

Lagan's Foundation

Lagan's Foundation

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

About the service

This service was initially registered with the CQC in July 2012. The service relocated to its current address in September 2018. This is the first inspection at the new premises.

Lagan's Foundation provides specialist daytime and overnight respite care solutions for children 0 -19 years old who have complex health care needs. The service specialises in heart conditions and /or feeding issues. The service provides support for parents who are staying with their child in hospital and home visits across the country. This is a unique national charity which provides emotional and physical care to children and families.

At the time of the inspection there were 18 younger people and children receiving support from the service. The service operates from an office close to Bolton town centre.

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

The service maintained its overall rating of good. People whose families were supported by Lagan's and healthcare professionals continued to describe the service as very good and tailored to meet the needs of the children, young people and their families.

The registered manager and the management team told us how important the services' shared values were to them and how passionate they were about providing a high standard of care and support.

Children and young people were supported safely, and risks regarding their care were assessed and met. Where this was a part of their care, medicines were given safely in accordance with the manufacturer's instructions.

Staff and volunteers had been safely recruited, well trained and supported with any specialist training provided as required. Staff were aware of how to report any concerns of neglect or abuse and were confident they would be addressed.

The children and young people supported by the service were under the age of 16 years and therefore the Mental Capacity Act did not apply to them.

The leadership of the service was acknowledged by staff and parents for their commitment and care. One member of staff told us how supportive the registered manager had been to them.

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

Rating at last inspection

The last rating for this service was good in all areas (published 14 December 2016).

Why we inspected

This was a scheduled inspection, based upon the last rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lagan Foundation on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lagan's Foundation

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care children with heart defects or feeding issues and younger people who require specialist care.

The service had a manager registered with the Care Quality Commission. 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any incidents the provider must notify us about. We sought feedback from other healthcare professionals who worked with the service. No concerns had been shared with us.

We used the information the provider sent to us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the provider and three members of the office staff. We spoke with two care staff and received ten written testimonials from parents of children and young people using the service.

We reviewed a range of records. These included two care children's care records and associated documentation. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, and a variety of policies and procedures developed by the provider were reviewed.

Is the service safe?

Our findings

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff and volunteers were trained in safeguarding children and young people from abuse. The registered manager told us any safeguarding cases would be reported by telephone to the team leader then sent on a safeguarding referral form. Safeguarding forms were dropped off in to a secure online portal for the registered manager or office staff to review and report to the appropriate local authority safeguarding team.
- Safeguarding and whistle blowing policies and procedures were in place which set out the types of abuse. All staff and volunteers signed the policy to say they had read and understood the contents.
- The registered manager confirmed that there had been no safeguarding referrals since our last inspection. However, the registered manager was fully aware of their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- Referrals to the service can be made directly to the service or by GP, hospital, health visitor or social worker and through Lagan's Facebook page.
- Due to the complex care required detailed risk assessments were completed by the registered manager or senior staff to ensure the service could meet the needs of the child or young person and their parents/family. Risk assessments covered the diagnosis of health conditions, feeding issues, medication, behaviour and moving and handling. Each section of the risk assessment had guidelines for staff to manage any the risk to ensure the safety of the child or young person and staff.
- Detailed risk assessments were in place for outdoor activities. For example, taking children to a play centre and what to do in the event of an incident or accident.

Staffing and recruitment

- We found the provider had robust recruitment procedures in place. All staff, including volunteers completed an application form, provided references and other forms of identification, A Disclosure and Barring (DBS) check was undertaken to ensure that staff were suitable to work with vulnerable people.

Using medicines safely

- Systems for the safe use of medicines when administered by staff were in place. Risk assessments with regard to medicines and any adverse effects were recorded.
- Staff confirmed they had undertaken training in the safe administration of medicines and how these had to be given. For example, some children had enteral feeding tubes (tube directly to stomach or small intestine) through which medication was given.

- Policies were in place with regard to medicines. Completed medication administration record sheets (MARs) were checked and audited by the registered manager for accuracy.

Preventing and controlling infection

- Staff had completed training in infection prevention and control. Staff were supplied with personal protective equipment (PPE) to help prevent cross infection when delivering personal care tasks.
- Staff had received training in ensure that all feeding equipment was clean and fit for purpose.

Learning lessons when things go wrong

- The registered manager was committed to a 'no blame' culture that sought to ensure continuous learning from untoward events.
- Any accidents or incidents where children were being supported either at home or in the community would be closely monitored with regular audits to capture re-occurring themes.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff undertook essential training. All paid care staff in 2019 were working to achieve a National Vocational Qualification (NVQ) level 2 health and social care course if not already completed.
- All carer staff /volunteers completed mandatory classroom training for the TQUK Level 2 Award in Community Care for Children and Infants with Heart Defects or Feeding Issues. This covered: life support, care of infants and children with feeding difficulties.
- Training also covered the importance of play. For example, how to engage with a child who had adverse behaviours, who was nervous or did not know how to play.
- Staff spoken with confirmed they completed a comprehensive induction on commencing work with the service. One member of staff told us, "Yes I did complete an induction when I started with Lagans. I have had all the necessary training which makes me confident in the role that I do."

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

- Support was provided to families to assist children who required enteral feeding. A number of children required enteral feeding. This is a method of supplying nutrients directly into the gastrointestinal tract for a number of reasons. For example, impaired swallowing or sucking and congenital abnormalities.
- Risk assessments were in place to ensure that staff had information on how food was to be given, any identified risks for example, choking and management of feeds.
- Nutrition and hydration would be discussed with family's regarding other children and young people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff supported the health of the children and young people by working closely with medical professionals. For example, GPs, Alder Hey Children's Hospital and paediatric stoma nurse specialist.

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

- Care was provided at the family home. The registered manager, at initial assessment and during reviews would discuss any aids and equipment to assist with the care and support provided. For example, the registered manager worked closely with a funder from a trust and they were successful in securing a special profiling bed that was desperately needed for one young person.

Supporting people to live healthier lives, access healthcare services and support

- All visits were followed up with a visit record. This included the date, time arrived and departed, and an

overview of the visit was noted. For example, what was planned, what did the worker do and what happened. How did the visit support the parents emotionally and physically and how did the visit support siblings physically and emotionally. Family members were encouraged to chat with their support workers and the registered manager to discuss their needs and make their service more personal to their needs.

- Care package reviews were completed by the care coordinator. The management also attended reviews run by social care or health coordinators to ensure all services involved were working together meet the child's needs.
- The registered manager and staff were proud that they had achieved 100% record last winter in helping all the children they supported to stay at home prior to and through the Christmas period 2018. The registered manager told us that often children were susceptible to infections had multiple admissions to A & E during cold winter months and spent and long stays on the ward do to respiratory and winter bugs. This time none of the children had been admitted for these reasons.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Act applies to people 16 or over.

We found most of the children and young people were under 16 years old. We found the service had obtained signed consent from parents and where possible through discussions with the younger people. We found the service worked within best practice guidelines.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff took pride in spending time listening to family members and helping them to get to an outcome they wanted. The registered manager told us "The service was not always what people physically needed but often people just needed to talk to someone who would listen and offer them some ideas or comfort that there were other families like theirs and they are not alone." One relative said "My life has changed for the better because of help and care [name], myself and family have from Lagan's. They have supported us in every way they could, this enables me to go out and see friends and family." Another relative said, "I love having the support. I was feeling lonely and isolated, now I feel a totally different person since having their support. They staff] do all they can to support and not judge."
- The service offered a volunteer service. Many families have had a lot of professional involvement. However, Lagan's volunteers were not healthcare professionals but were people who would visit and help where they could for a few hours a week. Sometimes this was just a chat or it was to let a parent go to sleep or help them with appointments etc.
- The open, inclusive and supportive nature of the service meant that promoting quality and diversity and respecting people's human rights ran through all aspects of the service delivery. This meant that staff were well placed to support people from different backgrounds.

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

- We found the children and young people were under 16 years old. We found that where the service was working with children and younger people consent had been obtained from the parents. However, where possible the views and opinions of children and younger people were listened to and considered. For example, where they would like to go on trips and outings, and what they wanted to eat. For some of the younger people it could be decisions and choice about what time they wanted to go to bed and what television programmes they liked.

Respecting and promoting people's privacy, dignity and independence

- Staff had read and signed a confidentiality policy reminding staff of the upmost importance in not disclosing information to anyone outside Lagan's charity except to other healthcare professionals on a need to know basis.
- Privacy and dignity was always respected, which was important to all children but especially to the younger people receiving care.
- Staff encouraged and supported the children and young people to achieve their goals and aspirations. For example, going swimming and supporting with a range of activities and outings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The care and support was personalised and tailored to meet the children's, young people and family needs.
- Parents described the enormity of having a child with complex health needs. For example, not knowing where to get the right help, lack of sleep, having to give up work and simple tasks like having a bath. One parent told us, "The volunteer helps in ways I cannot do on my own. She gives the time my child needs to do exercises or gets them used to playing with toys".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person-centred way in the care and support provided, meant the children and young people's information and communication needs were identified and acted on in a timely manner. For example, one parent said, "The volunteer listens to my child's needs/wants through non-verbal cues which is lovely to see." Staff had access to Makaton (signs and symbols to help people communicate) cards through a hyperlink and it had been discussed with staff for the cards to be printed so they had them with them at all times. The registered manager and staff had started to introduce the use of picture exchange communication systems (PECs). PECs enable young children to communicate with all the people who come in to their lives not just family and school.

Improving care quality in response to complaints or concerns

The registered manager told us there had been no complaints about the service. However, systems were in place to receive, handle and respond to any complaints or concerns raised.

End of life care and support

- End of life care and support would be discussed in line with families wishes. Staff could provide a hospital sitting services for parents if they needed to stay with their child at the hospital. Parents would be supported with empathy and kindness.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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.

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

- There was an open, honest and transparent culture within the service that was shared with the management team, staff and volunteers.
- Systems were in place to ensure any accidents, incidents and untoward events would be fully investigated, and positive action taken to reduce the likelihood of such events happening again.
- Reports and notifications were made to the relevant authorities in a timely manner.

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

- The registered manager was supported by staff at the office who all played an important part in ensuring the smooth running of the service.
- The registered manager had a good understanding of their role in ensuring good governance and compliance with relevant legislation.
- Internal standards were set within the organisation around quality of care, hours delivered and provision of engaging activity and development. The internal systems alerted the registered manager to any upcoming overdue training so future training provision could be sought.

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

- A recent survey showed 100% of people said they would recommend Lagan's to other friends and professionals. We saw several compliments from parents' comments included: "I would like to say a big thank you to the wonderful staff at Lagan's." Another person said, "I would have been lost with Lagan's. At a particular time when it was bad they were brilliant how quickly they provided help when we desperately needed it."
- Staff were equally complimentary about the registered managers dedication and support given to them as a team and for the tireless support she provides to families.
- Policies and procedures were in place with regard to equality and diversity and people's human rights. Staff completed training in this topic during their induction programme.

Continuous learning and improving care; working in partnership with others

- Supervision and oversight to each carer and child highlighted areas where staff required any improvement training or changes to be made to either provision or package.
- The registered manager and staff team were proactive in sharing good practice with others. The registered manager worked closely with professionals from Alder Hey Children's Hospital to ensure the right care and support was provided.
- Lagan's is a charity that relied on the support and donations from private companies. The new telephone system and printing equipment had been donated by local companies. Lagan's had a dedicated person who championed all the fund-raising events, including a charity bike ride, pub quizzes, ski diving and five aside football games.
- The registered manager told us that the team had also sourced food from local supermarkets, so that they could make sure that parents who sometimes had extremely long stays at hospital could be offered a cooked meal without having to leave their child on their own.