

Unannounced Inspection Domiciliary Care Agency Report 11 April 2016



Leonard Cheshire Disability

Taylor House, 10/12 Derryvolgie Avenue, Belfast, BT9 6FL
Tel No: 028 9020 0065

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Leonard Cheshire Disability took place on 11 April 2016 from 09.00 to 14.00. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care and the service was found to be well led. The outcome of the inspection found no areas for concern.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The service provision was outstanding. 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 service provision was outstanding. 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. 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 service provision was outstanding. 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. The service provision was outstanding. 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.

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 Sharon Foster the 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 last inspection

There were no actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/Registered person: Mrs Tonya Mc Cormac. Leonard Cheshire Disability	Registered manager: Mrs. Sharon Foster
Person in charge of the agency at the time of inspection: Sharon Foster	Date manager registered: 7 February 2012

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
- Records of notifiable events

During the inspection the following processes used include 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
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from August 2015 to March 2016
- Minutes of staff meetings: October 2015 and February 2016
- Minutes of tenant meetings: August, October 2015 December 2015 and February 2016
- Staff training records relating to training in:
 - Human rights*
 - Challenging behaviour*
 - Customer care*
 - Health and safety*
 - Complaints*
 - Vulnerable adults*
 - Deprivation of liberty*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

4.0 The Inspection

Taylor House, 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, such as spinal injuries and Cerebral Palsy and or sensory impairments. Service users 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 twenty four staff. The building is owned and maintained by Oaklee Housing Association.

During the inspection the inspector spoke with the registered manager, three care workers and three service users. 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. Seven Questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Three questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence over time of positive outcomes for service users. This has been demonstrated by the agency 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 most recent inspection dated 29 May 2015

The previous inspection of the agency was an unannounced care inspection on 29 May 2015. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency on 30 January 2016. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide. This was felt to be important both in terms of the service user's security and the staff's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined ten care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. The agency delivers positive outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. These outcomes were evident within care and support plans and within individual reviews. The agency's risk management policy was reviewed by the agency 30 July 2015.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks. The recruitment policy was updated by the agency on 11 September 2015. The agency has in place a comprehensive "Checklist for personnel file" document. A number of staff files were examined by the inspector and they included the required information in line with the agency's policy.

The agency has a structured comprehensive twelve week staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. The agency's induction procedures were reviewed by the agency in January 2016.

Records examined evidenced that staff have received core mandatory and other relevant training. The inspector noted training dates in place relating to future training updates for all staff.

Records of induction, including short notice procedures and mandatory training, were retained within the staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency 18 March 2016. The manager reported that she undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for weeks ending 3 April 2016, 10 April 2016 and the 17 April 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager, staff and service users indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The three service users interviewed by the inspector stated that they felt safe and secure in their homes and that the care they received was of a high standard. Other comments included:

- "Home from home"
- "Staff are very good."

Staff comments:

- "My induction prepared me for my role"
- "Supervision is regular."

Seven returned questionnaires from staff indicated:

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

Comments:

- "If we can't help tenants we find someone who can"
- "We do lots of things to make tenants happy."

"Tenants' are always treated with care and respect."

Three 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.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

4.3 Is care effective?

The three service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. Records viewed confirmed that direct observation of staff practice was carried out on a regular basis by team leaders.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the service user guide. The agency has in place a "*Personalisation and involvement officer.*" (PIO) The role is to develop and help the service users to develop a service user led focus group which will discuss and respond to the issues that affect all service users.

The PIO makes regular visits to service users and discusses with them issues that are affecting them and creating an action plan to deal with any issues. The inspector noted a number of issues that service users have brought to the attention of the agency. The inspector noted the result of interventions to help resolve the issues.

- Night noise
- Guide dogs
- Personal care issues

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect.

The service users interviewed were aware of whom they should contact if any issues arise regarding the service.

One service user stated

"I can speak to the manager at any time if I have concerns."

The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed. Staff confirmed that they worked very well as a team and that staff meetings are held. The staff meeting records show clear evidence of staff discussing choices that service users make with support from staff to encourage independence and community involvement.

The inspector noted the positive results from the “Have your say” survey completed by the agency during March and April 2015. The results from the service show that service users are happy, or very happy with the following questions:

- Do you feel safe in the service
- The way you are helped and treated
- The control you have with your medication
- With the care you receive.

This commitment to “Have your say” is part of the organisation’s culture and values.

The agency aim states:

“We work for a society in which every person is equally valued. We believe disabled people should have the freedom to live their lives the way they choose. To have the opportunity and support to live independently, to contribute and participate fully in society.”

The inspector saw evidence of compassionate care and support during the inspection relating to:

- *Choice*
- *Support*
- *Freedom*
- *Opportunity*
- *Independence*
- *Participation.*

The agency involves everyone in consultation activities and believes that everyone has the capacity to be involved. The inspector seen evidence that changes have been made as a result of user involvement and consultation.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

The agency has in place a policy in relation to the creation and storage of individual records; this was reviewed by the agency in October 2015.

Service user comments:

- “I’m cared for well”
- “The staff are caring and the support I excellent.”

Staff comments:

- “My induction was good”
- “Training is comprehensive.”

Seven returned questionnaires from staff indicated that:

- Quality monitoring of the service they provide is in place
- The review of service users' needs is completed.

Staff Comments:

- "The service users' safety always comes first"
- "The service users' are at the centre of all the decisions they wish to make."

Three returned questionnaires from service users indicated that:

- They get the right care, at the right time and with the best outcome
- They are involved in the review of their care and have a say about what happens to them.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

4.4 Is care compassionate?

The agency's current Statement of Purpose and Service Users Guide reflect that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The three service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are given their choice in regards to personal care, and are encouraged to complete tasks themselves when appropriate. Service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs. Discussions with staff and service users evidenced that staff focus on people as individuals with different needs and wishes.

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff.

The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement. The inspector noted some comments by service users, Staff and HSC Trust professionals, collated by the agency during the monthly monitoring.

Service user comments:

- “The staff are excellent”
- “Happy with my care”
- “The quality of staff is good”
- “I’m better looked after here.”

HSC Trust comments:

- “Service users and their families speak highly of the staff”
- “I’m happy with the quality of the care provided”
- “Very positive staff culture when supporting service users”
- “Staff provide all the identified support.”

Relatives’ comments:

- “My sons’ life has improved greatly since his move to the services”
- “Very happy no complaints”
- “The staff are very helpful”
- “Just positive comments.”

The agency has a complaints policy and procedure in place which is also reflected within the Statement of Purpose and Service User Guide. Staff interviewed were aware of the agency’s policy and procedure on confidentiality and could demonstrate how this is implemented. It was noted by the inspector the following policies were reviewed/updated.

Complaints Policy 8 September 2015.

Confidentiality 1 October 2015.

The inspector noted that the agency provide training entitled “People focus”; this training relates to the following:

- Safeguarding
- Whistleblowing
- Equality and diversity
- Disability equality
- Data protection
- Deprivation of liberty
- Mental capacity

This training aims to challenge staff to think about what this means to them at work, what it means to the people they support whilst ensuring a non-discriminatory environment for everyone. This aim was clear from the staff interviewed by the inspector.

During discussion with a service user it was stated that:

- “This is home for me and staff treat me with respect.”

During discussion with staff it was stated that:

- “Staff are very supportive to each other.”

Seven returned questionnaires from staff indicated that:

- Service users' views are listened to and improvements are made
- Service users can make decisions about the service they receive.

Comments:

- "Care is always person centred."

Three returned questionnaires from service users indicated that:

- They are given enough information about the people who will provide their care
- They are treated with dignity and respect and involved in decisions affecting their care.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

4.5 Is the service well led?

The manager reported she had completed a review of all systems and processes in the agency and where necessary made changes, in consultation with senior management staff and service users to bring about improvement. This review was evident as the agency that has now updated their monthly monitoring template specifically to the domains of safe, effective, compassionate and well led. This allows the agency to take the views of service users into consideration when managing and delivering their services. The agency has demonstrated vision, leadership and creativity that influences practices within the service.

Feedback provided to the inspector from staff and service users, indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users that include service user involvement and empowerment, whilst increasing people's choice and control.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users.

A number of policies and procedures in place are accessible to staff in hard copy or via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification. The agency has a complaints policy and procedure in place which is also reflected within the Statement of Purpose and Service User Guide.

The agency has reported a number of incidents to RQIA as required and it was evident that agency policies had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns, this is ongoing within the agency to enable the agency to reflect on any learning from incidents. The incident reporting policy was created 9 September 2014.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection. The inspector noted human rights training completed by both staff and service users, provided by a local disability organisation. This training supports a well led, effective, compassionate and safe service for service users. Human rights training for staff and service users included:

- About making sure that we treat everyone fairly
- About making sure people aren't mistreated and are looked after
- About making sure everyone is free to live their life the way they want.

Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency. Staff reported that they had a very good working relationship with the manager.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. Staff reported that they had a very good working relationship with the manager who they described as *"Having an open door policy and being very supportive to all staff."* There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was created by the agency 1 November 2013.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was noted within the staff meeting agendas and minutes. The agency has a policy and procedure on staff supervision and appraisal. This policy was updated by the agency 18 March 2016. The manager reported that she undertakes supervision with Team leaders who in turn supervise care staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received no complaints during this period. The manager demonstrated an awareness of the regulatory framework and understanding of their obligations in relation to this. The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes. This included monitoring of training, supervision, complaints and incidents. The central ethos of audit within the agency is to improve the quality of service delivery and outcomes to service users. The agency aims make it possible for people to have control over decisions about their life as well as day-to-day decisions. Following discussions with staff and service users, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centered. The agency reflects on its work and uses this information to challenge its own performance. This was evidenced in the quality monitoring reports available for inspection, where service users' views and opinions were listened to and acted upon effectively.

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. 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.

Seven Questionnaires returned from staff indicated that:

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

Comments:

- "A good team who all work well together"
- "The manager is very resourceful and proactive in relation to the needs of the staff and tenants."

Three Questionnaires returned from service users indicated that:

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

Comments:

- "The staff are excellent."

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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 weaknesses that exist in the service. 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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)