

# Unannounced Care Inspection Report 13 April 2017



## Leonard Cheshire Disability

**Type of service: Domiciliary Care Agency/Supported Living**

**Address: Cheshire Mews, Sloan Street, Lurgan, BT66 8NR**

**Tel no: 028 3832 1843**

**Inspector: Jim McBride**

**User Consultation Officer: Clair Mc Connell (UCO)**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Leonard Cheshire Disability took place on 13 April 2017 from 09.00 to 14.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual. There was evidence over time of positive outcomes for service users. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

### **Is care compassionate?**

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

No areas for quality improvement were identified.

## Is the service well led?

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

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

No areas for quality improvement were identified.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Anita Scullion, registered manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

<b>Registered organisation/registered person:</b> Leonard Cheshire Disability Tonya Mc Cormac	<b>Registered manager:</b> Anita Scullion
<b>Person in charge of the service at the time of inspection:</b> Anita Scullion	<b>Date manager registered:</b> 6/8/2013

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

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

Prior to the inspection the UCO spoke with two service users and four relatives, by telephone, on 11 April 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care. The outcomes of these contacts can be found throughout this report.

During the inspection the following processes used included the following:

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

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks
- Care review records
- Recording/evaluation of care interventions used by the agency
- Monthly monitoring reports from September 2016 to March 2017
- Minutes of staff meetings
- Minutes of tenant meetings
- Staff training records relating to the following:
  - Safeguarding
  - Whistleblowing
  - Confidentiality
  - Data protection
  - Equality and diversity
  - Working in an empowering way
- Records relating to staff supervision
- Complaints records
- The agency's induction procedure
- Staff rota information

## 4.0 The inspection

Cheshire Mews is a domiciliary care agency that includes a supported living scheme operating under the auspices of Leonard Cheshire Disability. The scheme provides services to 40 service users with a range of disabilities.

All service users in Cheshire Mews live within independently maintained flats or other community houses 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. Service users are also provided with personal care, and administration of medication if required.

During the inspection the inspector spoke with the registered manager, one team leader and three care workers and had the opportunity to meet two 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. Nine questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Nine 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 14/04/2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 14/04/2016

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

### 4.3 Is care safe?

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

Staff rotas and feedback from staff and service user indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the level of management support available. Staff highlighted and demonstrated to the inspector that they have developed a strong relationship with service users over time.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Leonard Cheshire Disability. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

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

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency. The inspector interviewed one staff member who is currently completing induction who *stated "Staff have been helpful and I have called on their experience to help me prepare for the job."*

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

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

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and the use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "They're very observant and pick up on issues quickly."
- "Couldn't do without them."
- "We're very fond of them."

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

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

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

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

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

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

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

The agency's registered premises include a range of offices and staff facilities within the building which are suitable for the operation of the agency as set out in the Statement of Purpose.

Nine returned questionnaires from service users indicated that:

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

#### **Questionnaire Comments:**

- "I have never felt more secure."

Nine returned questionnaires from staff indicated:

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

**Questionnaire Comments:**

- “Having two people on calls reflects well to ensure all people are safeguarded.”
- “The service users get the safest quality of care, communication is excellent.”

**Service user comments during inspection:**

- “he staff provide me with good care and support.”
- “I feel that I’m safe here and have the security of my own home.”
- “The staff are all helpful and care about what they do and how we can benefit from their care and support.”

**Staff comments during inspection:**

- “I feel connected to the tenants.”
- “Tenants care and safety is important to us all.”
- “Tenants are all safe and secure. The staff help with that as we get to know the service users.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2017).

The inspector reviewed a range of service users’ care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Staff described service users as being actively involved in the development and review of care and support plans. This was supported by one service user spoken with by the inspector.

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

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a range of senior staff from Leonard Cheshire Disability.



The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance.

Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals during the monthly quality monitoring:

#### **Service users:**

- “Staff are good, they keep me up to date.”
- “Staff are approachable and friendly.”
- “I love it here as I moved from a place where I had no life or choice.”
- “I always have the opportunity to give feedback in the service.”
- “The staff manage my care in a safe and dignified way.”

#### **Staff:**

- “Colleagues are very supportive with great teamwork.”
- “The quality of the service is excellent.”
- “Working with more experienced staff during my induction was helpful.”

#### **Relatives:**

- “The service is very good I have no issues.”
- “Staff are very good to \*\*\*\*\*.”
- “The staffs approach is very comforting.”
- “Staff are very professional, pleasant and careful.”
- “\*\*\*\*\* need are well met by the service.”

#### **HSC Trust Staff:**

- “The service quality is good, I have no concerns.”
- “\*\*\*\*\* is very happy and sees this as a positive move.”
- “Staff have managed well with my clients changing needs.”
- “Staff are good at resolving problems.”
- “Staff are very client focussed and positive communication is excellent.”

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

No issues regarding communication between the service users, relatives and staff from Leonard Cheshire Disability were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “Really, really good.”
- “Never had a problem.”

- “As good as I can expect.”

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users. Service users provided positive feedback to the inspector regarding how happy they are when receiving services from the organisation.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

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

- *“I have enjoyed the wonderful assistance and support from all your friendly carers. Its clear they are all well trained and deliver a care service of a high quality.”*

Nine 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.

Nine returned questionnaires from staff indicated:

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

#### **Questionnaire Comments:**

- “Many staff go the extra mile to offer help and support too service users.”
- “Staff have an empathic and involved approach.”

#### **Service user comments during inspection:**

- “The staff know my care needs and help with my independence.”
- “I could not do without the staff.”
- “This service has benefited me.”

#### **Staff comments during inspection:**

- “I have had good training and support whilst being here.”
- “My induction has been excellent.”

- “The staff have supported me through the work and were very helpful.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Leonard Cheshire Disability. Examples of some of the comments made by service users or their relatives are listed below:

- “Don’t feel like a number.”
- “Every single one of them has become like friends.”
- “The girls are never negative when they come.”

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery. Service users interviewed by the inspector raised no concerns regarding their 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.

Staff discussed how service users expect to have their voices heard in relation to care and support planning. Staff stated service users support plans are discussed and reviewed with each individual.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views. Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector received robust evidence that the agency’s effective working relationships with trust professionals and implementation of recommended strategies has led to improvements in the ability of service users to lead an active and independent life as possible.

The agency maintains formal processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual “*Have your Say*” review during March 2016. Service users were asked to feedback on the following areas:

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

Responses from the survey show good satisfaction levels. The information collated was shared with service users, staff and relatives.

Nine 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.

Nine returned questionnaires from staff indicated:

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

**Service user comments during inspection:**

- “The staff are very caring and help me in every way to maintain my independence.”
- “This service has made a great change in my life for the better.”
- “I could not thank the staff enough for their help, support and devotion to me during my time here.”

**Staff comments during inspection:**

- “The staff know the service user’s well and speak to them in a companionate way.”
- “Service users are encouraged to make their decisions with staff support.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities. All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of

risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning when reviewing service users' needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users. The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

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

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

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

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

The agency maintains and implements a policy relating to complaints. The inspector noted that two complaints had been received during the reporting period of 01 April 2016 to 31 March 2017; these were resolved and fully satisfied. Review of this record supported appropriate processes in place for complaints review.

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

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

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

ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Nine questionnaires returned from service users indicated that:

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

Nine questionnaires returned from staff indicated that:

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

#### **Service user comments during inspection:**

- "The manager is approachable and is always helping in ways that make my life good."
- "Staff are available to me all day and have a good knowledge of my care needs and my hopes for the future."

#### **Staff comments during inspection:**

- "The manager is always around and has time for everyone."
- "Training is excellent and is regular."

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **5.0 Quality improvement plan**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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