

Unannounced Inspection Domiciliary care Agency Report 18 April 2016



Leonard Cheshire Disability

Cheshire House, Kinsale Park, Waterside, Londonderry BT47 6YX

Tel: 028 7134 1861

Inspector: Jim McBride

1.0 Summary

An unannounced inspection of Leonard Cheshire Disability took place on 18 April 2016 from 09.20 to 13.20. 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 Louise Horner, as part of the inspection process. The inspection findings are discussed throughout 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 further actions required to be taken following the last inspection.

2.0 Service Details

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

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 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 December 2015 to March 2016
- Minutes of staff meetings held in: September, November 2015 and January, March 2016
- Minutes of tenant meetings held in: October, November 2015 and January, March 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
- The agency's induction procedure
- Staff rota information.

4.0 The Inspection

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 16 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.

During the inspection the inspector spoke with the registered manager, three care workers and one service user. The three care workers interviewed gave a comprehensive overview of the service.

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. Ten 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 overtime 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 26 June 2015.

The previous inspection of the agency was an unannounced care inspection on 26 June 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 4 April 2016 and was satisfactory.

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 excellent outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. The inspector noted effective and positive communication systems in place for those with brain injury.

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 evidenced the completion of pre-employment checks. The recruitment policy was updated by the agency 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. One staff member stated "*My induction was excellent.*"

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. One staff member stated *“This is the best training I have ever had.”*

Records of induction, including short notice procedures and mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency’s intranet. The agency has a policy and procedure on staff supervision and appraisal which had been reviewed 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 6 March 2016, 13 March 2016, 24 April and 1 May 2016 and was satisfied that the agency’s staff resources meet service user needs. Discussions with the manager, staff and service user 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 evidenced awareness 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 service user interviewed by the inspector stated that she felt safe and secure in her home and that the care she received was of a high standard. Other comments included:

- “Staff are very helpful”
- “I’m very happy here.”

Ten returned questionnaires from staff indicated:

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

Comments:

- “Care is safe it’s on to one. We adhere to the care plan”
- “The care is person centred”
- “Care is safe we have good policies and procedures”
- “Safety and security is paramount for the service users”
- “All staff are trained well.”

Ten 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 the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.3 Is care effective?

The service user interviewed by the inspector stated that she was aware of whom she should contact if there any issues regarding her 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 that contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carried out care reviews with service users if changes to their needs are identified. The inspector noted some comments made by relatives during the annual care reviews completed by the HSC Trust” *Staff team are very supportive.” “***** quality of life is enhanced by the support currently in place.” “**** is very happy with his care and support.”*

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) Their role is to develop and help the service users to facilitate 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. The PIO helps services address these issues by supporting them to create 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.

- Outside environment
- Medication
- Activities
- Benefits
- Internal noise

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. Minutes of staff meetings examined by the inspector showed clear evidence of discussions about professional boundaries, confidentiality and training. 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 on a regular basis. The inspector noted the positive results from the “Have your say” survey completed by the agency during March and April 2015 some of the findings about the service show that service users are happy or very happy in response to 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 .

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

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

Care records examined reflected individualised assessments and person centred care plans, including reference to service user choice and preferences and their dignity and respect. The information was 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.

Service user comments:

- “I have no complaints, I’m happy here at home.”

Staff comments:

- “Supervision is one to one and is a good system.”

Ten returned questionnaires from staff indicated:

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

Staff comments included:

- "Tenants are involved directly in their care"
- "All records are completed."
- "Effective care is delivered in a whole person approach"
- "Care is individually tailored"
- "Our care and support is effective"
- "Tenant involvement is good"
- "Tenants draw up their own care plan."

Ten 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.

Comments:

- "I'm very happy with the care and the staff."

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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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 respecting and supporting service user privacy, dignity, independence, choice, rights and fulfilment. During interview one staff member stated *"People's rights of choice are important to me, and we all promote service user involvement."*

The service user interviewed by the inspector raised no concerns regarding her care or the quality of care being provided by staff. Discussions with staff and service users evidenced that staff focus on people as individuals with different needs and wishes.

No concerns were raised regarding the staff treating 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. The staff discussed this with the inspector and gave positive examples of how choice is promoted.

Staff training content examined included induction records showing 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 ascertained and responded to the views of service users, relatives, professionals and staff.

The agency's reports of monthly monitoring were comprehensive and provide assurance of quality monitoring and service improvement. The inspector noted some comments by service users, staff and HSC Trust professionals:

Service user comments:

- "I like to be involved in my review, I can have my say".
- "It's positive I have my independence".
- "I choose the care I want from staff."

HSC Trust comments:

- "The communication is good, the staff are very helpful".
- "My client is very happy".
- "The staff did very effective work with relatives helping them understand the supported living ethos".
- "My client is very happy with the service provision and has settled well."

Relatives' comments:

- "Staff never fail in their duties."
- "High praise for staff."
- "I'm happy with the service."

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 Policy: 1 October 2015.

Staff training on confidentiality was completed 20 September 2015.

The inspector noted that the agency provided training entitled "People focus" this training relates to the following issues relevant to the provision of care to service users:

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

This training aims to challenge staff to think about what these issues mean to them at work, what it means to the people they support; whilst ensuring a non-discriminatory environment for everyone.

During discussion with staff it was stated that:

- “Staff are very supportive to each other and we have a good team in place”.
- “We support people over and above the stated aims in their care plans. We do this with compassion and support every day.”

Ten returned questionnaires from staff indicated:

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

Comments from staff:

- “Staff go over and above the job, to support tenants”.
- “All staff provide care to everyone that is fair and respectful”.
- “Staff treat people with dignity and respect”.
- “People are treated in accordance with human rights.”

Ten 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.

Comments from service users:

- “All support workers are brilliant”
- “My care is excellent”.
- The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	
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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. This is evidenced through the training completed by both service users and staff relating to disability issues.

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.

The agency has reported no incidents to RQIA. Incidents form part of the monthly monitoring and actions are taken to address any 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. Staff interviewed stated:

- "The service is well led; the manager and the team leaders are approachable with an excellent manner towards all staff."

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. As previously stated the inspector noted training on confidentiality and professional boundaries was completed 20 September 2016. This provision of this training demonstrated a proactive approach by the agency to promote, protect and enhance care provision.

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; this was verified by staff interviewed.

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.

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 4 April 2016. 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.

Ten questionnaires returned from staff indicated that:

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

Staff comments included:

- "I feel the service is well managed".
- "All staff and tenants are aware of the complaints procedures".
- "The service is managed by approachable managers who maintain an open door policy".
- "Monthly meetings as well an approachable manager ensures a well led service".
- "The service is very well managed through staff supervision, training and monthly monitoring".
- "Our manager is extremely approachable and deals with issues as they happen".

Ten questionnaires returned from service users indicated that:

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

Service user comments included:

- “The manager here is the best I have ever known; she’s approachable and helpful and exceeds expectations.”

The inspector found the care provided was of a high standard and it was good to note the positive comments within the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of Requirements		Number Recommendations:	0
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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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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