monthly quality monitoring reports that</p>

must be forwarded to the RQIA until further notice.

**Response by Registered Person(s) Detailing the Actions Taken:**

The monthly monitoring report for this service for may has been forwrded to RQIA as per QIP .The organisation will contine to forward future MMV's until further notice.

<b>Registered Manager Completing QIP</b>	Paula Smyth	<b>Date Completed</b>	12/06/15
<b>Registered Person Approving QIP</b>	Tonya McCormac	<b>Date Approved</b>	12/06/15
<b>RQIA Inspector Assessing Response</b>	<b>Jim Mc Bride</b>	<b>Date Approved</b>	<b>16 June 2015</b>

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](mailto: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.