

# Leonard Cheshire Disability Kirkland View

## 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

Kirkland View is a domiciliary care and supported living service providing personal care to people living in and around Kendal. The service supported people in sheltered housing, their own homes and in a shared house. The service specialises in supporting younger adults who may be living with a learning disability and/or autistic spectrum disorder, a physical disability, sensory impairment or who misuse drugs and alcohol. Eleven people were using the service at the time of this inspection.

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

People received safe care from staff that were safely recruited. Staff knew how to manage risks effectively to people, including risks linked to any behaviours that may challenge the service. We made a recommendation about the recording any support provided to people in this area. People's medicines were managed safely. Any medicine errors, accidents or incidents were used to inform learning at the service, preventing similar issues occurring.

People's outcomes and feedback about the effectiveness of the service was consistently good. Staff had the necessary knowledge, skills and experience for their roles, which meant people felt confident with their support. People had regular reviews of their care to monitor it and identify any changes needed to meet their needs. People received well coordinated care from the provider, who worked effectively alongside other health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about the recording of mental capacity assessments and best interest decisions.

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

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture'. The model of care supported people to have choice, control and independence, including access to their community. People received person-centred care, which promoted their human rights and empowered them. There was an integrated approach to their support across health and social care services. The service had values, attitudes, behaviours and care staff and registered managers that had an inclusive approach,

People were supported by care staff that genuinely cared about them and their wellbeing. Staff used

respectful language to communicate with and about the needs of the people they were supporting. They were focused on promoting their rights and ensuring people were not discriminated against. People's privacy and confidentiality were supported.

People experienced person-centred care that reflect their wishes and preferences. Staff adapted used flexible approaches to support people's wellbeing. People were part of their local communities. Staff were skilled at understanding and meeting people's communication needs. Further work was needed to consider people's future care needs, including end of life wishes.

People received support from care staff who had a clear understanding of the provider's values and were well-led. The registered managers were committed to delivering high quality care to the people that used the service and welcomed suggestions for making any improvements. The provider had recently acquired a supported living house under the service's location. The provider was working with the registered manager to ensure a smooth transition and implement the provider's policies and ways of working.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

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

#### Why we inspected

This was a planned inspection based on when the service registered.

#### Follow up

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.

# Kirkland View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. 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 and supported living service. It provides personal care to people living homes. Some people received care and support living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with CQC. 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 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 August and ended on 29 September 2021. We visited the office location on 25 August and 07 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the location first registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff, including a representative from the provider, registered managers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and audits were reviewed.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- People received safe care. One person said, "I feel safe with the staff supporting me."
- Risks to people were assessed and managed in person-centred ways to keep them safe. Staff had a proactive approach to anticipating and managing risks to people. For example, risks linked to choking and substance abuse.
- People's behavioural needs were understood by care staff, who recognised these behaviours as forms of communication. Staff were skilled at supporting people using a range of strategies, including diversion techniques.
- Care records did not always clearly identify and document the techniques care staff were using to support people's behavioural needs.

We recommend the provider reviews and implements best practice guidance for recording people's support linked to behaviours that may challenge the service.

### Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe by staff who understood how to identify and respond to any safeguarding concerns.
- Any allegations of abuse were reported to the local authority and investigated to make sure action was taken to keep people safe.

### Staffing and recruitment

- People received support from suitable staff. They described some variations in their care when they had agency care staff, who were less familiar with their preferences and care needs. One person said, "Agency staff don't know as much as my staff, my staff know everything." The provider was working to reduce the use of agency staff.
- The registered managers gave careful consideration to how agency staff worked alongside their own staff to support the safe delivery of care.
- Appropriate pre-employment checks were carried out to support the safe recruitment of staff.
- The provider carried out checks for agency staff working at the service. We identified some gaps with these, which were addressed immediately during the inspection.

### Using medicines safely

- Staff provided appropriate support to ensure people received their medicines safely. One person told us, "The care staff get my medicine out and I then take it myself. I will ask them what medicine is what if I'm not

sure."

- Staff supported people to reduce the overuse of medicines. They worked closely with health professionals to monitor and review the use of medicines.
- When medicines errors occurred, the registered managers took action to support staff and prevent future issues arising.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff responded to any accidents or incidents promptly. Registered managers monitored what had happened to ensure staff had responded appropriately and identify anything that could have been done to prevent a similar issue occurring.
- Registered managers shared learning from any incidents to support safe practice across the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent throughout providing their care. One person told us, "They always ask before they do things, they'll say, 'we're going to do this, is that ok?'"
- Registered managers understood their responsibility to identify people that may be being deprived of their liberty and raised this with the local authority.
- Records did not always show how and when people's mental capacity had been assessed. The provider had plans in place to review this.

We recommend that the provider develops more detailed records in relation to mental capacity and best interest decisions.

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

- People's needs had been assessed to make sure the support care staff provided was effective and appropriate to their needs.
- People received effective person-centred care. Staff used creative approaches to encourage one person to accept personal care. One care worker said, "We put music on and laugh and dance. If that means [person] has a shower, that's the best possible outcome."
- Regular reviews included people, relatives and professionals, which helped ensure people's care continued to meet their changing needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience needed to carry out their roles. People had confidence in the abilities of care staff supporting them. One person told us, "I feel safe when being hoisted, the staff have the training they need to support me."
- Staff received training. The provider used competency assessments to check staff could apply their knowledge and skills in practice to provide effective care.
- Registered managers used supervisions and appraisals to monitor staff performance and identify opportunities for staff development.

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

- People received effective support with their eating and drinking.
- People were involved in planning their meals, doing their shopping and preparing meals and drinks where possible.
- People's dietary requirements, including high calorie diets were recognised and effectively monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked effectively in partnership with other care providers to ensure people received consistent, coordinated care.
- Staff teams were able to identify the strengths and skill sets of particular care staff. They used this knowledge to match care staff to people's needs. One care worker told us, "The skill set of the staff is a real plus. They anticipate potential problems and are very experienced."
- People were supported to live healthy lives and access healthcare services when needed.
- The registered manager and staff team recognised barriers people may face accessing and accepting health services and worked in partnership with people and health professionals to prevent people becoming distressed.
- Staff followed advice and information from health and social care professionals to provide people with effective care.

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

- People were supported to personalise their rooms and flats to suit their needs and interests. For example, one person chose to personalise their flat with their artwork. Another person liked to keep their room with minimal furniture and items to help them relax.
- The provider recognised the impact maintenance work at people's homes may have on their wellbeing and worked in partnership with people, their relatives and other services to identify solutions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were supported by kind and caring staff. One relative said, "The staff group there are competent, they genuinely care for [person] on an emotional level."
- People were supported to meet their personal care needs and dress according to their individual preferences.
- Care staff and care records used respectful, non-judgemental language to describe people's care needs. This was reflected in people's experiences of their care.

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

- People were empowered and encouraged to express their views and aspirations. Staff assisted people to make their wishes known to professionals to make changes to their lives. For example, hopes for new equipment or housing to regain their independence.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- People received caring support from staff who maintained their privacy and dignity. Staff were discreet and respectful in how they spoke with and supported people.
- Staff shared meaningful and caring relationships with the people they supported. For some people, staff had helped them to transition through different life stages.
- Staff recognised the importance of building people's trust to enable them to support them. One care worker told us, "Some of the people, it takes a lot of trust to support them."
- People's rights to privacy and confidentiality were respected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received person-centred care; care staff understood people's needs and how best to support them to achieve good outcomes. One relative said, "We feel [person] is very blessed and lucky to be at the service. We have always felt that."
- People received responsive care from staff that were able to adapt their support and be flexible in their approach. For example, staff knew how to use diversion techniques to prevent people becoming anxious or distressed.
- People were supported to access community facilities and be part of their local areas.

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.

- People's communication needs were well understood and effectively supported by care staff. For example, one registered manager told us they had used storyboards to help one person understand staff wearing additional PPE due to the COVID-19 pandemic.
- Staff knew verbal and non-verbal communication people may use to indicate their mood and support requirements. Staff used these cues to provide people with timely, responsive support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were knowledgeable about people's interests and used this to support them to pursue their hobbies. For example, one person said, "The care staff suggest things to me that I might like. I did computing at college for years. [Care worker] is helping me get back into it."
- People were supported to maintain their relationships with family members. Arrangements were in place for some people to visit and stay with their families. These arrangements were well coordinated and had a positive impact on people's wellbeing.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise any concerns proactively with care staff and registered managers. This prevented concerns escalating.
- The provider had a complaints procedure to make sure any issues or concerns were investigated and

actions taken where needed to improve the service.

#### End of life care and support

- The provider was not currently providing end of life care to people it supported. Further work was needed to consider people's future care needs and any support they may need at the end of their life.
- The provider worked in partnership with a range of health professionals and knew how to access further support in this area if needed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The service had a clear value base, respecting people as individuals and their differences. One relative told us, "The culture there is first class. It's about [person] as a person first, understanding their individuality. Dignity and respect are at the fore."
- Care staff spoke passionately about their roles and difference support made to people's lives.

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

- Management understood their responsibility to be open, honest and apologise if things went wrong. They were committed to learning and continually improving the service.

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

- Two registered managers had recently been recruited at the service. Staff spoke positively about how the service was led and changes being made. One care worker said, "[Registered manager] has come in and is really changing everything. [Registered manager] is straight on to updating care files." Another care worker told us, "[Registered manager's] commitment, oversight and dedication, you couldn't get a better manager."
- The provider had recently begun providing personal care to people living in a supported living shared house. The provider was developing their knowledge of this service and had yet to fully implement their systems and processes. A transition plan was in place to support this.
- On day one of the inspection, it was not clear the service was always operating a supported living model across all areas of the service. For example, a registered manager was based on-site at the supported living shared house. Changes were made on day two and the provider continued to monitor this.
- Regular audits helped management and the provider monitor the quality and safety of the service and identify where improvements could be made.
- People and their relatives spoke positively about the management of the service. One person told us, "I've got brilliant staff at the minute and great managers running it."

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

- People and relatives were encouraged to provide feedback on their care. They told us they would feel able

to approach the registered managers with any queries.

- Staff had opportunities to give feedback and suggest improvements. One care worker said, "Staff are always included and always have a say. [Registered manager] is more than welcoming of any ideas." Another care worker told us, "I would absolutely be able to say if I had any concerns."

Continuous learning and improving care; Working in partnership with others

- Registered managers had regular meetings with staff to share information about risk and discuss the service, encouraging participation and shared learning.
- The provider identified areas where they could improve their approach and used this to drive improvement.
- Staff worked closely with other professionals. They sought their guidance and followed advice on how best to meet people's needs.
- The provider was respected by health and social care professionals and commissioners, who recognised the service was able to provide consistent support and meet people's complex needs.