Leonard Cheshire Disability

Dorset Learning Disability Service - 4 Romulus Close

Inspection report

4 Romulus Close
Dorchester
Dorset
DT1 2TH

Tel: 01305263479
Website: www.leonardcheshire.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

People were not always able to verbalise their views, we therefore observed and listened to the interaction between people and the staff who were supporting them.

People were supported by staff who knew them well, however, people did not have access to communication aids that would promote their knowledge and independence. At the time of the inspection people did not have routine and structure to their day. People had sensory impairments or were living with autism, which meant it was important for them to have structure to their day and information which informed them of the what day it was and what the events of the day were going to be.

Staff although kind in their approach to people were focused on task related activities such as cooking, cleaning and supporting people with eating their meals where this was required and personal care tasks.

People's privacy, dignity and independence were respected and promoted by staff. Although kind in their approach to people, staff were focused on task related activities such as cooking, cleaning and supporting people with eating their meals where this was required and personal care tasks. Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable.

People received help with their medicines from staff who were trained to safely support them and who made sure they had their medicine when they needed it. When errors occurred, staff were supported to reflect and learn from their mistake.
People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA).

The requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was being met. Where people had restriction on their choices, best interest decision making processes were in place. People were consulted on decision in regards restriction on their movements with the support of advocates, relatives or health professionals.

People's risk of abuse was reduced as the provider had a suitable recruitment processes in place. Although there were sufficient staff to meet people's care needs, staff felt they were unable to support people in their preferred activities as much as they would like. The registered manager informed us additional funding was being sought.

People were protected by the prevention and control of infection by staff who had received the appropriate training. The service had a comprehensive range of health and safety policies and procedures to keep people safe and each person had an emergency evacuation plan in place.
To ensure the environment for people was kept safe specialist contractors were commissioned to carry out

fire, gas, water and electrical safety checks.

Care staff prepared and cooked meals. Staff told us they asked people what they wished to eat and then prepared their dinners. We observed the lunch time meal, people were not involved in supporting staff to prepare their meals or setting the tables.

The service had a complaints policy and procedure which was available for people and visitors to view in the home. Although the provider had an easy read version of their complaints procedure, this was not visible for people to see around the home. People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs

Quality assurance systems were in place to monitor the quality of the service and audits took place. However, these audits were not always effective in identifying some of the issues found during our inspection.

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 protected from discrimination and staff understood how to manage different risks to keep people safe in their own homes.

People told us they felt safe. People were protected by staff who had a good understanding of how to safeguard people from abuse or harm.

Medicines were managed safely. People received their medicines on time and as prescribed.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive

People did not have access to a range of activities that were meaningful to them.

Although there was a complaints procedure in place, people did not have access to the complaints procedure.

People had personalised support plans which they were involved in developing and reviewing.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality of the service provided to people was monitored and where there were shortfalls these were not identified.

People and staff had access to their management team and felt able to approach their managers.

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 27 November 2018. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the service. We spoke with four people who used the service, one relative, four care workers, the registered manager and the service manager. We received feedback from one health professional.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People were observed to remain safe at the service and were supported safely. There were clear individual risk assessments in place and staff were aware of how to manage the identified risks.

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 if they had concerns and told us that they would be confident to do so. One member of staff told us, "I have raised concerns in the past and would be confident to do so again." Relatives told us they felt their loved ones were safe living at the service. Advocate services were available to people who did not have family to support them.

Staff recorded and reported any concerns they had within people's care records, including any changes in a person's behaviour so appropriate action could be taken. Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place. Staff were able to discuss how they supported people to remain calm and reduce the risk of harm to themselves or others. There was an open culture from learning from mistakes, concerns incidents and accidents. Accident and incidents forms identified how lessons had been learnt such as additional training following medicine errors.

People were protected from discrimination, and supported in a way that protected them and others. For example, restrictions were minimised to keep people safe. One staff member told us, "We have the lock on the kitchen door when we are cooking. People are able to spend time in the kitchen when it is safe to do so." We observed when people were unable to enter the kitchen, they were still able to watch staff and inform staff if they needed anything from the kitchen.

Arrangements were established to protect people from the risk of financial abuse. Some people needed support to manage their finances. Staff carried out daily checks on all transactions and the registered manager carried out audits and checks and reviewed whether people's money was managed appropriately and safely. People received support from staff whilst out in the community in regards accessing their money. One member of staff told us, "We record every transaction."

People's risk of abuse was reduced as the provider had a suitable recruitment processes in place. Checks were carried out to help ensure new staff were safe to work with vulnerable people. Staff were unable to start work until satisfactory checks and references had been obtained. New staff confirmed they had not been able to start work until all checks had been completed.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. However, staff told us although there were sufficient staff to support people with day to day living, they were not always able to be flexible to support people outside the home. One member of staff told us, "There are not enough staff, we are just ticking along. If there were more staff on shift we could do more." The registered manager told us, "Some people need two to one support, this takes up a majority of our

hours. We are fully staffed with one bank staff to support when required." The registered manager informed us additional funding was being sought which would mean people would be given the opportunity to go out more.

Systems were in place to ensure people received their medicines safely. Staff had received medicine training and were assessed as competent before they were able to administer medicines. Staff confirmed they had received this training. The medicine folders contained a range of information including: a description of how the person liked to take their medicines, reviews with the GP and a body chart for the application of skin creams. People living at the service had their medicine administered in the privacy of their bedrooms.

Staff were able to discuss the risks associated with the medicines people were receiving including specific health concerns. The appropriate risk assessment, health plans and best interest documentation were in place to support this practice. Medicines were securely stored and people's Medication Administration Records (MAR) showed when medicines had been administered.

People were protected by the prevention and control of infection by staff who had received training and wore personal protective equipment (PPE). Staff completed the cleaning of the service and the cleaning rota guided them to ensure all area of the home were kept clean. Staff received food hygiene training and correct procedures were followed where food was prepared and stored. For example, open foods were covered and labelled appropriately.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call management system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe.

Good

Is the service effective?

Our findings

People continued to receive effective care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The appropriate decision makers such as social workers, family or Independent Mental Capacity Advocates [IMCA] had been included.

People were living with a learning disability, autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. People had their support needs assessed and reviewed. Staff showed a good understanding of individual needs including the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. We observed staff putting their training into practice by offering people choices and respecting their decisions within the home. Staff told us how they supported people to make decisions about their care and support.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in date and the registered manager was aware when they needed to be renewed.

Where people were unable to give consent best interest meetings were held in regards their day to day decisions. Records were clear who had been involved and why it was felt that the decisions being made were in people's best interest. For example, one record evidenced the best interest meeting had been held in regards supporting one person to remain as independent as possible in regards their eating and drinking. Another to support a hospital decision.

Care staff prepared and cooked meals. Staff told us they asked people what they wished to eat and then prepared their dinners. We observed the lunch time meal, people were not involved in supporting staff to prepare their meals or setting the tables.

Where required people had safe swallow plans, staff demonstrated an awareness of individual risk in relation to the plans. We observed staff ensure meals were presented in a manner that did not put people at risk of choking. Meals were recorded in people's daily records. People were seen to enjoy their dinner One person told us, "I like the dinners". Snacks and drinks were available throughout the day and night.

People were supported by staff that were knowledgeable about their needs and had the correct knowledge and skills and were supported to keep their professional development up to date. Staff told us they received enough training to enable them to carry out their roles effectively. The provider had identified some training as mandatory such as food hygiene, emergency first aid, MCA, and whistleblowing. Attendance at training was recorded centrally. New staff underwent an induction and staff new to care work were enrolled on the Care Certificate. This a nationally recognised induction programme for new care workers. Following the

induction staff shadowed more experienced staff and did not work alone until the management and new staff were confident they had the right skills to carry out their role.

People were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Rooms were personalised with pictures, soft furnishing and soft toys according to individual taste. The communal rooms where not personalised. One large lounge had a number of chairs, some were damaged and looked unsightly. The dining area held a manual hoist. When asked why this was stored there, one member of staff said, "It had been there a while now. It should be in the garage".

People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. Care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Good

Is the service caring?

Our findings

People continued to receive care from staff who knew them well, and were observed to be treated with kindness. One relative told us, "The staff always seem to have [name] best interests at heart." We spent time observing interactions between staff and found staff to be friendly and kind in their approach towards people. We asked one person if staff were kind to them, they smiled and indicated yes.

We observed positive, kind and caring interactions between staff and people living at Romulus Close. People were supported by staff who knew them well. Staff made a number of comments to us which demonstrated how much they cared for people and enjoyed their personalities and individual attributes. For instance, one member of staff told us, "My jaw hurts sometimes from smiling all day." Relatives told us they were very happy with the support their loved one received. Comments included. "[name] is always happy to see the carers when they have come home, and always happy to go back with them." "Yes, lots of smiles always seem happy." One professional told us, "We have not had any reason to be concerned, people appear to be happy and relaxed with the carers."

The provider told us in their PIR, 'People at the service are encouraged to maintain their independence and to be as fully involved as possible in the provision of their care. It does not matter if this is only a small part but the important thing is to ensure they are involved and supported to take as much ownership as they can do. Staff are trained to provide support in a way that respects individual's privacy, dignity, independence and human rights'. We raised our concerns in regards the lack of structure in people's days with the registered manager. They informed us they had advised staff to do more with people but this had not happened. Following the inspection, the service manager advised us new activities such as board games had been ordered for people living at the service to ensure they received structured days.

Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable. Throughout the day we observed one person who appeared bored, the person was directed on many occasions to their room to participate in music. However, the staff members did not remain with the person, the person seemed to want to be where staff were. People were seen to use gestures and to lead staff to activities in the home they wanted to do, one person indicated they wished to go out. Staff informed us they were unable to take the person out, as there was insufficient staff or transport available to support the request. The person records showed the person had been supported out in the community on a number of occasions in the last two weeks.

People's privacy, dignity and independence were respected and promoted by staff. Staff were aware when people liked to be alone and the importance of them being given space and time to relax or calm down if they were distressed. Staff informed people what they were doing and ensured the person concerned understood and felt cared for. When staff went into people's rooms they knocked on the door before entering. When personal care was being provided to people staff ensured doors were closed to maintain people's dignity.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive. People did not always receive care that was responsive to their needs and personalised to their wishes and preferences.

The service was not meeting the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's communication needs were not being consistently met. Information was not presented to them in a way which enabled them to make informed choice or judgements. People did not have access to information that was accessible in different styles or formats to promote their independence such as photos, symbols or easy read guides. Some people had sensory needs and their care records informed us they could use and understand sign. One member of staff informed us, "We used to sign a lot more than we do now. I am not sure why we don't." Another member of staff told us, "We use some sign but think we could use it more.". Following the inspection, the operations manager informed us new activity and picture boards were being implemented in the dining room to support people's communication needs.

People did not always receive care that was responsive to their needs. For example, people did not have meaningful, individualised activities taking place on a day to day basis. People's individual needs for social stimulation, community inclusion and access to group activities were limited. Activities were reliant on enough staff being available to enable people to go out into the community and the deployment of staff meant that people did not always have these opportunities. Staff told us they could not support people in the community as they used to as they know longer had a home vehicle. People had sensory impairments or were living with autism, which meant it was important for them to have structure to their day and information which informed them of the what day it was and what the events of the day were going to be. One person's communication guidance stated, 'routines are important to me and I may then understand what is going to happen.' The person used photos to guide their knowledge. During the inspection the operations manager found the person's photo album in a cupboard. Staff said they had not been aware that it was there, but knew this would now make it easier for the person to know what would be happening during their day.

People's care plans were written from their perspective, focusing on how people preferred to be supported and held guidance about 'what makes a good day bad day' including personal histories. We observed two care records that stated that the person required time to process information. There were no guidance on display at the home which would support them to make informed choices. This meant people relied on staff to inform them of their day to day activities or which member of staff would be supporting them. Staff informed us picture guides would help people to know what was happening. The registered manager told us plans were in place to add activity boards to support people to have visual awareness of the plans for the day.

There was little stimulation for people. Staff were task focused, and seen to be preoccupied with tasks. Staff

although kind in their approach to people were focused on task related activities such as cooking, cleaning and supporting people with eating their meals where this was required and personal care tasks. Staff spent time sitting with people, but failed to motivate people to fully engage in daily activities, which would fully enhance people's quality of life. One person's care plan stated that the person liked to be involved with meal preparation and cooking. One member of staff said, "We used to bake cakes, but to be honest I can't remember the last time that happened here." This meant people were not being given opportunities to be involved planning their meals, or encouraged to make healthy options.

One person's care plan informed us the person liked to be involved in the running of the home. Staff told us there was not an activity schedule for the person within the home. We observed the person throughout the day of the inspection sitting at a dining room table for long periods of time. The person did not receive any information about activities they may enjoy doing or asked to help. The registered manager informed us they planned to ensure staff engaged more positively with people living at the service in regards structured time.

Staff raised concerns in regard changes to transport arrangements. One member of staff informed us, "One of the buses was suitable for supporting people in wheelchairs. We now share with other homes. We sometime have to book months in advance. If your third in the queue you only can choose what dates are left". Another member of staff told us one person loves a weekly art class that they may not always be able to attend. We spoke with the registered manager in regards other arrangements that could be in place to support people in the community or to choose activities. They informed us one person had applied for a bus pass, but this had not arrived. There have been a number of management changes which has resulted in standards dropping".

The provider had appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. However, there were no guides around the service to remind people that they were able to make a complaint or the process that should be used. Following the inspection, the provider sent evidence that easy read copies were available. The registered manager informed us, "Communication formats need to be addressed" They told us it would be an issue they would address and improve on.

People living at 4 Romulus Close were not receiving end of life care. However, the registered manager was able to share recent experiences of end of life care, whilst supporting people and their family to ensure end of life wishes were followed.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. Systems to monitor and improve the quality of the service were not effective. A number of quality monitoring systems were in place including audits and regular visits by the operations manager. While these activities identified some areas for improvement they did not always result in actions being taken to improve the day to day living for people living at 4 Romulus close.

As part of the governance arrangements, the provider had monthly audits which set out areas expected to be monitored by the registered manager. For example, complaints, incidents, review of previous month's action plan, review of reports from other agency's such as the fire department and environmental health. In addition, staffing issues such as supervisions, sickness and absences formed part of this policy. However, these audits had failed to pick up issues we found at our inspection, such as risk to people in regards the right to have accessible information to ensure maximum support to promote communication, the deployment of staff to ensure that people received a person centred service or improvements to day to day experiences identified.

There was a registered manager who had been in position since December 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager supported another of the providers homes, and felt this had contributed to standards not being maintained at 4 Romulus Close. They informed us, "There are no senior staff anymore which makes it difficult to share some of the responsibilities out".

Staff received supervisions appraisals and regular staff meetings. Staff confirmed and records viewed that regular supervisions were taking place. Comments from staff in regards the management of the service included. "Don't get very much guidance, the manager is not here very often." "It has been difficult with the different managers coming and going. Hope it might settle down now." "There is always someone on the end of a phone we know [registered manager] is very busy but does all they can."

People, their family and friends were involved in the service. Records were maintained in respect of each person and the management of the service. For example, care plans, health action plans, and hospital passports were kept up to date. The registered manager told us there had been a number of changes to the service including staff terms and conditions, which had resulted in staff feeling devalued and many staff leaving. They told us, "We have come through a challenging time, but we are now fully staffed and I feel in a position to stretch the staff team to feel motivated again". The operation manager told us feedback was sought from service users using an easy read questionnaire. The provider told us in their PIR, 'We welcome feedback regarding the service we provide at any time and collate complaints and compliments. In addition, we conduct an annual customer survey and will be carrying out our first friends and family survey to capture the views and opinions of this important group of stakeholders between July and January.'

People were supported by a service in which, the registered manager kept their skills and knowledge up to

date by on-going training, research and reading. They informed us they shared the knowledge they gained with staff at staff meetings and supervisions, and linked with the providers other managers to share knowledge and gain experience. The registered manager told us their vision for 4 Romulus Close was, "To be person centred as much as possible". The operation manager informed us the providers values were, "To be proud, positive and persistent". They told us this was the provider future five year strategy.

It is a requirement that provider's display the rating we have given in a conspicuous place. The last Care Quality Commission (CQC) report was displayed in the home and on the provider's website. The provider is required by law to notify the CQC of important events which occur in the home to protect the safety of people who use the service and this was being done.

Accidents and incidents which occurred in the home were recorded and analysed. Lessons were learnt and shared in staff meetings. People benefited from a registered manager who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships. The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person.