

# Leonard Cheshire Disability Kings Dock Mill

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Kings Dock Mill provides personal care to people living in their own homes at the Kings Dock Mill apartment complex. People who use the service are provided with a range of hours of support per day in line with their assessed needs. The office base is located within the Kings Dock Mill complex, where a sleep-in service is provided. People who use the service have access to out of hours emergency support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People we spoke with told us that staff supported them when they needed it. We saw through people's body language and chatter between them and staff that they were comfortable with the staff supporting them.

There were robust measures in place to ensure people were safe. Staff had received training in safeguarding adults from abuse and knew what to do if they saw or suspected abuse. Risk assessments were in place specific to their individual needs.

The service completed a number of robust safety and maintenance checks for the people they supported at Kings Dock Mill. These included, medicines, fire safety and water temperatures.

Sufficient staff were available to meet people's needs. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely.

Staff were supported by the manager through regular supervisions and regular training. Staff meetings were held regularly.

Medicines were managed safely; people received support with their medicines as required. Staff had been trained to administer medicines; staff competency to safely administer medicines was checked regularly by the registered manager.

Regular checks and tests, such as gas, electricity, water safety and for fire safety were completed to maintain safety in the people's homes.

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. Appointments were made regularly with, for example, the GP and dentist, to help to maintain good health.

People were supported to shop for food and prepare meals in accordance with their support plans. Some people were supported to eat and drink to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People made decisions and choices in relation to their care, support received, daily routines and any activities they wished to take part in.

People received personalised care that was responsive to their needs. Person centred plans (PCPs) were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. Support plans were completed to show the goals people wanted to achieve.

Staff knew the people well and how they communicated their needs and choices, including their preferred daily routine.

There was a complaints policy in place. However no complaints had been received. People we spoke with said they knew how to complain if they had a problem but said they were very happy with the service they received.

There was a person-centred culture in the organisation. Staff showed a commitment to provide support for the people to be able to live in their own home.

Quality assurance audits were completed by support staff and the registered manager which included, medication and health and safety checks.

There was a process completed annually where people had the opportunity to voice their opinions about the service. Feedback we saw was positive and complimentary.

There was a registered manager at the service. They were supported by a deputy manager, team leader and support workers.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the office.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Kings Dock Mill

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection.

This inspection took place on 24 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and the registered manager is not based at the service. We needed to be sure that they would be available.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We looked at the care records for three people, three staff personnel files, staff training records, and records relevant to the quality monitoring of the service.

During the inspection we spoke with three people who received support and a total of four staff, including the registered manager.

# Is the service safe?

## Our findings

People said they felt safe living at Kings Dock Mill and supported by the staff there. One person said, "Just knowing that they (staff) are there is reassuring for me. As long as I can see the light on in the office I know they are there and I feel safe."

People we spoke with told us that staff supported them when they needed it. We saw through people's body language and chatter between them and staff that they were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to people's individual needs. They included detailed guidance for staff so people could be supported appropriately. Risk assessments were completed to help keep people safe both at home and in the community.

Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis that was shared with senior managers. For example, risk assessments were reviewed and referrals were made to the appropriate health care professional following a deterioration in mobility or health care needs.

Staff were recruited through a safe and robust process. We found copies of application forms and references. Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Sufficient staff were provided to meet people's needs. Some people required staff support to access the community and to attend social activities. Staff were provided to enable them to do this and keep them safe. There were no staff vacancies; cover for holidays was provided from within the existing staff team to ensure staff were familiar with people's support needs.

Staff were trained in the administration of medicines; staff competency to safely administer medicines was checked regularly by the registered manager. However, staff were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required prompting. Medication Administration Record (MAR) sheets were completed by staff and showed no errors or omissions. Regular checks were undertaken to help ensure administration practices were safe.

The service completed a number of robust safety and maintenance checks for the people they supported at Kings Dock Mill. These included, medicines, fire safety and water temperatures. Some safety checks are not a legal requirement for the provider in non-registered homes, for example; supported living services but were completed with the permission of the people using the service, in conjunction with landlords, and in

accordance with accepted schedules.

## Is the service effective?

### Our findings

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. Appointments were made regularly with, for example, the GP and dentist, to help to maintain good health. Staff were available to support people with these appointments if requested. Staff liaised regularly with specialist health care professionals, such as Occupational Therapist and Speech and Language Team.

People were supported to achieve their outcomes to maintain and increase their independence with activities of daily living, including personal care, meal preparation, shopping, laundry and travelling. A person who received support told us how staff attended some health appointments with them, to give them support and increase their confidence. They said were now able to attend some appointments independently as they felt more confident.

Staff had been trained to ensure that they had the rights skills and experience to meet people's needs. Staff were trained in a range of subjects which were relevant to the needs of the people using the service through e-learning and face to face courses, which included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. The Learning and Development team in the organisation facilitated training for staff. The registered manager was informed when staff required refresher training. Training records we looked at showed that staff training was up to date.

Staff were required to complete an induction programme which included a number of shadow shifts. Staff were supported through regular supervision, which took place at least every three months. Appraisals were completed each year.

People were supported to shop for food and prepare meals in accordance with their support plans. Some people were supported to eat and drink to maintain a balanced diet. People's preferences in respect of food and drinks were recorded.



## Is the service caring?

### Our findings

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. We saw through people's body language and chatter between them and staff that they were comfortable with the staff.

People told us that they very were happy with the care and support provided. One person said, "The staff are amazing, fantastic. Nothing is too much trouble."

People were supported to be as independent as possible. Staff spoke positively about people's independence and their achievements. People we spoke with also told us about what they had achieved with staff support.

We saw that staff knew people and understood their different communication needs. A person who received support told us how staff had used particular paper and font size when they had typed their care documents to enable them to read and sign them.

Each person had a nominated keyworker and were supported by the same staff on a regular basis. One person that we spoke with confirmed that they had a choice regarding who was their key worker. They said, "I asked [name of staff] after they had worked with me for only two weeks; I knew we would get on well."

We saw that staff were respectful of people and provided care and support in a flexible manner.

No-one currently being supported by Kings Dock Mill used an independent advocate to advise them regarding important decisions about their future. People were able to speak for themselves or had family members to represent them.

People's privacy, dignity and independence was respected; staff had supported people to access equipment, and have specialised aids and adaptations fitted in the home to enable them to attend to their own personal care needs, with minimum support from staff.

## Is the service responsive?

### Our findings

People received personalised care and support that was responsive to their needs. People had choice over the support that was provided. The deputy manager told us the staff rota was completed to accommodate people's preferences and choices. The deputy manager met with each person who received support each week to discuss what support they wanted the following week.

Care plans and person-centred plans (PCP's) were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. Records were regularly reviewed and updated to ensure they were accurate.

Before the service started the provider collected information from health and social care professionals and completed their own detailed assessment of care and support needs. A person we spoke with told us they had completed an assessment document prior to moving in to their apartment. They said they were asked lots of questions about their health and support needs.

There was a complaints policy in place. However, no complaints had been received. People we spoke with said they knew how to complain if they had a problem but said they were very happy with the service they received.

# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager described the service they provided as, "A true representation of supported living, supporting people to live in their community." They told us they "Encouraged empowerment and independence, supporting people to stay independent as long as they can be." The evidence we saw during our inspection found this to be the case.

The registered manager was knowledgeable about each of the people that used the service and each member of staff. They spent time each week at the service. We saw they carried out spot checks at the service, mainly during evenings, to check on the quality of the service provided by the staff.

The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the Care Quality Commission (CQC) as required. The ratings from the last inspection were clearly displayed.

The registered manager and the deputy manager completed a series of quality and safety audits on a regular basis, to promote and maintain a quality service. These included, PCPs, health and safety, medication and safety. The information was recorded electronically. Reports were shared with senior managers and the quality assurance team in the organisation.

The registered provider encouraged people to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families. Feedback from 2017 was positive; comments included, "I just love living here and I know all the staff really well and they know me - I get to do what I want how I want at the time I want", "I feel safe and settled I couldn't ask for better and the staff and management always have time and a smile for me", "It's very good, they help you feel you can have choices and opinions and make decisions by yourself" and "The staff at Kings Dock Mill are remarkable, respectful and polite and pleasant and very caring. They motivated me in the right way". The registered manager told us that future questionnaires would be 'theme-based' to make the feedback about the service more relevant and sent out every three months.

People told us that they could discuss any issues, including their support with the registered manager, team leader and other staff on a daily basis. During our inspection people receiving support called to the office throughout the day. We saw staff asked them if everything was alright and people spent time chatting with staff.

Staff spoke positively about the support they received from the registered manager and deputy manager. An

out of hours on call system operated to support staff during evening and weekends. Regular staff meetings were held to update staff.

The provider had an extensive set of policies and procedures to guide staff conduct and help measure performance.