

Announced Care Inspection Report 22 June 2018



Leonard Cheshire Disability

Type of service: Domiciliary Care Agency
Address: Cheshire House, Kinsale Park, Waterside, Londonderry,
BT47 6YX
Tel no: 028 7134 1861
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

Cheshire House is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The agency provides supported living accommodation for 18 service users with a range of physical disabilities and in the main service users who have an acquired brain injury.

All service users live within independently maintained flats and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, and cooking as well as personal care. The service users each have a tenancy agreement with Choice Housing Association and the Western Health and Social Care Trust and Northern Health and Social Care Trust commission their services.

3.0 Service details

Registered organisation/registered person: Leonard Cheshire Disability Tonya Mc Cormac	Registered manager: Louise Hannah Horner
Person in charge of the service at the time of inspection: Louise Hannah Horner	Date manager registered: 22 January 2009

4.0 Inspection summary

An announced inspection took place on 22 June 2018 from 09.45 to 15.30 hours.

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 Louise Horner the registered manager and three team leaders, 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 6 April 2017

No further actions were required to be taken following the most recent inspection on 6 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, two team leaders, five service users and two support workers on duty. Their feedback has been included throughout this report.

During the inspection the manager was asked to distribute ten questionnaires to service users. Ten service user surveys were returned to RQIA. Further detail of service user feedback is included throughout this report. The inspector requested that the manager place a 'Have we missed you" card in a prominent position in the agency to allow service users and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

The manager was also asked to display a staff 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 five staff members was received by RQIA and is included within the 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.
- Three 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.
- Tenant meeting minutes.
- 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 registered manager and team leaders at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 6 April 2018

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 organisation, where possible, includes service users on the staff interview panels which is to be commended.

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 with NISCC.

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 members had been deemed competent at the end of their probationary period.

The inspector noted the staff team is stable. 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 and plan 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 'a helpful process for keeping up to date and discussing lots of different matters'. Staff confirmed senior staff were 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 for staff 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 procedure is also available in an easy read version and copies had been provided to all service users.

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.

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 and were regularly reviewed.

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’s comments during inspection:

- “I love living here. I have freedom to do what I want when it suits me-not a lot of rules.”
- “This has been my home for years. I am happy and safe here.”
- “I don’t need much help, but can ask for extra support if I need it.”

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 comments during inspection:

- “The training is excellent, both the on-line and practical training allow us to learn about a wide variety of subjects as well as the mandatory areas.”
- “We have built special relationships with our service users and their families.”

The returned questionnaires from five staff members indicated that they were ‘very satisfied’ that the care was safe. A written comment received stated; ‘Great team of people who work extremely well together, particularly with new staff members. Very accommodating.’

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 maximise independence.

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 their involvement in a range of activities and interests which are facilitated with 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 are held on a regular basis, along with service users having one to one discussions with senior staff as recorded in the 'what's working, what's not working' records viewed by the inspector. Tenants meeting minutes were reviewed during inspection, areas for discussion included:

- events planning
- fundraising ideas
- maintenance matters
- staffing updates

Service user comments during inspection:

- "I like living here. I have everything I need in my flat."
- "I get help to shower and make meals; the girls are great at knowing what I like and are always so kind to me. Everyone gets on so well here."
- "The staff are my friends, I enjoy living here and doing my own thing."

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

A comment included on a survey stated, 'Great care.'

Staff comments during inspection:

- “We have supported staff in all aspects of their life, and built up trust, some over many years. They feel more like our extended family. I believe they get to live full lives.”
- “The care and support provided changes and adapts as the service users’ needs change, to allow them to have as many choices as possible in their own homes.”

The returned questionnaires from five staff members indicated that they were ‘very satisfied’ that the care was effective.

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 needed, 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.

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:

- ‘Thank you for everything you have done for xxx. You have all made xxx feel at home and supported him throughout the past years. Thank you for creating special memories. Cheshire House has been a second home for me from an early age.’ (Thank you card from relative of a former service user).
- ‘All staff are very professional in all matters and have enabled xxx to have the right balance between care and personal life. Staff are mindful and respectful when xxx needed their own space. Xxx is well looked after. Staff are very good at helping motivate xxx to live their daily life and it is a balancing act to get this right.’ (Social worker feedback regarding two service users).

Service user comments during inspection:

- “I like to stay in my flat mostly and the staff have no problem with my decision.”
- “I’ve never had any problems but if I had a concern I could talk to any one of the staff and know they would sort it out for me.”
- “I have had my life transformed living here. This is the first place to praise my achievements; I get great support and encouragement.”
- “I am respected by staff, allowed to make choices and help if I am feeling down.”

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.

A comment included on a survey stated, ‘brilliant place, staff are excellent.’

The returned questionnaires from five staff members indicated that they were ‘very satisfied’ that the care was compassionate. A written comment received stated; ‘all service users are treated by staff the same, as they would treat their own family, and I feel this is important in this area of work. All staff have great relationships with service users.’

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 three team leaders and a team of support workers and an administrator and maintenance officer.

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 a 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 agency had shared their annual survey report findings with service users in September 2017, with a plan for further consultation regarding volunteers available to support service users. The manager confirmed this action is being implemented.

Monthly monitoring reports were viewed for February to May 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 found no complaints were received since the last inspection. The manager confirmed that any issues raised were immediately addressed and resolved. 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 had been no safeguarding reports received since the previous inspection or matters that required to be notified to relevant bodies and RQIA.

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.

Service user comments during inspection:

- "Nothing is too much trouble for the staff. They know what I may need before I ask them. I talk to xxx if I have any worries about anything."
- "I know they will act immediately if I need help, it is reassuring to know someone is available 24/7. You couldn't improve on the facilities we enjoy here."

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.

A comment included on a survey stated, 'excellent manager and good staff team.'

The returned questionnaires from five staff members indicated that they were 'very satisfied' that the service was well-led.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)