Leonard Cheshire Disability

Kings Dock Mill

Inspection report

Apartment 1
32 Tabley Street
Liverpool
Merseyside
L1 8DW

Tel: 01517080220
Website: www.leonardcheshire.org

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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

We carried out an announced inspection on 4 May 2016.

Kings Dock Mill is registered to provide personal care to seven people living in their own homes. 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. People who use the service have access to out-of-hours emergency support .

A registered manager was in post. 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 people that we spoke with had no concerns about the safety of services. The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place.

The care records that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by staff with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence.

Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis that was shared with senior managers.

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check.

Staff were trained in the administration of medicines but because the services were community-based, they 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 where appropriate. The records that we saw had been completed and showed no errors or omissions.

Staff had been recruited and trained to ensure that they had the right skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate.

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. We looked at records relating to training and saw that all training had been refreshed in accordance with the

service's schedule. People using the service and their relatives said that staff had the right skills and knowledge to meet people's needs.

People's day to day health needs were met by the service in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. We saw evidence in care records that staff supported people to engage with community and specialist healthcare organisations to support their wellbeing.

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. People told us that they very were happy with the care and support provided.

People were supported by the same staff on a regular basis and each person had a nominated keyworker. When new staff were being introduced they were required to work along-side a more experienced colleague on 'shadow-shifts'. This gave people the opportunity to assess whether they wanted the new staff member to be part of their support team.

We saw that staff knew the people that they supported well. When we spoke with them they described the person and their needs in detailed, positive terms. Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support.

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that the person-centred plans (PCP's) were produced to a very high standard with words and pictures to aid understanding. The plans had been further personalised by the use of different fonts and coloured paper to reflect people's preferences.

We saw from care records and PCP's that people were given choice over each aspect of their service. This choice included; staff, activities and times of support.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued regular surveys and sought feedback at each review. People and their relatives told us that they fed-back to the registered manager, team leader and other staff on a day-to-day basis.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the organisation.

The registered manager and staff were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the commission as required.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. The manager had sufficient systems and resources available to them to monitor quality and drive improvement.

The registered manager and other senior managers had completed a series of quality and safety audits on a

regular basis. Important information was captured electronically and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement.

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.

Staff were recruited following a robust process which included individual interviews and the completion of pre-employment checks.

The care records that we saw showed clear evidence that risk had been assessed and reviewed regularly.

The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns.

Is the service effective?

Good

The service was effective.

Staff were required to complete a programme of mandatory training which included a range of relevant social care topics such as; safeguarding, medication administration, health and safety and first aid.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff demonstrated care, kindness and warmth in their interactions with people.

Staff knew people well and told us that they enjoyed providing support to people.

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process.

Is the service responsive?

Good

The service was responsive.

The service worked with people to produce person-centred plans to a high standard. These plans were regularly reviewed and used to deliver and monitor care and support.

People were given clear choices and their wishes and aspirations were respected by staff.

The service encouraged feedback and responded positively and effectively to complaints. Feedback was analysed and used to generate learning and improvement.

Is the service well-led?

Good

The service was well-led.

The service had a clear vision and values which were reflected in staff attitudes and the delivery of care and support.

The registered manager offered clear leadership, but remained approachable to people using the service, relatives and staff.

The service used extensive audit systems to monitor and improve standards of safety and quality.

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 inspection took place on 4 May 2016 and was announced. The inspection was announced because this is a small service and we wanted to make sure that people were available to support the inspection process.

The inspection was conducted by an adult social care inspector.

The 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 checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with two people using the service, two relatives, two staff and the registered manager. We also spent time looking at records, including three care records, three staff files, three medication administration records (MAR), staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

The people that we spoke with had no concerns about the safety of services. One relative told us, "I'm very impressed with the safety. They [staff] go over and above [what is required]." Another relative said, "I think it [the service] is very safe." When we asked people who used the services if they felt safe one person told us, "Very much. Even if I hear a noise, I know the staff are here." Another said, "Yes I feel safe."

The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection. The provider used a flowchart to guide staff and managers through the reporting process to ensure that all appropriate steps had been taken.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by staff with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence. We saw that risk had been reviewed following incidents and adjustments to support plans made as a result. Staff were able to explain what action they would take in the event of an incident or emergency. Each care record contained contact details in case of emergency.

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, information relating to falls had been analysed to look for patterns and review risk following an incident. Automatic alerts were generated and sent to managers every time a new electronic record was created. The health and safety manager monitored progress in relation to incidents and accidents.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. The policy contained details of organisations that could process whistleblowing concerns and advise staff. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms. One member of staff told us, "I was trained in whistleblowing and the information was in the induction pack and staff handbook."

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. Each of the DBS checks that we saw had been completed within the last 12 months. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels had ever been a concern. New staff were introduced gradually and assessed as suitable to work with the person. This assessment was completed by asking the person and their relatives about suitability.

The organisation had a robust approach to the monitoring of safety across its services where appropriate. 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. These included checks on; medicines, fire safety, water temperatures and gas safety. The organisation also had a robust policy on lone-working for staff which included the provision of emergency contacts and a mobile phone if required.

Staff were trained in the administration of medicines but because the services were community-based, they 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 where appropriate. The records that we saw had been completed and showed no errors or omissions.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. Staff were supported by the organisation through regular supervision and appraisal. One member of staff told us, "I've been on a three day induction about people's daily routines and I've been on shadowing [working with a more experienced colleague] and external training. I feel well-prepared." Shadowing provided the opportunity for competence and suitability to be assessed as part of the induction process.

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. We looked at records relating to training and saw that all training had been refreshed in accordance with the service's schedule. People using the service and their relatives said that staff had the right skills and knowledge to meet people's needs. Staff also had access to additional training to aid their personal and professional development. For example, all staff held a recognised qualification at level two or above or had been registered on a course. We saw evidence that staff had been supported to develop within the organisation. Two of the three staff that we spoke with had been appointed to their roles from more junior positions.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People's capacity was assessed in conjunction with families and professionals. Staff were aware of the need to seek authorisation from the Court of Protection if people's liberty needed to be restricted to keep them safe.

People were supported to shop for food and prepare meals in accordance with their support plans. One person told us, "Staff do my shopping." People were also supported with eating and drinking in community settings in accordance with their support and activity plans.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. We saw evidence in care records that staff supported people to engage with community and specialist healthcare organisations to support their wellbeing.

Good

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. People told us that they very were happy with the care and support provided. One person using the service told us, "You can't fault the staff. I've never had a falling out with them. It's a really nice place. It's good fun." Another person said, "Staff made me feel welcome." A relative said, "Staff really care about [relative]."

People were supported by the same staff on a regular basis and each person had a nominated keyworker. When new staff were being introduced they were required to work alongside a more experienced colleague on 'shadow-shifts'. This gave people the opportunity to assess whether they wanted the new staff member to be part of their support team. One person that we spoke with confirmed that they had a choice regarding who provided care. They said, "I could say if I don't want some staff." The team leader provided support when regular staff were not available and at times when people needed additional care. The registered manager was knowledgeable about each of the people that used the service and each member of staff. People had regular contact with the registered manager and were able to refer to them by name. A contact number for the registered manager was available to people using the service and their families.

We saw that staff knew the people that they supported well. When we spoke with them they described the person and their needs in detailed positive terms. Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Comments indicated that the people using the service felt valued and involved in the development and delivery of support. We saw that staff were respectful of people and provided care and support in a flexible manner.

The staff that we spoke with described the services as promoting choice, independence and control for the individual. One person was making use of an independent advocate to advise them regarding important decisions about their future. Other people were able to speak for themselves or had family members to represent them.

We asked people about the need to respect privacy and dignity. A relative shared an example where staff respected a person's right to privacy while entertaining friends. Staff were clear about their roles in relation to privacy and dignity and gave an example of a particularly complex situation which was under constant review to ensure that the person's privacy and dignity were maintained.

Good

Is the service responsive?

Our findings

We saw from care records and person-centred plans (PCP's) that people were given choice over each aspect of their service. This choice included; staff, activities and times of support. One person told us about their preferences for support and activities. They said, "Staff know me. I don't get disturbed on a Saturday." They also said, "I go to the pub in the summer. Staff go with me to [local public house]." Other comments included, "I can use my hours for whatever I want. Staff listen to me." And "I wanted [staff member] to be my keyworker. I told the staff and they made it happen." We saw evidence that people were supported with complex personal issues and lifestyles choices through access to specialist advice and support where required.

We were given examples where staff had helped people to establish goals that had resulted in greater independence. In one case a person had been supported to develop the skills to travel safely without staff support on public transport. In another example, a person had expressed a wish to have more independence from staff within the community. Staff were working with the person and healthcare professionals to establish a safe way to make this happen. A family member told us, "[Relative] told me how they felt independent."

The provider encouraged people and their families 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. The information was available in a range of formats on request. People and their relatives told us that they fed-back to the registered manager, team leader and other staff on a day-to-day basis. One relative said, "We have little chats." Another told us, "We have a good chat, with [relative's] consent." We spoke with one relative who explained that their family member had evolving health needs. They explained that they had been in discussions with staff and the registered manager about preparing for the future and helping their relative to maintain their tenancy as their care needs developed. The said that the opportunity to prepare in this way was, "Very re-assuring."

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. The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. People told us that their plans had taken a long time to produce and were regularly updated. They told us that they had chosen pictures, colours, fonts and the layout of the information. We saw that PCP's were produced to a very high standard with words and pictures used well to aid understanding. The plans had been further personalised by the use of different fonts and coloured paper to reflect people's preferences. The written information in the plans was detailed and respectful. Each plan clearly showed that the person using the service had led its development. The plans had been subject to regular review and updates. Key documents were signed by people using the service where appropriate. The PCP's that we saw provided a clear indication of the person's likes and dislikes. They also included details of how the person wanted to be supported and what their goals and aspirations were.

People were given a number of options if they chose to complain about the service. They could speak

directly to staff or managers. They could also use the easy to read complaints process. We saw that there were a small number of formal complaints received by the provider. Each complaint had been recorded on an electronic system, processed in a timely manner and a written response produced for the complainant. This was in accordance with the provider's complaints policy. The electronic system generated automatic alerts to senior managers and specialists within the organisation. If significant issues were identified this triggered input from the provider's quality team. None of the issues recorded in relation to King's Dock Mill had been significant enough to warrant this input. People were encouraged to share their experiences about the provider through a range of other processes including a series of surveys. The results were analysed and reported to senior managers. We saw evidence that managers had acted effectively to respond and to communicate changes with people using the services, their families and staff.

Good

Is the service well-led?

Our findings

A registered manager was in place.

The service had clearly been developed and was continuing to develop with input from people and their staff. A staff survey had been recently distributed. The results were not available at the time of the inspection. Other surveys were generally positive and included suggestions which had been taken forward by the service.

Open communication was encouraged at all levels. A member of staff said, "We talk to each other. I feel valued." The organisation had a clear set of visions and values which were displayed in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the organisation. A relative told us, "Staff are always pleasant and eager." A member of staff told us, "I really do enjoy this job." Another member of staff said, "Every day is different. I'm very motivated to do my job."

The registered manager was clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the commission as required.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. A relative said, "There's definite leadership, but [registered manager] is very approachable." The manager had sufficient systems and resources available to them to monitor quality and drive improvement. The provider had an extensive set of policies and procedures to guide staff conduct and help measure performance. The registered manager was knowledgeable about their role and the organisation. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with service users, family members and staff. They spoke with enthusiasm about working for the organisation. They said that they were well supported by senior managers. They understood their role in relation to the assessment and monitoring of quality and coordinated the collection and collation of data in relation to quality and safety audits.

The registered manager and other senior managers had completed a series of quality and safety audits on a regular basis. Important information was captured electronically and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. Issues assessed during quality audits included, accidents and incidents, documents and records and person-centred plans. Each of the staff that we spoke with demonstrated a clear and consistent

understanding of the quality assurance framework.