

Leonard Cheshire Disability

Eden Square, Apartment 13

Inspection report

Unit 5
Golden Way, Urmston
Manchester
Lancashire
M41 0NA

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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:

Eden Square, Apartment 13 is part of the Leonard Cheshire Disability Organisation. It consists of 13 newly constructed purpose-built apartments in one apartment block, and 6 apartments in another block. Both apartment blocks are in close proximity to each other; situated in a shopping precinct in Urmston. The service provides supported living to people with learning and physical disabilities. At the time of the inspection there were 21 people using the service.

People's experience of using this service:

People who used the service told us staffing was an issue. Everyone we spoke with felt too many agency staff were used and that this was a concern. The service was implementing systems to address this issue. The recruitment systems were robust. Regular staff were said to be extremely efficient and well-liked by people who used the service.

There were appropriate safeguarding policies and procedures in place.

Safeguarding concerns were logged and responded to appropriately and staff had received training in this area.

Individual risk assessments were in place and were updated as required. The service encouraged positive risk taking to enable people to be as independent and live as full a life as possible.

Health and safety risks measures were in place.

Accidents and incidents were recorded appropriately and followed up with actions where required.

The service analysed complaints, accidents and incidents and took learning from these to drive improvement to service delivery.

Thorough assessments were completed, and care plans included relevant information to help staff deliver appropriate support. Care plans were person-centred.

Induction and training were undertaken by staff.

Information about people's nutritional, hydration and special dietary requirements was documented within the care plans. Eating and drinking care plans were in place as required.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were spoken to in a kind and friendly manner. Staff received training in equality and diversity and social inclusion was encouraged and supported.

People were involved in planning and reviewing care and support and their communication needs were addressed.

Staff were required to sign a confidentiality agreement and seek consent from people who used the service to disclose any information.

People's privacy and dignity was respected, and independence promoted.

The service had a clear complaints policy and complaints were logged and responded to appropriately.

CQC notifications of significant events that the service is required to tell us about, were sent in as required.

The manager had an open-door policy and staff and people who used the service told us they felt they could speak to them about any concerns.

Staff meetings were undertaken regularly, and the service carried out regular surveys for people who used the service and staff to complete.

Quality assurance checks and audits were completed.

Care files evidenced the service working in partnership with other health and social care agencies.

Rating at last inspection:

The previous inspection was carried out on 10 August 2016 and published on 30 September 2016. The service was rated good in all areas and overall.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Good this meant we needed to re-inspect within approximately 30 months of this date.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Eden Square, Apartment 13

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Service and service type:

This service provides care and support to people living in a supported living setting in 13 purpose-built apartments in one apartment block, and 6 apartments in another block so that they can live in their own home 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.

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:

We gave the service 48 hours' notice of the inspection. This was to ensure someone would be available at the office to facilitate the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home and we contacted three health and social care professionals who have regular contact with the service. We received no negative feedback about the service.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service about their experiences of the care provided.

We spoke with the registered manager, the deputy manager, a team leader and two members of support staff.

We reviewed three care files, three staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- The recruitment systems were robust. Staff files included relevant information and all staff had undergone a Disclosure and Barring Service (DBS) check. DBS checks help employers ensure people were suitable to work with vulnerable people.
- People who used the service told us staffing was an issue. Everyone we spoke with felt too many agency staff were used and that this was a concern.
- One person told us, "I feel safe with the regular staff, any issues are sorted out quickly".
- People said that agency staff were not always as skilled as regular staff and they preferred regular staff who were familiar with their needs and wants. One person described having agency staff as "stressful".
- Regular staff were said to be extremely efficient and well-liked by people who used the service.
- The registered manager acknowledged that agency staff were used more than was desirable. However, they were currently recruiting staff, which would help resolve this issue.
- The registered manager was also in the process of implementing better systems for how annual leave was taken and sickness and absence covered. This would help alleviate the current problems with staffing.

We recommend the service ensures the issues raised by people who use the service are addressed in a timely way.

Systems and processes to safeguard people from the risk of abuse

- A health professional we contacted said, "I don't have any concerns at all. I would say it's safe, the staff are all very attentive, look after the tenants well and genuinely care about their welfare. I can't really comment on any specific practice as I don't see a great deal, but I regularly talk to the tenants and always look out for any safeguarding issues or concerns, something of which I have none. [Registered manager] and [team leader] are very involved and from what I have seen the tenants all have good relationships with the staff which is really lovely to see."
- There were appropriate safeguarding policies and procedures in place. A flow chart and information file were available to guide staff.
- Safeguarding concerns were logged and responded to appropriately. Staff had received training and were confident of how to report any suspected abuse or poor practice.
- There was a whistle blowing policy in place and new staff were required to sign to say this had been seen.

Assessing risk, safety monitoring and management

- Individual risk assessments, identified at assessment stage and updated as required, were in place for people who used the service.
- The service acknowledged people's right to take risks and encouraged positive risk taking to enable people to be as independent and live as full a life as possible.

- Health and safety risks, such as fire and portable appliance testing (PAT) had been carried out. There was a health and safety link within the service who completed a quarterly report. This was then sent to the health and safety auditor and registered manager to follow up any actions highlighted in the report.
- The service had up to date certificates for legionella, gas safety, fire maintenance, service and inspection.
- Fire drills were carried out every six months and people who used the service had up to date personal emergency evacuation plans in place. The service had a qualified risk assessor in the service who completed and reviewed all risk assessments as and when required.
- There was a fire risk assessment in place and systems in place to check smoke alarms, heat detectors and fire safety equipment weekly.
- Accidents and incidents were recorded appropriately and followed up with actions where required.

Using medicines safely

- Medicines files were in place for each individual who used the service and included all relevant documentation, including protocols for medicines used as and when required (PRN).
- There was a medicines policy which was outlined in easy read format where needed.
- Medicines errors were responded to with appropriate action to help ensure people were kept safe and the errors were not repeated.
- Staff competence checks were completed regularly to help ensure staff's ongoing skills in this area.

Preventing and controlling infection

- An appropriate infection control policy was in place and available to staff within their handbook.
- Staff signed to agree that they were aware of the infection control measures in place.
- Personal protective equipment (PPE), such as plastic aprons and gloves, were available in each person's property.
- Staff were seen to use PPE appropriately when delivering personal care. This helped minimise the risk of spreading infection.

Learning lessons when things go wrong

- The service analysed complaints, accidents and incidents and took learning from these to drive improvement to service delivery.
- Any corporate learning from health and safety reports, incidents or accidents resulted in safety alerts being issued to be acted upon.
- New systems had been implemented following an incident regarding personal finances. This would help ensure people were better protected from abuse and exploitation going forward.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- A thorough initial assessment was completed prior to people moving into the service to help ensure their needs could be met effectively.
- People had a keyworker who put together their care plan with them.
- Care plans included all relevant information about people's health and support needs and were updated regularly to ensure people's information remained current.
- Meetings with individuals and their key worker were held monthly to look at what was working well or not working well and update information as required.

Staff support: induction, training, skills and experience

- Induction records showed that staff shadowed with regular staff for a period of time prior to working alone.
- All new staff received mandatory training and their progress was reviewed throughout the probation period.
- Training records demonstrated that staff completed regular updates to mandatory training as well as further training courses as required to undertake their roles.
- Staff supervisions took place regularly, where discussions included issues such as medicines, rotas, duties, confidentiality and key working.
- Themed supervisions were arranged where any issues had been identified or to help embed key policies and procedures.

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

- Information about people's nutritional, hydration and special dietary requirements was documented within the care plans. Eating and drinking care plans were in place as required.
- Other professionals, such as dietitians and speech and language therapists (SALT) were involved when necessary.
- There was clear guidance for staff around management of nutritional and hydration issues and difficulties. For example, where dysphagia (swallowing difficulties) had been identified, there were guidelines around how to position the person and the utensils to be used alongside the general dietary requirements.
- Weights were recorded regularly and monitored where issues with poor or excess nutritional intake had been identified.

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

- There was documentation of partnership working with dietitians, GPs and other professionals as required. This helped ensure good outcomes for people who used the service.
- The service worked with social work teams, learning disability nurses, district nurses and occupational therapists.

- Care files included a hospital book to go with the person on admission to hospital. This included important information to help ensure people's health and well-being was maintained.

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

- Where required staff attended appointments with people who used the service to support them or advocate on their behalf when needed.
- People who used the service had the correct equipment to enable them to be as independent as possible and staff to support them well.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA.
- Consent forms for agreement to care and support for medicines administration were signed as required.
- Consent was sought from people who used the service for sharing information with other professionals and agencies.
- People's capacity was assessed with regard to particular decisions and best interests decision making processes followed as required.
- Staff had training in MCA and demonstrated a good knowledge of the principles.
- The registered manager was aware of her responsibilities with regard to MCA.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A health professional we contacted said, "I attended the service to meet a service user three times, and in between these visits I would communicate with the service via email and telephone. From my brief interaction with the service user and the staff that support [person], it is my opinion that the service user appears to have a good relationship with the staff that support [person]. On all occasions the service user was able to express their views, and I did not observe any behaviour that would raise concerns. I interacted with different members of staff; these included the service manager, deputy manager, team leader and support workers. They were always helpful and responded to my requests for information."
- People were spoken to in a kind and friendly manner.
- Staff told us they enjoyed the job. One staff member said, "The job is never boring. You build relationships".
- The service ensured that staff were recruited from all sections of the community as per their policy.
- Staff received training in equality and diversity and were required to follow the equality and diversity policy.
- Social inclusion was encouraged via supporting people who used the service to access the wider community.
- People's told us their beliefs were respected and their individuality valued by the service.

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

- Care plans evidenced that people were fully involved in support planning and review.
- People's needs with regard to communication were taken on board.
- Where people experienced difficulties with verbal communication, there was clear guidance around their methods of communication and how staff should enable them to use these methods.
- Information was produced in whatever form was appropriate for each individual to ensure their understanding.

Respecting and promoting people's privacy, dignity and independence

- Staff were required to sign a confidentiality agreement and seek consent from people who used the service to disclose any information.
- People's privacy and dignity was respected by staff knocking on doors and waiting to be asked to enter, closing doors and curtains when delivering personal care.
- One person who used the service said, "Staff are always respectful". Another told us, "Staff are very good and there are no issues with privacy".
- Dignity and respect was discussed regularly in meetings and supervisions to help embed the practice.
- Support workers were to be registered as dignity champions.
- Independence was promoted in various ways. For example, encouragement to use abilities, setting achievable goals and ensuring equipment was near to hand for people to use.

- Some people who used the service had paid employment and this was supported and encouraged. Others were supported to access education and training to promote their independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care files were person-centred, including sections on what was important to the individual, things people admired about them and their interests, skills, hobbies, family and friendships.
- Preferences with regard to support were respected. For example, people were asked if they preferred male or female support staff and their choices were respected.
- People's religious and spiritual beliefs were documented, and people were supported to follow these paths as required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was outlined in a clear leaflet for people who used the service.
- People who used the service told us they were aware of how to complain.
- Complaints were logged and responded to appropriately and in a timely manner.
- Complaints were logged on a central system and monitored by the service to help drive improvement.
- The service had received a number of compliments about the service delivery.

End of life care and support

- The registered manager said that the service would support people nearing the end of their lives as required. If they wished to remain in their homes the service would liaise with the local district nursing service and the person's GP to ensure they received good end of life care.

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 was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The service had a statement of purpose which set out the values, aims and objectives of the company.
- There was a business continuity plan in place to be implemented in the event of an emergency resulting in people not being able to be supported in their usual location.

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

- The service had a registered manager in place. 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.
- The service was supported by national teams, such as the property and finance support teams.
- CQC notifications of significant events that the service is required to tell us about, were sent in as required.
- Staff spoken with were clear about their roles and responsibilities and said they were well supported by the management team.
- Safeguarding issues, accidents and incidents were reported to the relevant bodies.
- Accidents, incidents, safeguardings and complaints were reviewed to look at lessons learned.

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

- The manager had an open-door policy and staff and people who used the service told us they felt they could speak to them about any concerns.
- There was an out of hours service so that people could contact someone at any time.
- People who used the service told us they were able to speak to the manager about anything. One said, "The manager and deputy are accessible and approachable. They check regularly if we are OK."
- Staff meetings were undertaken regularly to help ensure staff were able to voice their opinions and raise any concerns.
- The service carried out regular surveys for people who used the service to complete. The most recent survey demonstrated a positive response to all aspects of care and support.

- Staff surveys were also carried out annually to help ensure staff issues and concerns could be addressed and suggestions considered.
- The whistle blowing policy helped ensure staff were supported to report any poor practice they may witness.

Continuous learning and improving care

- The registered manager, deputy and team leaders carried out monthly and weekly spot checks on staff to ensure they were continuing to work to the required standards.
- Competency checks with regard to medicines administration were undertaken on a regular basis to help ensure staff knowledge and skills were appropriate.
- Audits of individual documentation were undertaken regularly, and actions recorded and followed up in a timely way.
- Weekly checks were carried out with regard to moving and handling equipment.
- Bed rail checks were undertaken regular to ensure they were still fit for purpose.
- There were monthly checks of the first aid box.
- Fridges and food were checked on a weekly basis.

Working in partnership with others

- Care files evidenced the service working in partnership with other health and social care agencies.
- The service worked closely with the local community to secure educational and employment opportunities for people who used the service.
- The service attended local supported living forums.
- The organisation held monthly managers' meetings where changes to legislation and best practice was shared.