

Leonard Cheshire City Park Housing Support Service

4 Wardieburn Street East
Edinburgh
EH5 1DQ

Telephone: 01315 515 088

Type of inspection:
Announced (short notice)

Completed on:
30 January 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2020379018

About the service

Leonard Cheshire City Park is registered to provide housing support and care at home services to adults with learning and physical disabilities in their own home and in the community. The organisation had been through a restructuring process and had temporary management arrangements in place at the time of the inspection. NHS nurses provide on site support to people and work closely with Leonard Cheshire staff. The service office address is located in North Edinburgh nearby people's tenancies. At the time of the inspection four people were being supported.

About the inspection

This was an short notice announced inspection which took place between 21 and 27 January 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

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 the last inspection.

In making our evaluations of the service we:

- visited three people using the service.
- spoke with three relatives.
- spoke with eight staff and management.
- observed practice and daily life.
- reviewed documents.
- spoke with two involved health professionals.

Key messages

- People's health and support plans were regularly reviewed
- All aspects of the service had been audited by the temporary manager.
- Medication records needed more frequent auditing to ensure staff were recording the administration of medication consistently well.
- Staff were being well supported with their learning and development needs.
- People were supported to access their local communities though actions from reviews needed follow through to further enhance their quality of life.
- People were well supported with their healthcare needs and staff were responsive to any changes in their presentation.
- The temporary manager's input had been of real benefit to the service and there were improved partnership working arrangements with NHS staff.
- Staffing levels had improved following a recent recruitment drive.
- Management arrangements needed stability with strong team leadership to build on the positive progress made.

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

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The temporary manager had been proactive in ensuring that people's health and support plans were reviewed and had the level of detail required for staff to support people well. The provider maintained a clinical risk register and monitored people's wellbeing using screening tools to identify any changes to people's skin integrity and nutritional status. The equipment people used to support their mobility needs was regularly checked and positioning charts and guidance had been reviewed and updated. Communication with on site NHS staff had also improved. Involved health professionals told us that there was effective partnership working and much improved relationships since the temporary manager had been involved. Relatives expressed that they had confidence that their loved ones clinical needs were being met and that staff were responsive when there were any changes to their health and wellbeing. This meant that people could have confidence that their health and wellbeing needs were being regularly reviewed and monitored.

We observed caring, respectful and compassionate relationships between people and their staff. People appeared comfortable in their homes and at ease with their staff. People were observed to be having fun with their staff and humour was used appropriately. Staff observed provided support at a pace suited to people's needs and gave them time and appropriate supports to communicate.

A relative commented:

'Things are overall good but would like to see less changes of staff. The current manager and nurses are very good at communicating with me about any health issues. I would like my relative to have 24 hour support when they need to go to hospital as I feel they need someone who knows them well with them at all times.'

The provider agreed to raise this issue with commissioners to see if funding could be approved for 24 hour hospital support.

We heard that where there had been a concern raised about staff communication that this had been addressed promptly to promote consistently positive communications. Relatives had been able to contribute to the support plan and this had provided staff with further guidance as to how best to communicate with and support a person. This meant that people could have confidence that the care provider took action to make improvements following feedback from guardians.

People had been supported to have a holiday and to follow their interests such as attending groups, going shopping and out walking as well as having therapists visit them in their homes. There were aspects of people's wellbeing that could be improved on such as ensuring that hydrotherapy sessions restarted for who benefit from this. Staff completed daily communication diaries but the quality of detail in these records varied. Further detail was needed in monthly keyworker reports to evidence that people were being supported to reach their full potential. People's relatives expressed that they would appreciate more regular communication with keyworkers to keep them better informed about the daily activities their relative had been involved in. This meant that while people were being supported to be involved in the community,

records did not always capture their experiences well or reflect that actions from review meetings had been progressed (See area for improvement one).

Medication was well managed and regularly audited with daily stock checks. Overall staff were recording in line with best practice but we identified a few gaps on one person's Medication Administration Record (MAR). This meant that while there were good systems in place to ensure that people got the right medication at the right time there was still work to be done to ensure that staff are consistently recording when medication has been administered and reporting any issues to management promptly. (see area for improvement two).

Areas for improvement

1. 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)

2. To support people to have their medication consistently well recorded and any issues reported to management promptly, the provider should ensure that all staff are following the organisation's medication procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Leonard Cheshire had undergone a restructuring process which had taken time to finalise. Guardians expressed that communication from senior management had been lacking to keep them informed of developments. The temporary manager had been proactive in improving communications with them and explaining the new management structure. While relatives expressed confidence in the temporary manager and described them as a person 'who gets things done,' they needed reassurance that the new structure would support sustained progress and stability and continuity in staffing and leadership.

There was now a detailed service improvement plan in place which showed progress made and any further areas for improvement being planned for. The temporary manager had also been proactive in staff recruitment; ensuring that staff training was delivered and supporting staff development through meetings and supervisions. We heard very positive feedback about the difference the temporary manager had made and staff were positive about working for the organisation and with NHS staff

People confirmed that they were familiar with the organisation's complaint policy. Systems were in place to log formal complaints and detailed how they had been addressed. There were some issues raised during the inspection which we could not find recorded in the concerns log and advised the provider to ensure that

staff are reporting on any issues raised and recording these. This supports having a clear track of discussions with guardians and outcomes. This meant that people could have confidence in their care provider to address any concerns about any aspect of their care promptly though there was still work to be done on recording any issues raised and evidencing how they have been resolved. (See area for improvement one)

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 in the service's concerns log.

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)

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The organisation operated safe recruitment practices to check potential employees suitability for working with vulnerable adults. We advised that it is best practice to have two interviewers at interviews to make processes for assessing candidate suitability decisions more robust. Relatives appreciated being supported to be involved in staff recruitment processes and would like to have further opportunities to be involved and influence the quality of staffing at the service. This meant that people could be assured that there were safe systems in place to promote their loved ones safety and protection and that relatives were now being supported to be more involved in recruitment processes.

The temporary manager had put considerable effort into ensuring that staff training was up to date and had carried out some recorded observations of staff practice. Staff appreciated having supervision which gave them dedicated time to discuss their work and learning and development goals. New employees were being well supported in their induction with opportunities to shadow experienced care and nursing staff while they learned about people's individual health and social support needs. This meant that people could have confidence that their staff had the necessary training and development opportunities to support them well.

The service had been through several changes of team leaders and managers since it was first established. Relatives expressed that though there had been changes to support staff they were reassured to have nursing staff who have known their loved ones for a long time and were very responsive to any changes in their health needs and presentation. Relatives expressed that while there were some very good Leonard Cheshire staff who cared for their loved ones well some staff they trusted had left the organisation and it took time for new staff to really get to know their loved one's health and communication needs. A relative commented:

'I definitely would not want (name of person supported) cared for by anyone else but there have been so many changes at the service it is unsettling. It has been so good having (name of temporary manager) back but are aware he has other responsibilities for services he manages.'

The team leader post had just been recruited to at the time of inspection. The new service manager was due to start imminently. Arrangements were in place for the temporary manager to continue to support the

service while these leadership transitions took place. The temporary manager had put considerable effort into ensuring that staff training was delivered and that all staff had supervision to support them in their roles. Staff expressed that they were being well supported and felt positive about their work since the temporary manager had been involved. They said that they enjoyed good support from colleagues and that internal communications had improved. This meant that people could have confidence that their staff team worked well together and that staff were being well supported in their learning and development.

People's staffing arrangements were well organised. The staff rotas had been reviewed to allow an improved work/home life balance. This had led to improved staff morale and a more positive, supportive culture. People could have increased confidence that their staffing arrangements were well organised and there were arrangements in place to support staff well until new leadership arrangements were fully established.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's personal plans and risk assessments evidenced recent review and update. The plans gave a good sense of what was important to the person and their choices and interests. This meant that people's plans reflected their health and support needs, choices and interests well.

The way staff record people's care and views could be improved so that they better capture the choices that people are offered on a daily basis and their experiences. This supports evidencing that people's identified goals are being regularly planned for. Due to changes to the staff team it had been difficult to establish a robust keyworker system though this situation was improving as the service now had a full compliment of staff. The quality of recording was being audited and it was recognised that while people were being well supported to get out in their local community more could be done to ensure that goals identified at review meetings were followed up and planned for. Having consistency in key working arrangements supports ongoing communication with relatives/guardians about their loved ones care and quality of life.

We made an area for improvement at the previous inspection in relation to ensuring that all consent documentation was signed by guardians. The majority of consent forms were found to have been signed but there was one outstanding and needed to be signed by the person authorised to make decisions on their relative's behalf. We have therefore continued this area of improvement. (see area for improvement one) The temporary manager promoted the involvement of guardians in their loved ones care and had provided guardians with opportunities to meet and discuss any issues with them. Six monthly review meetings had been slightly delayed due to transitioning to new leadership arrangements though it was clear that relatives had regular communication with temporary manager and could raise any issues with them. People would benefit from review meetings being arranged once the new leadership arrangements were established.

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)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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.'

This requirement was made on 5 December 2023.

Action taken on previous requirement

The provider had taken action to address this requirement and there was much improved detail in people's health and support plans. Screening tools were being used on a regular basis to promote people's skin health and ensure that their nutritional status was being regularly monitored. People's care needs over a 24 hour period were now better recorded and their commissioned hours of support were clearly recorded. This requirement has been met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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)

This area for improvement was made on 5 December 2023.

Action taken since then

The provider had taken action to address this area for improvement but their remained one consent form outstanding. We have therefore continued this area for improvement under section 5.1 of this report.

Previous area for improvement 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)

This area for improvement was made on 5 December 2023.

Action taken since then

People were being supported to access a range of activities in their local and wider community and in their homes. There remained some identified goals from review meetings which needed to be planned for to enhance people's quality of life and we assessed that this area for improvement had not yet been addressed in full and have continued this area for improvement under section 1.3. of this report.

Previous area for improvement 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)

This area for improvement was made on 5 December 2023.

Action taken since then

Staff consulted expressed confidence in following the organisation's adult support and protection procedures should they have any concerns about a person's welfare and protection. There was evidence of communication with the social work department where there were any concerns. This area for improvement has been met.

Previous area for improvement 4

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)

This area for improvement was made on 5 December 2023.

Action taken since then

The organisation had a complaint procedure and policy in place. We saw that complaint information was recorded and was responded to in line with the organisation's policy and resolutions agreed. We heard some feedback that would be best recorded in the concerns log so that there is a clearer record of communications within the log. We have continued this area for improvement under section 'How Good is our Leadership' of this report as we considered that although there had been improvements made further work was needed to capture how concerns raised were recorded and responded to.

Previous area for improvement 5

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)

This area for improvement was made on 5 December 2023.

Action taken since then

The quality of incident recording and reporting had improved and the senior management team had an overview of all incidents and accidents recorded. These were reviewed with managers at business meetings held with them on a monthly basis. The provider was aware of the Care Inspectorate's notification guidance. This area for improvement has been met.

Previous area for improvement 6

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)

This area for improvement was made on 5 December 2023.

Action taken since then

The manager had carried out recorded observations of staff practice and additional meetings had been held with staff requiring further support with their learning and development. This positive practice should continue and be sustained once new leadership arrangements are fully established. This area for improvement has been met.

Previous area for improvement 7

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 area for improvement was made on 5 December 2023.

Action taken since then

Minutes of review meetings were recorded and reflected who was in attendance and discussion points as well as agreed actions. Six monthly reviews were being planned for at the time of this inspection. We considered that some actions agreed at reviews needed to be planned for and have continued an area for improvement under 'How well do we support people's wellbeing' section of this report.

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?	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	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.