



Department of Health and Social Care

Registration & Inspection



Isle of Man
Government

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Inspection Report 2024-2025

Leonard Cheshire Disability

Domiciliary Care

Date of Inspection visit: 28 November 2024



**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out the announced inspection visit on 28 November 2024.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well-led?

These questions form the framework for the areas we look at during the inspection.

In addition, the Care Services Regulations are considered when making regulatory decisions, there are opportunities within these for registered providers to be creative, innovative and dynamic when applying them to their service. Providers should use them as a baseline from which to deliver and develop services to the people who use them.

Service and service type

The service has a Registered Manager. 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.

Leonard Cheshire Disability is registered as a domiciliary care agency. Thie Quinney is a supported living service providing support to adults who have a physical disability, which includes Acquired Brain Injury (ABI). There are nine flats, two of which are for respite care.

An Outreach service provides encouragement and support for people, over the age of 18, with physical disabilities, to build or rebuild social networks and to enjoy an activity of their choosing within the community.

Regulatory Action in the last 2 years

Improvement notices / amendments / change of manager / inspection

Date	Action	Comments
24 August 2022	Statutory inspection of service	Requirements were made in relation to Regulation 22 – Fitness of premises: Health and Safety – food storage, ripped chair fabric.
30 January 2024	Statutory inspection of service	requirements were made in relation to Regulation 14 – Records – the recording of safeguarding concerns, updating care records; Regulation 16 – Staffing – staff identity checks; Regulation 22 – Fitness of premises

		– Health and Safety – fire risk assessment, fire drills, Thermostatic Mixer Valves (TMV) servicing, water safety re Legionella.
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People's experience of using this service and what we found

- All areas of improvement made on the last inspection had been met.
- Systems were in place to protect people from the risk of abuse. A designated safeguarding champion ensured that safeguarding incidents were screened and reported correctly.
- Staff received training to meet the needs of the people using the service.
- Person centred care plans were written in such a way as to promote independence and identified future goal setting.
- People using the service were fully involved in their care.
- Staff felt supported by management.
- Opportunities were given to service users to give feedback.

Background to this inspection

The last inspection of this service was carried out on 30 January 2024. There were seven requirements made. Improvements were subsequently made which are reflected in this report.

The inspection

This inspection was part of our annual inspection programme which took place between April 2024 and March 2025.

Inspection activity started on 21 November 2024.

Inspection team

The inspection was led by an inspector from the Registration and Inspection team.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of care at this service. A registered manager is a person who has registered to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of Inspection

This inspection was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements then plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

- We observed staff interactions with people in communal areas.
- We spoke with two people who use the service at Thie Quinney.
- We spoke with three members of staff, as well as the registered manager.
- We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and induction. Staff supervision records and annual appraisals were examined.
- We reviewed a variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

- We sought additional feedback from clients / family members and staff members.

Our findings

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

The service was safe.

At the last inspection there were six requirements made in relation to recording safeguarding concerns, completing the actions in a fire risk assessment, recording the names of staff in attendance at a fire drill, servicing the thermostatic mixer valves, testing the water for Legionella bacteria and recording the identity checks of staff as part of the recruitment process. Improvements had been made in all areas.

Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems and processes were in place to protect people from the risk of abuse.

Staff had received training on safeguarding and feedback confirmed that they had a clear understanding of what should be reported as a safeguarding concern. People said that they felt safe with staff.

Policies and procedures on safeguarding and whistleblowing were in place. The provider also had a Managing Allegations Strategy Meeting (MASM) policy. This policy was concerned with managing allegations, which may be made against a staff member working with children and vulnerable adults.

The provider had a designated safeguarding champion who ensured that safeguarding incidents were screened and reported correctly and who analysed any trends or patterns.

Notifications concerned with safeguarding, incidents and near misses had been submitted to the regulator and detailed records kept. Oversight of incidents was carried out by both the manager and the provider's internal quality team. There was evidence of learning from incidents.

The provider had a business continuity plan dated December 2023.

Assessing risk, safety monitoring and management

Peoples' needs were assessed prior to the provision of a service. Risk assessments had been written on the individual where required, including on the use of bedrails, moving and handling and making decisions and managing risk.

Staff supported people to make choices which include understanding risks when promoting independence.

Environmental risk assessments for Thie Quinney had been written.

Equipment used within Thie Quinney, such as hoists, had been serviced in line with the manufacturer's guidance. Checks on the hoists, slings and bedrails was taking place.

The provider had a positive behaviour support policy and staff received training on behaviour following acquired brain injuries.

Personal Emergency Evacuation Plans (PEEP's) were in place for each person at Thie Quinney and were being reviewed regularly.

A fire risk assessment had been completed by an external fire risk consultant in December 2023. Three areas of risk had been highlighted and had all been actioned.

Staff had received fire safety training. Fire exits were clear on the day of the inspection. All fire safety checks had been completed at the required frequency, including fire drills.

Checks had taken place on electrical safety, water safety and boiler maintenance.

Care records were written and stored electronically. Paper copies were kept in people's homes.

Staffing and recruitment

There were arrangements in place to ensure there were sufficiently skilled and suitable staff working with people. Shift leaders were clearly identified on the staff rota.

The process for recruiting staff was clear. Staff recruitment records were well maintained, and all contained the required documentation.

Disclosure and Barring Service (DBS) checks for staff members were up to date.

Observations of staff practice was taking place in people's homes and at Thie Quinney.

Using medicines safely

Policies and procedures for the safe management of medicines were in place and all staff were up to date with their training.

Staff responsible for the administration of medication were assessed as competent and this assessment was repeated annually.

Two service users were responsible for administering their own medication and they had been risk assessed as being safe to do so.

Apart from one service user, staff were responsible for the ordering and receiving of medication in Thie Quinney.

Each room at Thie Quinney had a lockable cabinet in which to store medication.

Medication Administration Records (MARs) seen on inspection were properly completed.

Staff completed daily medication stock checks. Monthly medication audits were taking place.

Support plans and risk assessments were in place for the use of medication.

Preventing and controlling infection

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE).

The service had infection prevention and control policies to guide staff. Staff had received training on infection control.

Thie Quinney was clean throughout. Staff completed cleaning schedules for all communal areas in Thie Quinney.

Monthly infection control audits were taking place.

Control Of Substances Hazardous to Health (COSHH) products were stored in a lockable cupboard and safety data sheets on these products were available.

The kitchen was kept clean. Fridge and freezer temperatures were being recorded and were seen to be in range. Opened food in the fridge had been wrapped / resealed after opening, with the date of when to use by written on a label on the food.

Staff received training on food hygiene.

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.

The service was effective.

At the last inspection there was one requirement made in relation to updating care records. Improvements had been made.

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

People received a full assessment of their needs prior to moving into the service and care and support were delivered in line with current standards to achieve effective outcomes.

Assessment, care planning and risk assessment documentation used by the care home were seen to be underpinned by person centred, human rights and equality act principles.

Three peoples' care records were examined. These were written in detail appropriate to the support being provided.

Care records demonstrated the independence of people supported and was promoted.

Staff support; Induction, training, skills and experience

Staff received the training to carry out their roles. Online, including live stream interactive training and classroom-based training was used. Staff confirmed that they were adequately trained to do their job and that additional training to meet the specific needs of service users was organised.

Service users and family members also said that staff were well trained.

Staff received a thorough induction when they commenced employment, as well as regular and ongoing supervision sessions, enabling them to discuss their work and improve their practice. Management observations of practice formed part of the quarterly staff supervisions. Annual appraisals were taking place.

The provider was supporting staff to attain relevant qualifications.

Regular staff meetings gave staff the opportunity to discuss the people they were providing care to.

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

Dietary needs and support formed part of a person's initial assessment and person-centred plan. At Thie Quinney a communal kitchen was accessible. A meal prepared by staff was offered each evening if people did not want to cook in their own flat.

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

Where required, staff supported people with organising health appointments and providing support when attending.

People's health history and primary care formed part of their person-centred plan.

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

Communal areas provided space for people to spend time together and to take part in activities. All flats at Thie Quinney were wheelchair accessible with one flat suitable for people who are classed as bariatric. Flats have an en-suite wet room. Hoist tracking is provided.

There is a communal bathroom, with accessible bath, hoist & changing table.

A communal kitchen was fully accessible. Each flat had an accessible kitchen, with raising/lowering work surfaces, hob & sink.

People had access to outdoor space.

Ensuring consent to care and treatment in line with law and guidance

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area.

People were enabled to make their own decisions and are helped to do so when required. Staff received training on deprivation of liberty safeguards and decision making and capacity.

The manager said that all service users were deemed to have capacity. One service user had a restrictive practice audit in place which had been completed in full agreement with the person.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The service was caring.

At the last inspection there were no areas for improvement made.

Ensuring people are well treated and supported: Respecting equality and diversity

People were well treated and supported with respect.

We observed kind and caring interactions between staff and people living at Thie Quinney. One relative told us, "We have always found the staff have treated (name) with dignity and respect."

Religious and cultural needs were identified when developing support plans.

We saw recognition in support plans of the need for people to receive emotional reassurance to manage anxieties and worries.

The provider had policies which covered staff responsibilities in relation to the standards applied in the treatment of people who used the service. This was further supported by the statement of purpose and service users' guide.

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

Records confirmed that people were involved in the review process of their support plans and were involved in decision making.

Outreach staff confirmed that they had enough time to provide quality care to people. This included travel time to people and the time spent in their home.

Staff and service users at Thie Quinney had regular keyworker meetings for views to be expressed and shared.

Thie Quinney service users were asked to complete an annual customer survey. They were asked to reflect on their experience of the service they were receiving and their quality of life. Outreach service recipients were also asked their views as part of quarterly monitoring visits by the provider's Quality and Compliance Manager.

Respecting and promoting people's privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. Outreach service users were helped to build / rebuild social and other networks and to enjoy purposeful activity of their choosing in the community.

Person centred plans were written in a way so as to promote independence and achieve future goals.

People's privacy and dignity was respected and promoted. Staff at Thie Quinney were observed knocking and waiting before entering a person's flat.

Staff were informed about the need for confidentiality on induction. People were informed about how information about them was handled. This information formed part of the provider's statement of purpose and service user's guide.

Our findings

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

This service was responsive.

At the last inspection there were no requirements made.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

Support plans were personalised, individualised and captured people's individual needs and preferences. The support plans demonstrated how independence was promoted, and quality of life was taken into account.

Staff were familiar with people's needs and preferences. One family member commented, "my brother is very happy at Leonard Cheshire and considers it his home. The staff that know him are very good with him and are understanding of his issues".

Care records were reviewed regularly with a six-monthly review held with the person to ensure they were reflective of current needs.

People were supported to maintain contact with people who mattered to them. Community involvement was also supported, for example, an Outreach service user accessing public transport.

Improving care quality in response to complaints and concerns

The provider had an established complaints procedure in place and an information booklet, displayed in the Thie Quinney communal room, guided people on how to raise a concern or make a complaint.

A statement of purpose and service user guide provided further information in relation to managing expectations, values of the service and how to give their views or make a complaint.

People's concerns and complaints were listened to and responded to and used to improve the quality of care.

People we spoke with said they would feel able to speak with any member of staff if they had any concerns and were confident they would be listened to.

A log of complaints was maintained. No formal complaints had been made, but the provider demonstrated that low level concerns were listened to and acted upon.

Information on complaints formed part of the provider's annual quality visit report.

End of life care and support

The service was not currently providing end of life care and support. Paperwork was in place for people to record the last years of life information if they wanted to.

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.

The service was well-led.

At the last inspection there were no requirements made.

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

The statement of purpose and service user guide set out the philosophy and values of the service.

Management kept under review the day-to-day culture of the service.

Staff felt supported by management and colleagues. One staff member said, “(management) encourage me to approach them if I need any additional support or need to update them on any work I have carried out” and “even though the team working in Outreach only really see / meet each other at team meetings due to the nature of lone working, that team is very supportive”.

Service users felt listened to. Keyworker sessions gave people the opportunity to discuss things that were important to them. Annual surveys for Thie Quinney service users, and quarterly input from the provider’s quality and compliance manager for Outreach service users also gave people opportunities for giving feedback.

Regular staff meetings were taking place for staff to contribute to the running of the service.

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

The registered manager had attained a Level 5 Diploma in Leadership for Health and Social Care. The manager was clear on their responsibilities and had met all requirements from the previous inspection, and submitted notifications for any event affecting the wellbeing of service users.

The manager said that they felt very supported by their line manager and by the quality and compliance manager.

Staff received regular input from the manager due to their presence in Thie Quinney. Regular 1:1 supervisions, annual appraisals and observations of staff practice were taking place.

Appropriate insurance cover was in place and displayed in the service.

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

There was a positive and open culture at the service. The provider had systems to provide person centred care that achieved good outcomes for people.

Quarterly monitoring was used to gain feedback from Outreach service users. These were analysed and actions taken in response to any recommendations made. An annual customer service questionnaire was given out to service users at Thie Quinney. Results formed part of a detailed survey. Regular person-centred plan reviews were taking place. Records evidenced that people were involved in the reviewing of their care.

Staff feedback was sought during quality monitoring visits and audits carried out by the quality and compliance manager, as well as in team meetings.

People were given the statement of purpose and service user guide at the beginning of receiving a service.

How does the service continuously learn, improve, innovate and ensure sustainability

Areas of improvement identified following the last inspection have been met and ongoing improvement had continued.

The provider continually strived to develop and improve the quality of service provided.

The provider had a range of systems in place to gather data and information that was relevant to the performance of the service, including Key Performance Indicators (KPI's) and regular audits, for example on clinical care and gaining feedback from service users.

A customer survey report was written that published the results of the provider's feedback survey, which included any learning from the process.

Working with partner agencies

Information contained within person centred plans demonstrated that the service worked in partnership with other agencies.