

Unannounced Care Inspection Report 19 April 2017



Leonard Cheshire Disability

Type of service: Domiciliary Care Agency/Supported Living
Address: Springfield Court, 57a Springfield Avenue, Belfast, BT12 7BA
Tel no: 028 9032 9989
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Leonard Cheshire Disability took place on 19 April 2017 from 09.00 to 14.00.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual. However the service users spoken to highlighted some issues in relation to social outreach, this was discussed with manager who stated she has plans in place to address this issue for service users. There was evidence over time of positive outcomes for service users.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency asks people who use their services what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be providing a well led service. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced supports systems that enable service users to get involved e.g. advocacy services, user-led groups. There was evidence over time of positive outcomes for service users.

No areas for quality improvement were identified.

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

1.1 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 were discussed with Mrs Victoria Mc Quoid, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Leonard Cheshire Disability Tonya Mc Cormac	Registered manager: Victoria Mc Quoid
Person in charge of the service at the time of inspection: Victoria Mc Quoid	Date manager registered: 2/2/17

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Record of notifiable events
- Record of complaints notified to the agency
- Correspondence with RQIA

During the inspection the following processes used included the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks
- Care review records
- Recording/evaluation of care interventions used by the agency
- Monthly monitoring reports from September 2016 to March 2017
- Minutes of staff meetings
- Minutes of tenant meetings
- Staff training records relating to the following:
 - Safeguarding*
 - Manual handling*
 - Medication*
 - Person centred planning*
 - People focus*
 - Safety focus*
 - Communication focus.*
- Records relating to staff supervision
- Complaints records
- The agency's induction procedure
- Staff rota information

4.0 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 ten 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 personal care support. The service currently employs 24 staff. The building is owned and maintained by Oaklee Housing Association.

During the inspection the inspector spoke with the registered manager, four service users and staff members on duty. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Ten Questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Five questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

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 Review of requirements and recommendations from the last care inspection dated 07/04/2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. However the service users interviewed did say that they felt there could be more emphasis placed on social outreach and staff help for attending appointments etc. The inspector discussed this with the manager and staff who stated they have plans in place to discuss this area with service users and collectively plan better time management to facilitate more social outreach. The manager stated that she plans to review care plans with service users including risk assessments in May 2017. Staff spoken with highlighted the level of current management support available and felt this was satisfactory.

The inspector received feedback from the registered manager and staff which indicated that the needs of service users are to the forefront of decision making. The inspector noted the staff team is currently fully staffed and also included a number of occasional hour's staff in place. The staffing arrangements enable the agency to provide familiar staff to service users who like staff continuity. The registered manager is responsible for the day to day provision of services and she demonstrated good knowledge of service users during inspection discussions and review of records.

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. The inspector received feedback from staff and through observation which indicated that the care needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including customer focus and person centred planning. Staff discussed key training as an ongoing process with provision for additional training as identified.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Six records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed with the registered manager and staff. Staff described the current manager and senior staff as 'excellent' and available to discuss concerns as they arise.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was informed that the trainer from Leonard Cheshire delivers safeguarding training. The inspector spoke with the trainer by telephone 6 April 2017 to confirm that training was completed in line with the updated safeguarding procedures. The inspector noted that the safeguarding procedures are also available in an easy read version.

Staff described safeguarding training as being of a good standard and relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that one full time safeguarding champion is responsible for UK safeguarding. Their local point of contact is a senior manager. The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns to them. The safeguarding champion provides advice and has input into training for both staff and volunteers within Leonard Cheshire Disability. The safeguarding champion inputs into quality monitoring reports which are monitored by board members and liaises with the Northern Ireland Director of Operations as appropriate as appropriate.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the registered manager or senior staff members who have knowledge of the needs of service users.

The registered manager described the agency's role working with the HSC Trust in relation to safeguarding concerns. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care/support plans. It was evident to the inspector that the agency has sought to minimise risk whilst maximising the safety, independence and choice of service users, thus contributing to positive outcomes for service users.

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 (2017).

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Questionnaire Comments:

- “I have my training up to date.”

Service user comments during inspection:

- “I feel safe during my time here.”

Staff comments during inspection:

- “Training is good.”
- “Induction helps prepare you for your role.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed a range of service users' care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Staff described service users as being actively involved in the development and review of care and support plans. This was supported by service users spoken with by the inspector. Service users receive a yearly review or more often if required. The inspector examined a number of records of annual reviews in place; these records were satisfactory and highlighted good service user communications. Positive comments included:

- "Most staff are approachable."
- "Care is dead on."
- "Staff are good."
- "My care is good."

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users' relatives and the HSC Trust; this was supported by feedback from agency staff and service users spoken with during the inspection process.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a range of senior staff from Leonard Cheshire Disability. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals during the monthly quality monitoring:

Service users:

- "My privacy is respected this is important to me."
- "The service is well led the staff are helpful."
- "The staff are very good to me and I enjoy my life."
- "I can come and go as I please."
- "I'm happy with the service and the staff."
- "Staff treat me with dignity and respect."

Staff:

- "I enjoy working here and get on well with service users."
- "The quality of the service is good."
- "I learn new things every day and enjoy my role here."
- "I getting to grips with my role, but enjoy working here."

Relatives:

- “I have no concerns about ***** care. The staff are excellent.”
- “My *** is well supported by staff.”
- “I’m happy with the care at present.”
- “I’m happy with ***** care and support.”

HSC Trust Staff:

- “***** is happy with the level of care and support received.”
- “Excellent service due to the level of support received.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users indicated that they have open lines of communication with staff and managers.

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users.

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:

- keyworkers
- Service user representatives
- Staffing updates

The meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly. Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworkers and service users.

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Questionnaire Comments:

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Staff comments during inspection:

“The service provides effective supported living to service users.”

“Care and support plans belong to the tenants. We help with the review of care.”

“Training and development for staff is ongoing.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

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, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with staff and service user evidenced that staff focus on people as individuals with different needs and wishes.

Staff discussed how service users expect to have their voices heard in relation to care and support planning. Staff stated service users support plans are discussed and reviewed with each individual using individual communication methods as necessary to support the process.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views. Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines.

The agency maintains formal 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 positive feedback received by the agency following their annual “*Have your Say*” review during March 2016. Service users were asked to feedback on the following areas:

- How do you rate your quality of life as a whole?
- Do care and support services help you to have a better quality of life?
- How satisfied are you with the care you receive from this service?
- How much control do you have over your daily life?
- Do you feel safe in the service?
- Do you know how to make a complaint?

Responses from the survey show poor satisfaction levels in one particular area. 40% of respondents felt they were not satisfied and said they did not have enough social contact.

The agency state as a priority “*Some of our people who use the service do feel that they don’t have enough social contact due to being estranged from their friends and family.*”

The agency state what we will do is: *“We will continue to provide social opportunities in and outside of the service, whilst engaging with other professionals’ community groups and volunteers.”*

The inspector noted that the information collated during the annual survey was shared with service users, staff and relatives. The inspector discussed this area of concern with the registered manager who stated: *“We intend to work with service users individually to review care plans and explore ways to help improve this area of concern.”*

The inspector was satisfied that the agency has highlighted social outreach as a priority, to ensure the continuing independence and of its service users.

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Service user comments during inspection:

“I find it difficult to get staff to help me with outside activities and outreach.”
 “Getting to appointments is hard for me without staff help.”
 “More staff to help with social outreach would be good.”
 “My independence is important; staffs help to get into the community is needed for all of us.”

Staff comments during inspection:

“We respect the wishes and views of service users.”
 “Staff are aware of respecting the privacy of the service users.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning when reviewing service users' needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users.

The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The management structure of the agency is clearly defined and was well understood by staff. Staff and service users provided feedback that they were confident of the manager's ability to address any concerns they may have. Both staff and service users stated that the current manager is approachable and very supportive to them all.

The agency operates a comprehensive training system and has an appointed trainer. It was noted that senior managers are available for consultation out of hours and have a working knowledge of the service. Feedback from staff indicated they are confident that managers would listen to and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are maintained in paper format and are also available on the intranet accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that no complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. Review of this record supported appropriate processes in place for complaints review.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector had been informed of their responsibilities and understood their roles. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. A recent review was completed by the agency in (2017). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards. The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Five questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well

Ten questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to

Questionnaire Comments:

- "We have an acting manager at present who keeps us up to date."

Service user comments during inspection:

- "We could not ask for better staff."
- "The new manager is always available to discuss issues."

Staff comments during inspection:

- "We have a good relationship with the manager."
- "The staff are well trained and respond well to service users' needs."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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