

Leonard Cheshire City Park Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Leonard Cheshire in Scotland

Service provider number:
SP2003001547

Service no:
CS2020379018

About the service

Leonard Cheshire City Park is one of a number of services operated in Scotland by the registered charity Leonard Cheshire Disability. The Care Inspectorate registered the service on 25 November 2020 to provide a combined housing support and care at home service to adults with learning and physical disabilities in their own home and in the community. NHS learning disability nurses provide on site support to people living at City Park and work closely with Leonard Cheshire staff. The service office address is located in North Edinburgh nearby people's tenancies.

About the inspection

This was an unannounced inspection which took place between 29 September and 10 October 2023. The inspection was carried out by one inspector from the Care Inspectorate. This was the first inspection of the service since it obtained a separate registration from Leonard Cheshire Disability - Stenhouse which it was previously inspected under. At the time of inspection three people were being supported at City Park.

To prepare for the inspection we reviewed information about this service.

This included:

- previous inspection findings
- registration information
- information submitted by the service
- intelligence gathered since service registration

In making our evaluations of the service we:

- met three people using the service
- spoke with three relatives
- spoke with eleven staff and management
- observed practice
- reviewed documents
- spoke with health and social care professionals

Key messages

- Staff received regular training suited to people's support needs
- Staff were caring and engaged well with people supported
- Staffing arrangements were more stable and consistent with less reliance on agency staff
- People could be more engaged in meaningful activities to enhance the quality of their lives
- Care recording and internal communications needed improvement
- Health care plans and corresponding risk assessments required improvement

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
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Staff were trained in person centred values and referred to people supported with warmth and respect. We observed compassionate, fun and kind interactions between people supported and their staff. We received positive feedback from relatives about the care their loved ones experienced as well as suggestions for improving their care experience. Staff had built positive relationships with people and knew their needs well. Where there was dissatisfaction with any aspect of support, the provider carried out thorough investigations and involved relatives and external agencies in review meetings to plan for improvement. This meant that people experienced warm, kind and compassionate care and their care provider was responsive in taking action to improve the quality of their support.

People's consent forms for sharing information and use of digital images were not signed by those making decisions on their behalf. Where a person is assessed as lacking capacity to give informed consent, documents should be signed by those with the authorised powers to do so. We have asked the provider to review the consent information within people's personal plans. This is to evidence that people's rights to consent are upheld and their views and choices respected. (see area for improvement one)

Some staff were more proactive than others in supporting people with meaningful activities. There had been some delays in achieving the actions agreed during people's reviews of support. The level and range of daily activities could be improved to ensure that people are consistently supported to engage with their local and wider community. While the service was actively addressing this, we noted that improvement could be made to the way activities were planned for and recorded. This is so people could be better supported in maintaining and developing their interests and experience consistency in how their activities are planned for (see area for improvement two)

The service was responsive in getting the right support for people when their needs changed. We found that a range of health professionals were involved and people's support needs being reassessed to check that they had the right technologies and equipment to support them well. The new management team had been instrumental in progressing this. We heard positive feedback from relatives about the support their loved ones had with their health needs. Staff spoke positively about relationships with the on site nursing staff and appreciated their input when they needed any advice or support. There had been some breakdown in internal communications meaning the management team had not had important information reported to them to enable them to take action and report to the relevant agencies. Staff had since received additional direction and advice on recording and reporting issues promptly and in line with the service's adult support and protection procedures, however we want sustained practice in this area to ensure that all staff are recording and reporting issues promptly. (see area for improvement three)

Although there was some positive practice to support people with their health and wellbeing needs there were inconsistencies within the personal plans. These guide staff as to the level and type of care people need. There was a lack of clarity and direction as to the agreed plan of support for people's continence and oral care. There was no clear continence support plan over a 24 hour period to guide staff as to the support people required to minimise any risks to their skin health and comfort. The plans did not reflect how many staff were needed to support people with their needs during night time hours. Plans referred to screening

tools that were not being completed and the oral care plans had different information about the frequency of support needed to promote good oral health. There were some gaps in records and a lack of detail in people's support records. This meant that we could not confirm that people were getting the right support for their assessed needs at the right time. (See requirement one)

Requirements

1. By 08 December 2023 the provider must ensure people's health care plans and corresponding risk assessments are reviewed. Health care plans must provide sufficient detail to guide staff as to the level of care people require to maximise their wellbeing and minimise any risks to them.

To do this the provider must at a minimum ensure that:

(a) Each person's continence care plan details the level of support required over a 24 hour period and their prescribed containment products.

(b) The level of staffing required to safely support each person's needs during night time hours is reviewed and detailed on people's personal plans.

(c) Care records detail the times when support has been provided and any issues which compromise a person's health and wellbeing.

(d) Ensure that each person's oral care plans clearly detail the frequency with which staff must support people with their oral routines.

(e) Ensure screening tools used to monitor skin damage risk are well recorded and checked on a regular basis.

This is to comply with Regulation 4 (1)(a) (Welfare of users) 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 (HSCS) which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19) and '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.'

Areas for improvement

1. To promote people's rights to consent to sharing of information and use of digital images the provider should ensure that those authorised to make decisions on their behalf sign all consent documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3) and 'My views are always sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11)

2. To support people's wellbeing and enhance the quality of their daily lives, the provider should review how people's activities are planned for and recorded.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS (2.22))

3. To support people's health, wellbeing and protection, the provider should monitor the quality of recording and reporting of issues ensuring that staff practice is following the provider's adult support and protection procedures.

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

'I am confident that people respond promptly, including when I ask for help.' (HSPC 3:17)

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

There was a recently established management team at the service who demonstrated commitment to quality assuring and auditing the service to improve outcomes for people supported. We heard that communication between the care staff and NHS nursing staff was improving through having regular meetings to discuss issues relating to people supported. Systems to support improved staff attendance and limit agency use were in place. This was supporting people to have improved consistency and continuity in their staffing.

There had been issues with information relating to people's care needs not being recorded or communicated effectively. The provider was actively addressing this at the time of inspection. Further improvements in internal communications will assure people that different organisations are working well together and staff are sharing information about them promptly.

There were good systems in place to ensure that staff received supervision and had time to reflect on their practice and development needs. Staff had opportunities to meet as a team allowing them time to discuss their work and service developments. Attendance at team meetings could be improved so that more colleagues have opportunities to be involved in team discussions. This supports people working well together to achieve positive outcomes for the people they support.

There were effective systems in place to deliver and monitor staff training and a recent service quality audit had been undertaken by management. There had been a quality assurance visit carried out by Leonard Cheshire's quality assurance staff though the report was unavailable at the time of inspection. We advised the provider to develop a more robust service improvement plan which details actions to be achieved and timescales for review. The service improvement plan should also reflect how feedback about the quality of service from people using the service, their representatives and involved agencies is used to make continuous improvements. This is so people can be meaningfully involved in how the organisations that

support them work and develop.

Although the provider had a complaint policy and procedure in place, the depute manager who had daily oversight of the service did not have access to the complaint log. Processes were in place to investigate and address formal complaints. We advised the service to review how formal and informal complaints/concerns can be recorded and responded to at a local level. This is so people can be assured that there are effective systems in place if they have any concerns about their service (see area for improvement one).

The service maintained an accident and incident log but we could not find a log of an incident we were informed about during the inspection. The provider should ensure that all incidents are recorded well and the outcome detailed and signed by management and reported in line with notification guidance for care providers. This is so people can be assured that their care provider liaises well with other relevant agencies to promote their safety and wellbeing. (see area for improvement two)

The service had internal moving and handling trainers and maintained records of staff competencies. Observations of staff practice would support their learning and development and assure people that their care provider is regularly monitoring the quality of staff supporting them. (see area for improvement three)

The technology at the service office was deterring management in carrying out their tasks as the wifi was very poor. Improvements to the current technology would assure people that their management team have the necessary resources and information to support them in their roles.

Areas for improvement

1. To promote people's rights to express any concerns about any aspect of their service, the provider should review local systems to evidence that issues are responded to and are well detailed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights'. (HSCS 2.3)

2. To support people to be safe and protected the provider should ensure that all incidents are recorded in detail including the action taken by management. Incidents should be reported to the Care Inspectorate in line with the notification guidance for care providers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

3. To support people to have a consistently high standard of care and support, the provider should carry out and record observations of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff had access to a wide range of training courses and topics, with good induction processes for new staff. Records of training were complete and provided prompts for refreshers. The majority of training was achieved through eLearning, but some courses were delivered in person such as moving and handling training and medication competency checks. The service had internal moving and handling trainers who maintained good records of staff competency checks. This meant that people could be assured that staff had the right training and development opportunities to support them well.

There was now more stability in staffing arrangements with reduced agency use. Systems were in place to monitor staff absence and maximise attendance. People benefited from being supported by staff who they knew well and had built relationships with. We heard from relatives that staff induction had been improved and time was dedicated to shadowing more experienced staff. This benefited people as staff had time to get to know their needs and what was important to them. Staff had access to supervision which gave them protected time to discuss their practice and any training and development needs. This meant that people could be assured that the staff supporting them had regular opportunities to develop their knowledge and skills to support them well.

Some staff had obtained qualifications in line with the registration requirements of the Scottish Social Services Council and plans were in place for other staff to start their Scottish Vocational Qualifications suited to their role.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People's support plans contained good detailed information about people's individual interests and preferences and their health and support needs. The plans gave a sense of each person's individuality and their life stories. Hospital passports and one page profiles provided important information about people's health, communication and support needs. People and their representatives were involved in annual reviews of their support and the management team had improved the level of communication with relatives to keep them informed about their loved one's support. There were pictorial review formats to show the activities and events that people had participated in, however the photographs were not dated so it was difficult to establish when the events had happened. Minutes of reviews were not readily accessible so it was difficult to track who was involved, actions agreed at reviews and how people's personal plans were updated following reviews.

The management team had updated people's personal plans recently. These should be reviewed on a minimum six monthly basis and demonstrate involvement of people supported and their representatives. The outcomes sections of the personal plans need to be completed in more depth to show that people's preferences and wishes were being planned for and regularly monitored. This is to demonstrate that people are being supported to achieve positive outcomes and to reach their full potential. (see area for improvement one)

Areas for improvement

1. To support people to reach their potential and have their preferences and wishes planned for, the provider should quality audit personal plans on a regular basis to ensure goals and outcomes are clear, planned for

and regularly reviewed. Minutes of review meetings should be readily accessible to demonstrate actions agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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