

# Leonard Cheshire Lammermuir Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
24 March 2022

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2019378462

## About the service

Leonard Cheshire Lammermuir is a combined housing support and care at home service that registered with the Care Inspectorate in November 2020. It provides 24-hour support to adults who have learning disabilities living in their own homes in Livingston. The service is provided by a small team consisting of support workers, team leader and a deputy manager.

The vision of the service is "putting quality into everything we do for each person we support and for all our staff."

The service aim is "supporting individuals to live, learn and work as independently as they choose, whatever their ability."

This was a short notice announced inspection carried out by the Care Inspectorate between 22 and 25 March 2022. At the time of the inspection, there were five people being supported by the service.

## What people told us

We spoke with three people who received support and three family members. Feedback was generally positive including:

"I like most of the staff"

[the team leader] "is very committed and really good"

"I like that I know who is supporting me"

"They are always respectful"

"I have a good working relationship with Leonard Cheshire"

The Covid-19 pandemic has affected services across the country. Lammermuir has been affected by reduced staffing levels as a result of staff leaving and challenges with recruitment.

People reported that it has taken time to get to know new staff and this has caused feelings of distress. Please see the wellbeing section of this report for more details.

We spoke with other agencies who work with people using the service. They told us that the deputy manager and team leader were approachable, good at keeping in touch with them and ensure that people's views were heard. They also told us that there had been a high turnover of staff and this was difficult for people using the service because of reduced consistency.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
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How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

We evaluated this key question as adequate. While there were strengths, people's experiences and outcomes were reduced because of key areas which needed to improve.

The service had a small staff team who had a good knowledge of people's needs and wishes.

People had weekly planners which set out support times and which staff member was providing this. The planner had been recently revised and this was working well for people. It could be improved by ensuring that support times match staff rotas and that they are shared with people in advance of the support being provided.

People were choosing how they spent their time and were encouraged to maintain and develop personal interests including employment, adult education classes and social groups. People were encouraged and, where appropriate, supported to spend time with family and friends. This enabled people to participate in their local community and have active lives.

Where people's independence, choice and control were restricted, they were well informed about this. The legal arrangements and support protocols were in place, however it was not clear what responsibility the service had in applying the restrictions. Clarification around these responsibilities would ensure staff were confident that they were working within their legal remit.

Personal plans and support protocols were not up to date and they required more detail to ensure that support was being provided safely and appropriately. We saw that people's health needs had changed but this was not detailed in the personal plan. As a result, there was potential for staff not knowing how to support people in the right way. (See Requirement 1).

The service had an incident reporting process in place. Incidents were being recorded, however they had not been reviewed. The service was not learning from previous incidents and therefore there was a risk of these incidents happening again, resulting in adverse outcomes for people.

The management had good links with a variety of health and social care professionals. Although the service was discussing when people's support needs had changed, there was no evidence of formal reviews being carried out in line with legal requirements. This meant that people were not asked for their views and were not fully involved in decisions about their support.

People told us there had been occasions when their support had to be changed or cancelled due to low staffing levels. Staff also told us that they felt there had not always been sufficient staff to meet people's needs. We did not see evidence of this in staff rotas and weekly planners. The service had experienced staff retention difficulties due to the Covid-19 pandemic and had recruited new staff to maintain safe staffing levels.

Although people told us that staff changes caused them distress, the managers had worked hard to maintain staffing levels. We heard that the team leader and other members of staff team were working extra time to ensure safe staff cover at all times, in particular to respond to the changing needs of people.

## Requirements

1. The provider must ensure that personal plans reflect people's current needs and wishes.

By 31 May 2022, the provider must ensure that personal plans are reviewed and updated regularly as people's support needs and outcomes change. In order to achieve this, the provider must:

A) Undertake a review of all personal plans and protocols to ensure that they take account of all available information and reflect people's current support needs.

B) Ensure personal plans are outcome focussed and have an enabling approach.

C) Implement a process for reviewing personal plans at least every six months, or when people's needs change.

This is in order to comply with regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

1.19 My care and support meets my needs and is right for me.

4.27 I experience high quality care and support because people have the necessary information and resources.

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

We evaluated this key question as adequate, meaning there were strengths which just outweighed weaknesses.

The service was ensuring that staff and visitors were undertaking regular Covid-19 testing before having contact with people using the service. They had sufficient personal protective equipment (PPE) available and we observed staff wearing appropriate PPE to keep people safe.

Staff had undertaken specific training on Covid-19 and were kept up to date with new guidance on infection prevention and control (IPC). There were sheets for staff to sign confirming that they read and understood the guidance but these were not fully completed so they could not be confident that everyone was up to date.

The team leader was carrying out service audits of cleaning and undertaking informal observation of staff IPC practice. However, there was no record of these observations. A record of dates, any areas for improvement and details of follow up during staff supervision would ensure any lapses in practice were responded to quickly.

Not all staff were registered with the Scottish Social Services Council (SSSC) within the required timescale. This is an important safeguard and the provider has a legal responsibility to ensure staff are registered. The management team were not fully aware of the reasons why staff were not registered. There was no plan to address this, which was putting people at risk. This was raised with managers during the inspection and they took appropriate action. However, the service needs to put processes in place to prevent this happening again. (See Requirement 2).

## Requirements

1. By 31 May 2022, the provider must ensure that all staff in the service are registered with the appropriate regulatory body and where registration is delayed, take appropriate action to maintain people's safety. In order to achieve this, the provider must:

- A) Undertake an audit of all staff's current registration status.
- B) Liaise directly with the appropriate regulatory body to ascertain reasons for any delays in registration.
- C) Undertake risk assessments where required in the event of any registration delays and make available for the managers of the service.
- D) Implement processes to regularly check staff registration status.

This is in order to comply with regulation 9(1)(c) (Fitness of Employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which states that:

4.24 I am confident that people who support me have been appropriately and safely recruited.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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