

Leonard Cheshire Disability Kirkland View

Inspection report

2 Kirkland View Kendal LA9 5EW

Tel: 01539720744 Website: www.leonardcheshire.org Date of inspection visit: 26 November 2020 17 December 2020

Date of publication: 09 February 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service

Kirkland View is a Supported Living Service, providing personal care to up to 10 people who live in their own flats in an apartment complex close to the centre of Kendal. There were ten people receiving personal care at the time of the inspection.

The service only supported people who lived in Kirkland View. Staff were based and managed from within the apartment complex. People lived in their own apartments and could purchase personal care from the on-site service if they wished.

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

People were protected from abuse. Risks to people's safety had been identified and managed. There were enough staff to support people. The staff gave people the support they needed to take their medicines safely. The staff followed infection prevention and control procedures to protect themselves and people they cared for from the risk of infection. The provider had systems in place to ensure lessons were learnt from any incidents to further improve the safety of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People lived in their own homes, with their own tenancies and were supported to maintain control of their own lives. They received person-centred care to support them to achieve positive outcomes. The staff understood the focus of the service was to promote people's rights and choices.

Right support:

• Model of care and setting maximises people's choice, control and Independence

Right care:

• Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

People received good-quality, person-centred care that met their needs. The management team and provider assessed the quality and safety of the service. They listened to the views of people who used the

service, their families and staff to identify how the service could be improved. The staff worked in partnership with other services to ensure people consistently received care that met their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20/11/2019 and this is the first inspection.

Why we inspected

The service was registered with us on 20/11/2019 and this was the first inspection for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good ●
The service was safe.	
Details are in our safe findings below.	
Is the service well-led?	Good •
Is the service well-led? The service was well-led.	Good ●
	Good ●



Kirkland View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. This was a focused inspection to look at the quality and safety of the service. Whilst we are unable to give an overall rating for the service at this time, we have rated the two domains we looked at.

Inspection team The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There had been an experienced manager registered with the Care Quality Commission employed up to 25 September 2020. This means that they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided. When the registered manager resigned the provider employed a new manager who was starting the process of applying to be registered with us. The new manager was being supported by an experienced registered manager from another of the provider's supported living services.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 26 November 2020 and ended on 17 December 2020. We visited the office location on 26 November 2020 and contacted people who used the service and staff after our visit.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of the service management team and reviewed a range of records including the care records for two people and two staff files in relation to recruitment and training. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted two people who used the service and two staff to gather their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe with the staff who supported them. One person said, "I feel safe."
- The staff were trained to identify and report abuse. They said they would be confident to report any concerns to a member of the management team.

Assessing risk, safety monitoring and management;

- The management team had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way.
- People told us the staff gave them guidance about how to maintain their safety.

Staffing and recruitment

- There were enough staff to support people. People received care from a small team of staff who they knew. One person told us, "I know all the staff."
- The provider carried out thorough checks on all new staff to ensure they were suitable to work in people's homes.

Using medicines safely

- The staff supported people, as they needed, to take their medicines. People were supported to take their medicines as their doctors had prescribed. One person told us, "The staff make sure I have my medicines at the right time."
- People could manage their own medicines if they wished. This promoted people's rights and independence.
- The staff were trained in how to support people safely with their medicines. They completed thorough records of the support they had given to people.

Learning lessons when things go wrong

• The provider had systems to ensure lessons would be learnt from any incidents to further improve the safety of the service. This included using feedback from staff, people who used the service and their families to ensure the safety of the service.

Preventing and controlling infection

• The management team and staff protected people from the risk of infection. The staff gave people guidance and advice about how to protect themselves during the COVID-19 pandemic.

• The staff followed infection control procedures to protect themselves and people who used the service from the risk of infection. The provider had accessed COVID-19 testing to further protect people from the risk of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• The management team had developed a positive culture which placed people at the centre of their care. People were included in decisions about how their care was provided and received person-centred care that met their needs. Staff we spoke with showed a very good understanding of the importance of providing person-centred care.

• A new manager had been appointed. She had introduced herself to people who used the service. People told us they had spoken to the new manager. One person said the new manager was 'nice'. Another person said, "I know the new manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The provider and management team understood their responsibilities under the duty of candour. They were aware of the need to be open and transparent with people if incidents occurred where the duty of candour applied.

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

- The management team and staff were clear about their roles and responsibilities. The staff told us they were supported to provide people with good-quality care.
- The managers in the service notified us of significant events, as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

• The provider and management team asked for people's views about the service and made further improvements in response to the feedback received. The provider used an annual survey to gather people's views. The management team had held meetings with people to gather their views, but these had been suspended in line with guidance to protect people from COVID-19. The managers sought people's feedback as they spoke to individuals.

• The newly appointed manager had also met individually with people who used the service and staff to introduce themselves and to gather their views of the service.

• The management team and provider were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved.

Working in partnership with others

• The staff worked cooperatively with other services to ensure people consistently received care that met their needs. They knew the health and social care services that supported people and liaised with them appropriately to ensure people received the care they required.