Inspection Report 2023-2024

Leonard Cheshire Disability

Domiciliary Care

30 January 2024

Isle of Man Government

DHSC

Under the Regulation of Care Act 2013 and Regulation of Care (Care Services) Regulations 2013

SECTION A Overall Summary

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 30 January 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type
Leonard Cheshire Disability is registered as a domiciliary care agency. Thie 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
Areas for improvement are required in relation to safeguarding recording, fire safety, health and safety, staff identity check recording and updating care records.

Systems were in place to protect people from the risk of abuse. A designated safeguarding champion ensured that safeguarding incidents were screened and reported correctly.

The manager had knowledge and understanding of the specialisms of the people using the service. Staff received training to meet the needs of the people using the service.

Monthly keyworker meetings gave the opportunity for people to voice their opinions and raise any concerns. Person centred care plans were written in such a way as to promote independence and identified future goal setting.

People were being supported with involvement with the wider community. People said that they would feel comfortable in making a complaint if a situation arose.

Staff feedback confirmed that management were supportive and that they felt comfortable about approaching them with any concerns.

Improvements were made in relation to areas of improvement made on the previous inspection.

SECTION B The Inspection

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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 18 January 2024. We visited the service on 30 January 2024.

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.

Staff members were emailed for feedback and three responded.

During the inspection
We spoke with two people who lived at Thie Quinney. Four staff members were spoken to as well as the manager. One visiting family member was spoken with. A range of records were reviewed. This included three peoples' care records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and staff supervisions, appraisals and training were reviewed.

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

After the inspection
Two Outreach service users were contacted by telephone.

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 not always safe.

How do systems, processes and practices safeguard people from abuse
Systems and processes were in place to protect people from the risk of abuse. Safeguarding policies and a whistleblowing policy were in place. Staff had received training on safeguarding and feedback confirmed that they were clear on what should be reported as a safeguarding concern. We were informed that safeguarding was covered in induction and discussed in staff supervisions and team meetings.

The provider had notified the regulator of incidents / accidents and safeguarding issues, which had oversight from both the manager and the provider's internal quality team. The provider had a designated safeguarding champion who ensured that safeguarding incidents were screened and reported correctly and who analysed any trends or patterns.

We attempted to track one safeguarding concern from the submission of the notification to Registration and Inspection to conclusion. The manager said that the issue had not been taken up by the safeguarding team and had been resolved. There was no evidence, such as emails or meeting minutes, to show resolution and these must be available for scrutiny.

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

Assessing risk, safety monitoring and management
Peoples' needs were being assessed prior to the provision of a service. Risk assessments had been written on the individual where required, including on the use of bedrails, moving and handling and making decisions and managing risk.

An environmental risk assessment for Thie Quinney had been written.

Staff were clear on the need to raise any concerns to management. One staff member commented, 'as a lone worker I have sole responsibility for raising any concerns to management. However, even if I were working in a team I would never assume that somebody else would inform management of concerns'.

Policies and procedures on risk management were in place.

Equipment used within Thie Quinney such as hoists and bath lifts had been serviced in line with the manufacturer's guidance. Monthly checks of the hoists and slings were taking place.

Care records were written and stored electronically. Paper copies were kept in peoples' homes / flats.

Personal Emergency Evacuation Plans (PEEP's) were in place for each person at Thie Quinney and were being regularly reviewed.

A fire risk assessment had been completed by an external fire risk consultant in December 2023. Three areas of risk had been highlighted. Two had been completed with one area still outstanding.

Staff had received training on fire safety. Fire exits were clear on the day of the inspection. All fire safety checks had been completed at the required frequency, including regular fire drills. The names of the staff in attendance at a fire drill must be recorded.

Portable Appliance Testing (PAT) was being carried out and an electrical installation condition report confirmed the safety of the wiring in Thie Quinney.

An assessment on the risk of Legionella was in place but there had been no recent testing for identifying the risk of Legionella bacteria in the water system. Cleaning and descaling of showerheads was taking place and staff were checking the temperature of the water in Thie Quinney. The Thermostatic Mixer Valves (TMV's) had not been serviced since January 2023 and the in-house frequency is for these checks to take place annually. We were shown evidence of the manager chasing up Estates for this servicing to take place.

The boiler had been serviced in March 2023.

Food hygiene systems were in place in the Thie Quinney communal kitchen, including fridge and freezer temperature checks and labelling food once opened with the date of opening and when to be used by.

Staffing and recruitment
The recruitment files of five staff who had started at Leonard Cheshire since the last inspection were examined. The provider must evidence that identity checks are taking place as part of the recruitment process. All other pre-employment checks had taken place.

All staff Disclosure and Barring Service (DBS) checks were up to date.

Learning lessons when things go wrong
Management had oversight of all incidents, accidents and safeguarding concerns.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to evidence conclusion of any safeguarding concern. This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.

- Action must be taken to complete all actions identified in the fire risk assessment. This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of premises: Health and Safety.

- Action must be taken to record the names of the staff in attendance at fire drills.

This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of premises: Health and Safety.

- Action must be taken to service the TMV's annually.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of premises: Health and Safety.

- Action must be taken to test the water in Thie Quinney for the risk of Legionella bacteria.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of premises: Health and Safety.

- Action must be taken to evidence that ID checks are recorded as part of the staff pre-employment process.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

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 require an improvement 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
Initial assessments were being completed with people prior to a service being provided. Generally, detailed support plans and risk assessments were then written, based on the initial assessment. Following a conversation with a visiting family member we ascertained that information was missing from their relatives care plan and risk assessment which must be added.

Policies and procedures concerned with anti-discriminatory practice had been written.

The manager had knowledge and understanding of the specialisms of the people using the service.

How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
New staff undertook a formal and recorded induction process, carried out, as a minimum, over the first twelve weeks of employment. Shadowing experienced colleagues formed part of the process. A new starter's probation took place over a six month period.

Staff received training to meet the needs of the people using the service. Training consisted of a mixture of online and in person training. Staff comments included, 'we have had some specific Isle of Man law training which was a response to requests', and, 'as an Outreach support worker not all Leonard Cheshire training is directly applicable to our circumstances but I feel the trainers are well aware of this and are able to provide alternatives'.

Observations of staff practice were being carried out by management. Staff were having their competency to administer medication assessed annually.

Staff were being supported to attain relevant qualifications.

Staff were receiving regular supervisions and an annual appraisal. Regular staff meetings were being held at Thie Quinney with the manager saying that she intended to hold them every three months. Outreach staff meetings were also being held.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to ensure that all care plans / risk assessments are updated so they contain all required information.
  This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.

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 confirmed that staff were familiar with their needs and preferences. Outreach service users spoke about consistently having the same staff coming into their home. Feedback also confirmed that staff had enough time to provide care and support in a compassionate and personal way to people.

Religious and cultural needs were identified on assessment

Supporting people to express their views and be involved in making decisions about their care
People's consent was sought on a variety of topics, such as information sharing. How people made choices and decisions was recorded. Feedback confirmed that people were involved in the planning and review of their care. Care records evidenced peoples' involvement in the review process / support updates.

Monthly keyworker meetings gave the opportunity for people to voice their opinions and raise any concerns. An independent Quality Compliance Manager undertook quarterly monitoring visits. These involved speaking to service users and family members to get their views on the service being provided.

We were informed that if anybody had a communication need then any communication aid would be detailed in their care records.

How are people's privacy, dignity and independence respected and promoted?
People confirmed that they were treated with care, dignity and respect. People living at Thie Quinney confirmed that staff were respectful and always knocked on their door and waited for an answer.

Person centred working formed part of the induction process for all new staff. Staff received training in equality and diversity, person centred working and diversity.

Staff feedback confirmed that they were clear on how peoples' privacy, dignity and independence was respected and promoted.

Person centred care plans were written in such a way as to promote independence and identified future goal setting.

People were informed about how information about them was handled.

Paper care records were kept in people's home / flat.

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 to meet their needs and preferences
Staff were familiar with people's needs and preferences. Person centred care records identified people's needs and provided guidance for staff on how those needs were to be met. Care records were updated when required / regularly and there was evidence of service user involvement in the planning of their care and review process. People felt very involved in the planning of their care and future goal setting.

Outreach service users spoke about continuity of care by having one or two regular staff members providing them with support.

People were being supported with involvement with the wider community.

Improving care quality in response to complaints and concerns
Policies concerned with complaints had been written. An easy read 'how to give us your views or make a complaint' formed part of the statement of purpose and service users guide. Information on complaints was also displayed on a notice board in Thie Quinney. Review meetings and quarterly monitoring visits by the Quality Compliance Manager gave people the opportunity to discuss any issues and raise concerns.

People said that they would feel comfortable in making a complaint if a situation arose.

No complaints had been made since the last inspection.

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.

Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?
Various audits were being completed relating to the care and safety of the premises in Thie Quinney. Systems were in place for the review of the quality of care and experience of the people using the Outreach service and in living in Thie Quinney. The manager was being supported by the provider in the overseeing of the service.

Staff were receiving regular supervisions and appraisals and spot checks on performance were being carried out. Staff were clear on their roles and responsibilities and levels of accountability.

Staff feedback confirmed that management were supportive and that they felt comfortable about approaching them with any concerns.

How does the service work in partnership with other agencies?
There was evidence that the provider worked in partnership with other organisations and health professionals.

The manager was aware of their responsibilities of being a manager of a registered service. This included contact with the regulator and the submission of notifications following anything that affected the wellbeing of a service user.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.