Leonard Cheshire Disability

Dorset Learning Disability Service - 4 Romulus Close

Inspection report

4 Romulus Close
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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

The inspection took place on 17 June and was announced. Dorset Learning Disability Service 4 Romulus Close is a service which provides care and support to four people with learning disabilities. It is situated in a residential cul-de-sac in Dorchester.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service in December 2013, we had concerns that people were not protected from the risk of inappropriate care because peoples care plans had not been changed to identify peoples risks and because accurate review records were not maintained. We asked the provider to take action about these concerns and they sent us a plan detailing that they would have addressed them all by August 2014. At this inspection we found that improvements had been made.

There were enough staff at the service to keep people safe, but the home had vacancies and was sometimes running on minimum staff numbers. People were supported with a range of activities and were not impacted by the staffing levels, however it meant that unplanned activities might not have been possible on some occasions.

People were protected from avoidable harm by staff who knew them well and understood the risks they faced. Risk assessments were comprehensive and focussed on supporting people to be as independent as possible whilst supporting their behaviours and managing their individual risks. Staff were recruited following appropriate pre-employment checks and received appropriate training for their role.

People were supported to live in a safe environment because fire safety, building and equipment checks were carried out regularly and any issues were recorded and actioned.

People received their medicines as prescribed and we saw that they were stored safely and recording was accurate and regularly audited.

Staff had daily contact with the registered manager and were encouraged to speak with them whenever they needed to. More formal supervisions for staff were being scheduled but were overdue and the registered manager was aware and managing this.

People were supported to make decisions or to be involved in best interests decisions where they were unable to make decisions for themselves. Staff understood the relevant legislation around this and records were robust.

Staff understood how to offer people choice and we saw that people were involved in choices about all aspects of their support in ways they were able to understand.

People were supported by staff in a way which was kind and respectful. Rapport between people and staff was good and there was a relaxed atmosphere at the home. Staff ensured that they were mindful about how to maintain peoples privacy and dignity.

Relatives were regularly contacted to discuss any issues and were involved in reviews of their relatives care. Records were person centred and detailed, they gave histories of the people living at the home and focussed on what people liked and what their interests were.

Relatives and health professionals who visited the service felt welcomed and that staff were caring and supporting peoples needs well. They also felt that the home was well managed and had regular contact with the staff and registered manager.

There had been some corporate changes made which were not all viewed positively. Staff told us about the impacts both on people who lived at the service, and also on staff. The registered manager was aware of these and in the process of feeding them back at management level.

There was an open culture at the service and staff were clear about their roles and responsibilities. The registered manager encouraged staff to tell them about ideas and they had plans for how to further develop the service.

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

People were supported safely by staff who knew them, and there enough staff to support peoples needs.

Peoples risks were minimised because they had individual risk assessments and staff knew their role in reducing these risks.

People were protected from the risks of abuse because staff understood the possible signs of abuse and how to report these

People received their medicines safely and they were stored securely

Is the service effective?

Good

The service was effective

People received care from staff who had the necessary skills and knowledge to support them.

People who were unable to make decisions about their care had decisions made on their behalf. These decisions were in line with legislation and made in peoples best interests.

People were supported to make choices about what they wanted to eat and drink and their likes and dislikes were taken into account.

People had prompt access to healthcare services.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring in their approach and there was a relaxed atmosphere in the home.

Staff supported people to maintain their privacy and dignity
People were supported to make choices about how they were

supported and staff knew how to communicate with people

Is the service responsive?

Good

The service was responsive

People were supported to take part in a range of planned activities

People were able to feedback about their care informally.

People had person centred support plans which focussed on how they wished to be supported.

Is the service well-led?

Good

The service was well led

People were supported by a registered manager who knew their individual needs and communicated effectively with staff.

People were supported by staff who had regular staff meetings to discuss any issues or changes and were encourage to suggest changes and developments which would improve the service for people.

There were quality assurance systems in place which ensured that any errors or issues were identified and improvements made.

Dorset Learning Disability Service - 4 Romulus Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 June 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by a single inspector and after the inspection visit we completed phone calls with relatives and health professionals who were involved with the service to gather their views.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. We also spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we observed staff interactions with four people who used the service. We also spoke with three relatives, the registered manager and two health professionals who had knowledge about the service.

We looked around the service and observed care practices throughout the inspection. We looked at the care records of three people and reviewed records relating to how the service was run. We also looked at two staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information, personal emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

There were enough staff to support peoples needs safely. We saw that staff were able to respond quickly when a person wanted them to follow them and that staff were attentive and knowledgeable about the people they were supporting. There were two staff on duty during the inspection visit and the registered manager was also present.

People were supported safely at the service because there were clear individual risk assessments and staff were aware of how to manage the identified risks. For example, one person required manual handling and there was a clear moving and handling plan and photographs which detailed how equipment was to be positioned. Staff were aware of these details and confident to support the person safely. Another person was at high risk of falls and we observed staff walking with them, reassuring them and ensuring that when the person went out, a wheelchair was taken in case they required this. Another person required two staff members when they went out to ensure their safety. A member of staff explained what equipment they used and how they supported the person safely when they were out in the community.

Staff had received training in how to safeguard people and were able to explain how they would recognise the possible signs of abuse and report this. Staff were also aware of how to whistle-blow is they had concerns and told us that they would be confident to do so. The whistle blowing policy encouraged staff to raise concerns and included a clear diagram showing the process to follow.

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. Other information including identity checks and previous references were also kept on file. The registered manager told us that they did use some agency staff, they said they used one agency only and ensured that appropriate checks were in place. Because of the complex needs of the people living at the service, only agency workers with previous experience of the home were used.

Recruitment was an issue for the service and the registered manager was using agency staff for some shifts. They told us that staff numbers needed to be between two and four depending on peoples activities and that they would prefer to have at least three staff at each shift. The staffing ratios and budgets were set at a corporate level and then managed by each location. The registered manager explained that they currently had two vacancies and were recruiting, interviews were already booked for these posts. The staff rotas we saw showed that there were two staff on shift on several days over a two month period. The registered manager told us that two staff was sufficient on some days if people were out at planned activities. We saw that on other days where there were two staff on the rota, agency staff had been booked to ensure there was adequate staffing levels.

People had equipment available to support them to move safely. Staff told us that they had access to sufficient equipment and this was regularly checked for signs of wear and tear and serviced. Staff told us that they had received appropriate training in manual handling and were confident to use the equipment

with people. One staff member told us how they had identified a risk for one person who was in a wheelchair and risk assessments had now been changed to ensure that this was managed.

Accidents and injuries were clearly recorded at the service and actions followed up. For example, we saw that following a medicines error, the appropriate notification was sent to CQC and the local authority were informed. The family had been made aware and updated medicines competency assessment was scheduled for staff by the registered manager. For another person, they had sustained an injury, this was recorded and the information had been shared with the health professionals involved with the person.

The service conducted safety checks in the home which included regular tests of the fire alarms, extinguishers and fire drills. People had emergency evacuation plans in place which were clear and detailed how to support each person. For example, for one person it detailed separate plans depending on whether they were in bed or in their wheelchair in the communal areas of the home. The emergency plans also included contact numbers for the mains services to the home and clear procedures in the event of a fire.

Medicines were stored safely and given as prescribed. Medicines were counted and checked each time they were given and recorded correctly on the Medicine Administration Records (MAR). For example, one person received a medicine regularly and we saw that they had been given these at the correct time and that this was recorded correctly in the MAR. The remaining tablets had also been checked and these were also correct. Storage for medicines was secure and at the correct temperature. For people had prescribed creams, these had clear instructions about how they were to be applied. Staff were able to explain how they knew that people needed 'as required' medicines. For example, for one person who was not able to verbally communicate, staff knew that they made a certain noise when they were in pain and were then able to administer medicine.

Good

Is the service effective?

Our findings

Staff received appropriate training to enable them to carry out their role. Staff we spoke with had worked at the service for a number of years and told us that they received refresher training in a range of topics including manual handling, medicines and safeguarding. One staff member told us that training was face to face and comprehensive. Another staff member said that lots of subject areas were covered during the refresher training which was a bit overwhelming in one block. Records showed that inductions at the service was robust. Staff received training in a range of areas and shadowed other staff. Training included emergency first aid, fire safety and whistleblowing, dates when these were completed were recorded and refresher dates were also scheduled. All new staff attended a corporate welcome day as part of their induction to Leonard Cheshire Disability.

Supervisions were planned four times annually, with one of these being used for an annual appraisal. The registered manager told us that they were behind with supervisions and they had asked the senior to book these in for staff. One member of staff confirmed that they had not received supervision for a while, but told us that since the registered manager was based at the service, "we can go and discuss if there is anything rather than waiting". The senior confirmed that they were scheduling in supervision for staff. The registered manager provided management to two locations, one of which was Romulus Close. They had daily contact with staff and split their time between the two locations to make sure that they were accessible and available for staff. Although formal supervision had not been taking place regularly, staff had access to the registered manager and felt supported by them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had comprehensive capacity assessments. For example, one person had a capacity assessment which identified that they lacked capacity to make a specific decision and explained the reasoning behind this. A best interests decision had therefore been made and then an application for DoLS. There was a DoLS application for each of the people living at the service and an authorisation for one of these had been granted. We noted that the DoLS authorisation on the persons record had expired in 2015. The registered manager provided us with the new authorisation which was in date.

People at the service had very limited or no verbal communication and required support with all aspects of their daily lives. Some people also had very specific behaviours and needed to be supported in a particular way. Risks needed to be managed by staff and we observed that they had the necessary skills and

understanding to respond quickly and appropriately when people exhibited behaviour and had minimised the risks by supporting them effectively.

Communication with people was good and we observed that staff knew what people wanted, how they communicated and how to offer choices so that people understood these. One staff member explained that a person made a particular noise and a physical action when they were not happy, and different noises when they were happy. We observed the person communicating as the staff member had explained and saw staff responding appropriately. Another person used actions to communicate with staff that they wanted something and we observed that the person was relaxed with staff and approached different staff for support. Staff responded promptly and understood what the person was trying to communicate. Some people had Personal Communication Passports. They are a way of pulling complex information together and presenting it in an easy-to-follow format. The information was comprehensive but not everyone at the service had one of these. The registered manager told us that they would look at why some people did not have these and create them if required.

Staff told us how they offered appropriate choices to people. One member of staff explained that one person became easily obsessive and they worked hard to promote choice while supporting them to not obsess about particular things. This included where they went when they took them out and they advised that they would visit first to check for any risks or triggers for the persons behaviour. They were still able to offer the person choice at a level they were able to manage and we observed them supporting the person to choose drinks in the kitchen. We observed people eating a meal and saw that they each had something different which they had chosen. We also observed a member of staff offering a person a verbal choice of two activities and the person was able to verbally communicate their choice.

People had input into the weekly menu choices at the service. The menu included a main choice each day which one person at the service had chosen. This meant that everyone was able to have a say in the meals and staff explained that if people wanted something else , then they accommodated this. A member of staff explained that for one person, they were able to offer three or four choices and they would communicate what they wanted, for someone else it was one or two choices. Staff knew peoples favourite food and drinks and records also provided this detail For example, one record detailed what drinks a person liked. It also explained where the person liked to sit at the table and that they may have certain behaviours of there were too many people eating at the table at one time. We observed that people were supported safely with meals – one person used a plate guard and staff gave them a little food at a time to reduce identified risks. Another person had special equipment to manage drinks which reduced identified risks of choking and we observed that staff were aware of any special cutlery or equipment people needed and how to support them.

People had prompt access to healthcare when they needed it. One person at the service had been very unwell and referrals had been made promptly to health professionals to seek support. Another persons record showed that they were overdue a visit from a dentist. The registered manager had already noted this and had an appointment date booked. We spoke with two health professionals who told us that referrals by the service had been made quickly and for appropriate reasons. A relative told us that when their relative had been admitted to hospital "a member of staff went in every day to see them and the registered manager made themselves available for any questions from the hospital". Each person had a health plan and this included a hospital assessment which would travel with them if they were to be admitted. These were not dated so it was unclear whether the information was still up to date or whether it was reviewed. The registered manager said that they would look at this and ensure that the information was kept current.

Good

Is the service caring?

Our findings

Staff supported people at the service in a kind and caring manner. We observed a person taking a member of staffs hand to guide them to their room so they could use their keyboard. We also observed a member of staff supporting a person to have their meal. The person was laughing and was relaxed with the member of staff and enjoying their meal. A relative described the service as a family and felt that the way staff interacted with people was caring. Another told us that they felt staff looked after their relative well.

Staff knew the people they were supporting well and were able to tell us about their likes/dislikes and personal histories. For example a member of staff told us about the certain way one person liked to be supported and how they preferred to spend their time when they were in the home. We saw that people had input into their own bedrooms and these were personalised. A relative told us that they had helped to choose the furnishings and colours for the persons bedroom. Staff spoke about people warmly and the atmosphere was relaxed with clear rapport between people and staff.

Records were person centred and included details about peoples backgrounds and what was important to them. For example, one record detailed that routines and personal space was important to one person, it then detailed how to best support the person to maintain their routines and to respect their personal space. Another record explained items which a person liked to have with them at all times and explained how the person would communicate if they wanted their own personal space. Some people at the service had behaviours which challenged and records were clear and comprehensive about the associated risks with the behaviours, how to support the person to manage these and also how to approach and support the person if the behaviour escalated. The registered manager told us that over time, they had worked with the person and enabled them to have more independence and control whilst supporting their behaviours. The persons record clearly showed the behavioural triggers for this person, prevention techniques and also actions to manage the behaviour which focussed on the safety of the person and staff.

Peoples privacy and dignity was respected at the service. We saw that a member of staff closed a persons door when going to support them with intimate care and staff were able to tell us how they protected peoples privacy. For example, one explained that when they supported someone with intimate care they left a chair just inside the closed bedroom door. This was because another person at the service could walk into other peoples rooms and ensured that the privacy of the person in receipt of care was respected.

Staff promoted people to be independent with areas of their lives. The people at the service had complex needs and required high levels of support, however staff had identified areas where they could enable independence. For example, staff encouraged one person to help to tidy their room. Another person was supported to put their belongings away each day which assisted them with maintaining routine and also helped them to relax and prepare for bed time. People were able to move about the house freely, and we saw that they went out into the garden unaccompanied when they chose during the inspection. We also observed a person wanting a hot drink, a member of staff supported them to make a choice and to find the right implements to prepare the drink.

People participated in planning their support and peoples care plans were comprehensive. Where people had limited ability to make decisions, their families were involved and other involved professionals had been included. One person had been moved quickly in to the service and the registered manager told us that they had spoken with a range of professionals including a nurse and social worker, to ensure that they had a comprehensive support plan. A health professional told us that staff had known the history of a person when they had visited and had supported the person well. A relative told us that their relative had "been really happy and come on well which gives me peace of mind".

Good

Is the service responsive?

Our findings

Records showed what activities people enjoyed and how they liked to spend their time. For example, one person enjoyed making and listening to music. We observed that the person approached staff to support them to use their keyboard and to change the tones to the one they preferred. Another person was supported to have CD's on and involved in what music they wanted to listen to. Staff planned taking people out because they needed to consider behavioural triggers and whether certain places could trigger a person to become anxious. This worked effectively on a planned basis, but there was less opportunity for unscheduled, unplanned outings. At our inspection, there were two staff on duty with the registered manager. A member of staff told us that "with correct staffing, we could do more activities". One person required two staff to support them to go out and on that particular day, the person would not have been able to go out unless the registered manager was able to support the remaining people in the home. This meant that people were not always able to spontaneously go out and access the community because of the way the service was planned.

Feedback was sought informally by the registered manager. They told us that they regularly spoke with people and gathered verbal feedback and this was in line with what relatives had told us. One said the registered manager called them regularly to chat about how things were going. A member of staff told us that they received a staff survey annually to gather their feedback and that the registered manager "asks for our views and feedback".
Peoples support was reviewed regularly and relatives were involved in these reviews. One relative told us that the registered manager contacted them regularly to check in on how things were going and that they attended regular meetings to review the support. Another relative told us that they went to the reviews and if they were unable to attend, the service feedback to them afterwards. Another relative said "we have regular catch up meetings, where they have been up to and (discuss) any issues". Peoples care plans showed areas which had been changed and updated as a result of the reviews. For example, one persons record had been updated to show that they no longer took part in previous activities they had enjoyed, but detailed what interests they now had and there were clear risk assessments to accompany these. A member of staff was aware of the persons previous interests and why these had changed, they were also able to explain what activities and interests the person currently had.

People were engaged in a range of community based activities throughout the week. We saw that some people at the service enjoyed walks and staff supported them to go out regularly for walks in the woods or to other areas. People also took part in swimming and sailing and regularly went out on a charity run boat which had disabled access. On these days staff took packed lunches for people and made cooked meals in the evenings to fit around the activities. Staff had access to a wheelchair accessible mini-bus and used this to transport people. One person regularly went to visit family and staff provided transport there and back. Another person attended a day centre several times a week and this was something they had done before moving to the service. Staff explained that the person was often tired after spending several days at the day centre so they ensured that they could sleep in at weekends or stay in bed longer if they were tired. Some peoples records showed that they had friends whom they had regular contact with. The registered manager explained that these were people that they met from time to time at Leonard Cheshire functions but people

did not regularly meet up with friends. A relative told us that their relative went out nearly every day and enjoyed the activities.

Relatives were aware of how to complain if they needed to. One told us they "would feel able to complain if I need to". We saw that there were easy read versions of the complaints procedures for people to use. There was a complaints policy for the service and there had not been any complaints within the last 12 months.

Good

Is the service well-led?

Our findings

At our last inspection in December 2013 we found that people were not protected from the risks of inappropriate care because peoples care plans had not been changed to identify peoples risks and because accurate review records were not maintained. Regulations had been breached and we asked the provider to take action. At this inspection we found that improvements had been made.

The service was well led and there was a registered manager in post. Recent corporate changes had meant that the registered manager was now based at the home for half of their time and this was fedback to be a positive change by people, relatives and staff. We observed that people were interacting with the registered manager and comfortable to approach them for support. A member of staff told us that the registered manager was "very involved and I'm very impressed with their knowledge of people (we support). They have told us if we need their help, they're here, just ask". A relative told us "they seem to have everything under control" and another said "now they (the registered manager) are based at the home, it's good for everybody and builds more of a team with the manager and staff". The registered manager told us that they were happy to "give staff a hand, I have done some nights at the home and I'm very hands on".

There was good communication between the registered manager and staff. We observed that they worked well as a team and were clear about their roles and responsibilities within the service. They used a communication and handover book to ensure that staff were up to date with each person in the home. A member of staff told us that there were handovers daily and that communication in these was good, they also said that they read the communication books at every shift. There had been monthly staff meetings at the service where ideas were discussed and actions planned. These were evidenced in peoples records. Changes had been made which meant that staff meetings were to move to bi-monthly which staff did not feel was a positive change. One staff member told us that the reduced frequency and times of meetings was "not enough to discuss some of the issues".

Staff were confident in their role and there was an open culture at the service. One staff member told us that they would be confident to approach the registered manager with any issues and said that they would "let me know in supervision if I've not done something correctly". Staff were encouraged to highlight any issues and develop the service. For example, one staff member told us that they had noticed a person was waking earlier in the mornings and they discussed the reasons for this change. They trialled the person in cooler nightclothes which improved how the person slept. We saw that their record also reflected that during the summer months, the person would wake earlier and staff were supporting with this change.

Some of the corporate changes had affected staff at the service and these were not all seen as positive. Alongside the changes to the staff meetings, staff were no longer able to eat with people at mealtimes. One staff member told us that it had previously been like a family meal and that people who used the service did not understand the changes, this was particularly the case for one person whose memory meant that if they saw a staff member eating, they thought that they had not yet had any food. The registered manager was also aware of this and staff were working to support the person to understand that this was not the case. Changes to working hours and shift patterns had also affected staff and people. Staff were only able to work

shorter shifts and told us that this was difficult for some staff. It also impacted on people who were used to a particular staff member being in the home for a longer time period and were needing to adapt to staff changing shift more frequently. The registered manager was feeding these back at corporate level and told us that they had regular management meetings.

The registered manager told us that they linked with other managers in the service for support and also outside organisations including the local authority. There had been no service manager in post at the time of inspection and this had impacted on the registered manager and their induction into the role. They explained that they had spent time reviewing peoples risk assessments and person centred care plans and getting to know the people who use the service. They were planned to attend some management training and were also awaiting further guidance and training about other areas including completion of consent forms. The registered manager told us that they had an open door policy and encouraged staff to feedback to them. They had plans to cascade Makaton training to staff. Makaton is a language programme using signs and symbols to help people to communicate. Some staff were able to use some Makaton and peoples records noted that something they would want would be increased use of Makaton. The registered manager told us that they were going to spend time training staff to use Makaton more to improve communication further. The registered manager also advised that they were working on staff becoming less risk averse and finding ways of managing peoples risks while enabling them to have as much independence as possible. This was particularly the case for one person who was now going out into the community on an increasingly frequent basis because of the work the registered manager had undertaken with staff.

Quality assurance checks at the service was regular and robust. The registered manager told us that they carried out unannounced observations and had turned up at the home out of hours to spend time observing staff. They had then fed this back to staff in supervision and discussed any learning points. Medicines were checked weekly by the registered manager and any actions followed up. For example, they were able to tell us about two medication errors they had found during audits and that they had actioned these with the staff involved to prevent reoccurrence. Fortnightly checks were also undertaken of recording in the daily record and handovers. The registered manager also regularly checked that staff were able to verbally explain peoples risk assessments and their role in managing these.