

Announced Care Inspection Report 26 April 2018



Leonard Cheshire Disability

Type of Service: Domiciliary Care Agency
**Address: Springfield Court, 57a Springfield Avenue,
Belfast, BT12 7BA**
Tel No: 02890329989
Inspector: Caroline Rix

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 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 21 staff. The building is owned and maintained by Choice Housing Association.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability/Ms Tonya McCormac	Registered Manager: Victoria McQuoid (acting manager)
Person in charge at the time of inspection: Victoria McQuoid	Date manager registered: 02 February 2017

4.0 Inspection summary

An announced inspection took place on 26 April 2018 from 10.00 to 16.00hours.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Victoria McQuoid, manager and the deputy 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 19 April 2017

No further actions were required to be taken following the most recent inspection on 19 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, three service users and staff members on duty. Their feedback has been included throughout this report.

During the inspection the manager was also asked to distribute ten questionnaires to service users. Two questionnaires were returned. The manager was also asked to display a 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. Feedback from one staff member was received by RQIA at the time of writing this report. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Two staff induction and supervision records
- 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.
- 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 Vicky McQuoid and the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 19 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. Two 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.

The manager confirmed an induction programme had been completed with each staff member. 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 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 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 sharing ideas and best practice'. 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 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.

Service user comment during inspection:

- "I have no worries living here, it is a safe place."

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 comment during inspection:

- “The induction and on-going training is excellent.”

The one returned questionnaire from staff indicated:

- Staff receive safeguarding training for their role
- Staff are aware of their responsibility to report any concerning or unsafe practice.

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
Total number of areas for improvement	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 minimise any challenging behaviours.

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 the service user's involvement in a range of activities and interests which are facilitated by 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

The meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly.

Service user comments during inspection:

- "I am looking forward to my family visiting at the weekend."
- "I enjoy listening to music and watching films."

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:

"The service provides effective supported living to service users."
 "The care and support plans are decided fully by each service user."

The one returned questionnaire from staff indicated:

- Staffs believe that services users are in the right place for their needs to be met.
- We have good working relationships with other professionals.

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
Total number of areas for improvement	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 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. One service user explained; "I am planning to travel to London to see family soon and have also a holiday to Newcastle arranged, can't wait."

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:

- "I had a good day today." (Service users comment on return from shopping)
- "I am happy enough with care and communication between myself and staff, who keep me up to date." (Relative feedback during a service user review meeting)
- "The level of communication is very good, someone is always available. I am happy with the level of care a support provided." (Social worker feedback obtained during monthly monitoring contact).

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.

The one returned questionnaire from staff indicated:

- Staff are satisfied that all service users are treated with compassion.

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.

	Regulations	Standards
Total number of areas for improvement	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, 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 positive feedback received by the agency following their annual "Have your Say" review during June and July 2017.

The inspector noted that the information collated during the annual survey was shared with service users, staff and relatives.

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 noted two complaints were received since the last inspection. Records reviewed confirmed that each was appropriately managed, with one matter resolved and the second complaint on-going. The staff training records viewed confirmed all staff had received update training on handling complaints.

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.

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.

The one returned questionnaire from staff indicated:

- Staff are satisfied that the service is managed well.

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
Total number of areas for improvement	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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