

Annual Inspection Report 2022-2023

Leonard Cheshire Disability

Domiciliary Care

24 August 2022



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

An announced inspection was carried out on 24 August 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

Leonard Cheshire Disability is registered as a domiciliary care agency. This Quinney is a supported living service providing support to adults who have a physical disability, which includes Acquired Brain Injury (ABI). There are nine flats, two of which are for respite care.

An outreach service provides encouragement and support for people to build or rebuild social networks and to enjoy an activity of their choosing within the community.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We identified areas of improvement in relation to food storage and a damaged chair.

Systems and processes were in place to protect people from the risk of abuse. People's needs were being appropriately assessed prior to the provision of a service. People felt safe with the staff who came into their home. Staff knew people and their needs well. Person centred plans were detailed.

Staff induction was comprehensive and a range of training was provided. Regular supervisions were being carried out. People believed that the staff who came into their home were suitably trained and competent.

People were complimentary about the care and support received and felt included in decision-making. People's independence was promoted.

People believed that the provider was responsive to their needs.

People believed that the levels of communication with the agency were very good. The manager and provider had excellent oversight of the service.

We found the following areas where the service needs to make improvements:

- Food storage systems to be followed to ensure food is covered / opened jars dated / packets of food sealed when opened
- Ripped fabric on chair to be repaired

About the service

Leonard Cheshire Disability is registered as a domiciliary care agency.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 17 August 2022. We visited the service on 24 August 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

We spoke with three people who used the service. Two staff members were spoken to. A range of records were reviewed. This included two people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and staff supervisions and appraisals were reviewed.

We observed support provided and viewed the environment of Thie Quinney.

After the inspection

We received written feedback from four members of staff who provided their views about the service and their experience of the care provided.

Eight people who received a service were spoken to. Written feedback from also provided from one family member.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems and processes were in place to protect people from the risk of abuse. Staff received training in safeguarding which was updated annually. Staff feedback confirmed that they knew the signs of potential abuse and the actions they must take if they felt someone was being harmed or abused. Staff were confident that the management team would respond to any concerns they had. One staff member commented "I have highlighted my concerns about a service user. (line manager Name) has taken action and spoken to their social worker and passed information on to them. (line manager Name) later in supervision has informed me of actions she has taken and consequences".

The provider had safeguarding and whistleblowing / raising concerns policies which gave guidance for staff.

People said that they felt safe with the staff who came into their home / room.

There was a system in place to monitor accidents and incidents. Any accidents and incidents would be reviewed by the manager. The provider also had oversight.

The service had provided people with guidance on safeguarding and the manager said that they hoped to organise safeguarding workshops for service users in the future.

Assessing risk, safety monitoring and management

People's needs were being appropriately assessed prior to the provision of a service. Care plans had been developed and written in such a way as to minimise any risk to people's health and wellbeing.

Person centred plans and risk assessments were being reviewed on a regular basis. A new assessment of needs formed part of the review process.

Risks people may face were identified and assessments were in place to manage these risks.

Risk assessments on the environment at Thie Quinney had been written.

Equipment within Thie Quinney, such as hoists, bath lifts and electric beds was serviced in line with manufacturer's guidance. Portable Appliance Testing (PAT) was being carried out and an electrical installation condition report confirmed the safety of the wiring in Thie Quinney.

Regular fire safety checks were being carried out at Thie Quinney, including fire drills every quarter year. Personal Emergency Evacuation Plans (PEEPS) were in place for each person at Thie Quinney.

Risk assessments on the risk of Legionella bacteria in water systems had been written. A government department was carrying out annual tests for Legionella bacteria. Weekly flushing of taps and showers was taking place. The Thermostatic Mixer Valves (TMV's) were being regularly checked / serviced.

The boiler had been serviced.

Food hygiene systems were in place in the communal kitchen in Thie Quinney. These included fridge and freezer temperature checks and hot food probing. Some food in the fridge had not been covered and some opened jars did not have a when opened date on them. Bags of flour and dried fruit had not been sealed again after opening.

An armchair in the hallway at Thie Quinney had a tear in its fabric.

Staffing and recruitment

At the time of the inspection there appeared to be enough staff rostered at Thie Quinney to meet people's needs. When asked if they had enough time to spend quality time with service users, one staff member commented that it all depended on if the two respite beds were occupied. Staff confirmed that new staff shadowed experienced staff when visiting service users. This resulted in people feeling comfortable and confident with staff who were providing their care. Service users for the outreach service confirmed that staff stayed with them for the allocated time.

People said that staff were very responsive to their needs.

Staff files examined evidenced that pre-employment checks were being carried out.

Using medicines safely

The service had separate policies on medication which covered obtaining, recording, storing, administering and returning / disposal of medicines. Staff were responsible for the ordering and receiving of service user's medication.

For Thie Quinney service users, medication requirements were detailed in their initial assessments. Medication risk assessments had been written and medication care plans were in place. The majority of the service users at Thie Quinney kept their medication in lockable cabinets in their rooms. Only one current service user self-medicated and a risk assessment had been completed. Service user medication reviews were taking place.

Staff undertook medication training and were having their competency to administer medication assessed. A discussion was had with the manager to include "what if" scenarios in the competency assessment.

Medication Administration Records (MARs) were fully completed. The manager was aware that the MAR sheets did not have a recent photograph of the service user attached and aimed to include these. Daily stock checks were being carried out by staff. Weekly and monthly

medication audits were also taking place. A local chemist was carrying out medication audits. Controlled drugs were being recorded appropriately.

Preventing and controlling infection

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE) and completed regular testing for COVID-19. The Quinney was clean throughout. Staff completed cleaning schedules for all communal areas in The Quinney.

The service had several infection prevention control policies to guide staff. Staff had received training on infection control.

Monthly infection control audits were taking place.

Action we require the provider to take

Key areas for improvement:

- Food storage systems to be followed to ensure food is covered / opened jars dated / packets of food sealed when opened
- Ripped fabric on chair to be repaired

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

This service was found to be effective.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

People’s needs were assessed prior to the provision of a service. Care plans were then developed based on the initial assessment. People confirmed that they were involved in the person centred plan review process.

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles. Online, including live stream interactive training and classroom based training was used. Staff spoke positively about the training they received, with one person commenting, “training is very good. We now do more live learn and this works well but it’s still good to have a face to face trainer. We have a good mixture of training with e-learning, live learn and face to face”.

New staff members undertook a detailed induction process, which included completion of the care certificate. One staff member said of the induction process, “it was very good, thorough”. Staff confirmed that they were given the opportunity to shadow more experienced colleagues on induction.

Staff were receiving regular supervisions and appraisals from managers / supervisors who were trained in carrying these out.

Staff felt able to freely express their views in meetings and to add to the agenda. Management observations of practice formed part of the quarterly staff supervisions.

The provider was supporting staff to attain relevant qualifications.

People felt that the staff who came into their home were suitably trained and competent.

Supporting people to eat and drink enough to maintain a balanced diet

Dietary needs and support formed part of a person’s initial assessment and person centred plan. The manager said that there were no service users assessed as being at risk of malnutrition or dehydration. At Thie Quinney a communal kitchen was accessible with each flat having kitchens with adjustable work surfaces. A communal meal was offered each evening if people did not want to cook in their own flat. Service users were encouraged to help with the communal meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

People at Thie Quinney confirmed that staff supported them with any health needs. Generally, staff organised health appointments.

Adapting service, design, decoration to meet people's needs

Service users were involved in decisions about any changes to the communal environment at Thie Quinney. Communal areas provided space for people to spend time together and to take part in activities. All flats at Thie Quinney were wheelchair accessible with one flat suitable for people who are classed as bariatric. People had access to outdoor space.

Ensuring consent to care and treatment in line with law and guidance

People were enabled to make their own decisions and are helped to do so when required. Staff received training on deprivation of liberty safeguards and mental capacity act. The manager said that all service users were deemed to have capacity. One service user had a restrictive practice audit in place which had been completed in full agreement with the person.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

Ensuring people are well treated and supported; respecting equality and diversity

Service users were complimentary about the care and support received and confirmed that they were treated with kindness, respect and compassion. Comments included, “staff are brilliant” and “the staff are very good – no problems with them”. Positive, respectful interactions were observed between service users and staff at Thie Quinney.

Religious and cultural needs formed part of people’s initial assessment.

Supporting people to express their views and be involved in making decisions about their care

People confirmed that they were aware of their care plans and were involved in decision making.

Staff were able to explain the importance of involving people in decisions. Comments made by staff included, “it’s important that service users understand and agree to what is being done, it can demonstrate that we respect the individual and their dignity and helps build trust” and “it is important to have consent before completing support as then a person is valued and respected”.

People receiving an outreach service commented that staff arrived on time and left at the end of the allocated time, but generally were flexible and responsive to their needs.

Service users as well as relatives / friends were asked for their views on the service being provided. These views formed part of the providers monitoring reports.

Respecting and promoting people’s privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. Outreach service users were helped to build / rebuild social and other networks and to enjoy purposeful activity of their choosing in the community.

Person centred plans were written in a way so as to promote independence. This was also confirmed through staff and service user feedback. Staff gave personal examples of how they had encouraged people to be as independent as possible. One staff commented, “I was a keyworker for a service user and supported and encouraged her to get her own place. The service user now lives in her own home close to her family”. Another commented, “to cook a meal we have worked in partnership with Sight Matters to support a person that is blind cook a meal”.

Service users confirmed that they were treated with dignity and respect by staff. Staff at Thie Quinney were observed knocking before entering a person’s flat.

Staff were informed about the need for confidentiality on induction. People were informed about how information about them was handled. This information formed part of the provider's statement of purpose and service user's guide.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Staff were familiar with people’s needs and preferences. Person centred plans identified people’s needs and provided guidance for staff on how to give support. Future development goals were being agreed with people.

People confirmed that staff supported them in a way that met their needs and preferences. They also said that they were involved in the reviewing of their person centred plan.

Meeting people’s communication needs

Communication needs were identified in person centred plans. Easy read information was available.

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint formed part of the statement of purpose and service users’ guide. Complaints also were discussed in service users’ six monthly review meetings. Records were maintained in the event of any complaint being made.

Service user feedback confirmed that they would raise any concerns they had with either the staff member on duty or to management. They were confident that any complaint would be listened to and dealt with appropriately.

Outreach service users confirmed that the provider tried to allocate the same staff to them, and that if they were unhappy with a member of staff they were assured that another staff member would be arranged to come in.

End of life care and support

The service was not currently providing end of life care and support.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does not require any improvements in this area.

This service was found to be well led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

People spoke positively about the service that they were receiving. People also said that communication was good with staff. Outreach service users said they often saw the team leader or could phone them up at any time.

Care plans were person-centred with one staff commenting, "I work within outreach so we work towards goals, it's very important that we have detailed what is important to them, their interests, and how they want things doing".

The manager and other members of the management team had appropriate qualifications.

Staff meetings were scheduled to take place every quarter. For the outreach team, meetings were occasionally carried out via video conferencing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The manager completed audits relating to care and to the safety of the premises. The manager was supported by the provider in overseeing the service.

Staff received feedback from management through spot checks and in regular one to one supervisions.

The service was clear on their obligations being a regulated service. Notifications were submitted when required. The manager understood any recommendations made by the inspector.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Quarterly monitoring was used to gain feedback from people. These were analysed and actions taken in response to any recommendations made. An annual customer service questionnaire was given out to both service users and family members. Results formed part of a detailed survey. Regular person centred plan reviews were taking place.

People said that staff were responsive to their needs and that they were supported in accessing the community.

People were given information in the form of a statement of purpose and service user guide at the beginning of a care package.

Staff felt confident that in expressing their views and making suggestions. One comment made was, "I am comfortable expressing my views and I know I will be listened to".

How does the service continuously learn, improve, innovate and ensure sustainability?

Quality assurance and clinical governance systems were effective in supporting and evaluating learning from current performance. The service had implemented a local governance process which consisted of themed forums and clinical care review meetings.

Working in partnership with others

Information contained within person centred plans demonstrated that the service worked in partnership with other agencies.