

Learning Disabilities Care (Dover) Limited

Chitty Barn

Inspection report

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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 

Overall summary

This unannounced inspection took place on 2 December 2015. This is the first inspection since the service was registered on 10 August 2014.

The service is registered to provide accommodation and personal care for up to three people who have learning disabilities. The service is a bungalow in the centre of Dover and close to the town centre and the local park and beach. The front door of the home leads directly into the living room. There are three bedrooms, at the front of the house, which has an en suite bathroom and two towards the back, with a communal bathroom located between the rooms. There is a kitchen, which has a

breakfast bar, and a separate laundry room. Outdoor space is limited as there is no back garden and a paved forecourt at the front of the service. At the time of the inspection three people were living at the service.

This service had a registered manager in post. A registered manager is a person who is 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.

Summary of findings

People told us they felt safe living at the service. The care and support they received was personal to their preferences and needs. Potential risks to people in their everyday lives had been identified and detailed guidance was in place to ensure that risks were reduced to a minimum without restricting peoples' activities or their lifestyles.

Safeguarding procedures were in place to keep people safe from harm. The staff had been trained and understood their responsibility to recognise and report safeguarding concerns. They demonstrated a good understanding of what constituted abuse and how to report any concerns. Staff were aware of the whistle blowing policy and were confident that if they raised concerns the provider would take the necessary action to protect the people living at the service.

Accidents and incidents had been recorded, investigated and appropriate action had been taken to reduce the risks of them happening again. Plans were in place in the event of an emergency and people had personal evacuation plans in the event of a fire. Checks on the equipment and the environment were carried out to make sure the premises were safe. There was a plan in place to paint the outside of the premises, and repairs and maintenance were completed on a regular basis.

People were being supported by sufficient numbers of staff that had the right skill mix, knowledge and experience to meet their needs. At certain times of the day, staffing levels increased to make sure people were supported with activities of their choice. Recruitment procedures were in place to check that staff were of good character and suitable for their job roles. New staff were given a detailed induction, and completed a probationary period to make sure they were suitable to work in the service. The training programme ensured that staff had the right skills, knowledge and competencies to carry out their roles. Specialist training such, as epilepsy had also been provided.

The management team supported staff through their one to one meetings and staff meetings. Each member of staff had received an annual appraisal to discuss their ongoing training and development needs.

When people came to live at the service their needs were assessed to ensure that people's care was delivered in

line with their preferences and choices. Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand and included pictures and photos.

Where people did not have the capacity to consent, the provider acted in accordance with

legal requirements. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible. People were encouraged and supported to have a nutritious and healthy diet. The management of medicines was robust with daily checks undertaken to make sure people received their medicines safely.

People said they liked the food. They were involved in the menu planning and also went shopping to buy the food. People had their weight monitored and if they needed further support with their dietary needs they were seen by a dietician to make sure they continued to receive a healthy diet.

There was a strong emphasis on person centred care and care plans covered people's preferred daily routines and lifestyle. People talked about their support plans and showed they were involved in the planning of their care. The plans were reviewed on a regular basis so that staff had the current guidance to meet people's changing needs. The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff knowledge was monitored to make sure they knew people well and how to support them in a way that suited them best. The service was flexible and responded positively to change. They supported people to follow their own pathway and reach new goals.

People were relaxed in the company of staff and staff listened and acted on what people said. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach. They knew people well and had developed good relationships with them. People were encouraged to

Summary of findings

enjoy their social lives and meet with their family and friends regularly. People were able to express their opinions and were encouraged and supported to access the local and wider community.

Feedback about the service was gathered from people, their relatives and other stakeholders about the service. Their opinions had been summarised and analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the management team were very supportive.

Comprehensive quality monitoring was in place with detailed checks regularly undertaken to identify any shortfalls within the service and how the service could be continuously improved. There was a culture of openness and inclusion within the service.

People indicated they did not have any concerns. There were regular meetings to make sure they were involved in the day to day running of the service. The complaints procedure was in a format that people could understand. There had been no complaints this year.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew the signs of abuse and had received suitable training to ensure people were protected from harm.

Risks associated with people's care and support had been assessed and steps were taken to keep people safe, whilst enabling their independence.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to meet people's support needs.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

Staff had received training and were aware of their responsibilities in relation to the Mental Capacity Act 2005. People gave consent to care they received.

People received care and support from trained staff who had regular one to one meetings with their line manager to support them with their learning and development needs.

Staff were knowledgeable about people's health needs and ensured these were met. People had adequate food and drink and helped to plan their own meals.

Good



Is the service caring?

The service was caring.

The management team and staff were committed to a strong person centred culture. Staff were attentive and listened to people in a respectful and dignified way.

Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and staff understood and respected people's preferences.

People were involved in their care planning and made decisions about their care. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's families and friends were encouraged to visit at any time and were made welcome.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. The care plans were regularly reviewed and updated to make sure people's changing needs were fully met.

People were actively encouraged and supported to take part in activities of their choice so that they could lead their lives in a way they wished.

People did not have any concerns and there had been no complaints raised.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager, management team and staff were committed to providing personalised care and this was consistently maintained.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. There was a commitment to listening to people's views and making improvements to the service.

The staff were aware of the service's ethos for caring for people as individuals and putting the people first.

The staff said they were very well supported by the management team and the organisation. Staff told us that the manager was open and approachable and always available to provide support or guidance.

Good



Chitty Barn

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.

This inspection took place on 2 December 2015 and was carried out by one inspector. This was because the service was small and it was decided that that additional inspection staff would be intrusive to people's daily routines.

We gathered and reviewed information about the service before the inspection. The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. We checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

We spoke with the registered management and other members of the management team at the organisation's head office. At the service we spoke with the manager of care, two people and three staff members. We looked at the care and support records for three people and also looked at management and staffing records. One person gave us a tour of the premises which included their bedroom. We observed how staff spoke with and engaged with people and spent time to get a feel for what it was like in the home.

We also spoke with two health care professionals and feedback has been included in this report.

This is the first inspection since the service was registered on 10 August 2014.

Is the service safe?

Our findings

People said that they felt safe in the service. One person said: “Yes I feel safe here.”

Staff had received training on how to keep people safe. The management team and staff were familiar with the process to follow if any abuse was suspected and knew about the local authority safeguarding protocols. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management team. Staff explained that they had built up good relationships with the people they supported and were able to tell when something was wrong.

People’s finances were protected by robust systems to make sure their finances were managed safely. People had budget plans in their support plans and had easy access to their money when they needed it.

Risks associated with people’s health and welfare had been assessed and appropriate procedures were in place to keep people safe. The risks were discussed, recorded and managed so that people were enabled and supported. Staff supported people positively with their specific behaviours, which were clearly recorded in their individual support plans. There was clear information to show staff what may trigger negative behaviour and strategies were in place to minimise any future occurrence.

There were systems in place to review any accidents and incidents and make relevant improvements to reduce the risk of further occurrence. The information was then sent to the head office where the health and safety team analysed the information to look for patterns or trends to reduce the risks of them happening again.

Checks on the equipment and the environment were carried out and emergency plans were in place in the event of any emergency, such as fire. Staff were aware of emergency procedures and each person had a personal emergency evacuation plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency.

People told us that staff were always around when they needed them. Staff told us that in times of sickness and annual leave the service was always covered. Staffing levels were consistent and assessed to make sure people were supported with their activities and daily routines. One to

one staff support was provided when people needed it. During the inspection staff responded promptly when people approached them and were responsive to their needs. There was sufficient staff on duty to make sure people chose and undertook the activities they wanted to do. People were being supported to go out into the local community to shop or go out for lunch. The registered manager and senior staff shared an on call system so they were available out of hours to give advice and support if needed.

Staff were recruited safely. All of the relevant checks had been completed before staff started work. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person’s identity and evidence of their conduct in previous employments. The DBS checks a person’s criminal background. There was also a six month probation period to ensure that staff had the right qualities and skills to work at the service. There was a clear disciplinary procedure in place should unsafe practices be identified.

People told us that they received their medicine when they needed it. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

There were policies and procedures in place to make sure people received their medicines safely and on time. Medicines were ordered and checked when they were delivered and the medicine records were clear and up to date. Records showed that medicines had been administered as instructed by the person’s doctor. There were systems in place to make sure people were able to take their medicines with them when they went out for the day or went to stay with family. When decisions had been made for people to receive their medicine in their best interests, clear guidelines were in place for staff to follow and appropriate authorisation had been obtained.

Medicines were managed, stored and disposed of safely. At the time of the inspection there was no medicine which needed cool storage and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Checks were made every time people received their medicines to make sure people had been given their medicines correctly and when they needed

Is the service safe?

them. Some people were given medicines on a 'when required basis', such as pain relief. There was written guidance for each person who needed 'when required medicines' in their support plan.

Is the service effective?

Our findings

People told us they were well looked after by the staff and were supported to visit the doctor when they needed to. They told us they were able to visit the local surgery.

Health care professionals told us that the service was 'really good'. They said that the staff acted on their advice and were prompt in responding to any health care issues or the need to work with the local learning disability team. They said that they were kept up to date with people's changing needs.

Staff had completed training courses relevant to their role. These were linked to the care certificate, (an identified set of standards that health and social care workers adhere to in their daily working life) and included health and safety, first aid awareness, infection control and basic food hygiene. Some specialist training had been provided, such as epilepsy. Some staff has received dementia training and further training in dementia and autism training sessions were also planned. Staff told us they were being developed and encouraged to further develop their skills and abilities.

Three staff had obtained, or were in the process of completing, the Diploma in Health and Social Care level 2 or above, and three staff were waiting to commence this award. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they felt supported by the management team to make sure people received the care they needed. They had regular one to one meetings with their line manager. This helped to ensure they received support to do their jobs effectively and safely. Regular staff meetings were also held so that staff had the opportunity to feedback their views. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

All staff had completed an induction when they started in their role. Staff did not work alone until they were assessed as competent to do so. Staff told us they received good training and there were always courses available if needed. Staff were supported closely during their induction period, the senior staff met with them weekly on a one to one basis to ensure they had the support they needed.

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 to 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).

We checked whether the service was working within the principles of the MCA. There were two people who had a DoLS in place. The conditions on authorisations to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly and plans were in place to support people in the least restrictive way.

All staff had received training in the Mental Capacity Act and DoLS. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put

these into practice effectively, and ensured people's human and legal rights were respected. They had received MCA training to make sure they supported people in the right way to make their decisions. The support plans confirmed that staff should sought the person's consent prior to delivering care.

A health care professional said: "The staff have a good understanding of the Mental Capacity Act and DoLS and keep these decisions under review".

People's health needs were recorded in detail. There were clear guidelines for people who had specific medical conditions. One person had complex health issues and the service had monitored and supported this person to improve their health. They worked with the local health care professionals and advocate to ensure this person was offered the support they needed. Decisions were respected if they refused some medical tests and/or further investigations and regular reviews of their medicines had been carried out to continually monitor their health care needs.

Is the service effective?

The care and support plans had photographs and pictures to make them more meaningful to people. People were supported to visit their doctor and attended routine appointments, including out-patient clinics, dentists and opticians. Health care professionals, such as the community mental health nurse, visited the service when required.

People's nutritional needs had been assessed and recorded. People told us they liked the food and they met regularly to discuss the menu and their favourite foods. They said they could choose what they wanted. People's

likes and dislikes were clearly recorded, together with their preferences and choices. People's weight was monitored and there was guidance in support plans for staff to follow if people's appetite reduced.

Staff included and involved people in all their meals. People were able to get snacks and drinks from the kitchen and there was a range of foods to choose from. People often went out to eat in restaurants and local cafés. We did not observe a meal during the inspection as most people decided to go out for lunch.

Is the service caring?

Our findings

People told us the staff were 'good at caring'. They said: "The staff take care of me". "I like my home".

Feedback from health care professionals was positive. They said that the staff cared for the people well and the staff were always happy and cheerful.

All staff signed to confirm they had read people's individual support plans and risk assessments so that they had a good understating of peoples' needs. As part of their induction training all new staff completed information about the people they were caring for. This helped to demonstrate that they had got to know them, understood their care and support needs, whilst taking into account their preferences and wishes.

Each person had a detailed 'pen picture' of their life. This included what was most important to them. Staff told us they had got to know people well by spending time with them and, where possible, meeting their relatives. Staff knew the people well and were able to chat about their interests and personal life, including family and friends. They gave examples of how they supported them if there were upset or agitated, and what support they would give to help to reduce such situations. Staff and people talked about how they enjoyed going to football matches and going on day trips together.

The staff were polite, respectful and positive in their approach. They spent time with people making sure they had what they needed. It was clear they had the skills and knowledge to ensure each person was given the chance to do what they wanted to do, which resulted in a relaxed and homely atmosphere.

The service was forging links with the local community. They were sourcing volunteer roles and making plans to also involve people in the local pub quiz team as well as forming a bowling league for everyone to take part in.

People's private space was respected. Staff talked about how people spent time in their rooms if they choose to and respected people's decisions if they needed to be alone. One person showed us their bedroom and their personal belongings. They told us they really liked their room, which was personalised with their own colour scheme.

People's independence was promoted, including taking control of medicines and creams. Support plans showed

how people could be supported to put cream on themselves to make sure their skin remained healthy. Staff told us how they supported people to carry out daily tasks, such as preparing food, or tidying the home. The staff told us how they had recognised one person's potential to become more independent and hopefully to move onto supported living in the future.

People were encouraged to carry out meaningful activities and were relaxed in the company of staff. They laughed and smiled and were comfortable. They talked about what they were watching on television and what they wanted to do that day. Staff took time to listen and had further conversations about where people wanted to go, and budgeting for each event. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. There were currently two people using an advocate to support them to make decisions about their care.

People's care plans contained information about contact with their families. They were supported to keep in touch by telephone or to visit their family. One person told us about his family and how they were looking forward to going home for Christmas. Some relatives were able to visit Chitty Barn and enjoy time with their relatives.

The service was a member of Dignity in Care, which is an organisation who works to put dignity and respect at the heart of care services, to enable a positive experience for people receiving care. Some staff were 'dignity champions' to ensure that people's privacy and dignity was maintained at all times. Staff knocked on people's doors and requested permission before entering people's bedrooms and bathrooms. We overheard staff asking people if they were OK or needed anything. People were asked what gender of staff they preferred to support them with their personal care and their decisions were respected. People told us how they decided what clothes they wanted to wear each day and said they chose what time they went to bed and got up.

Staff were aware of the need to keep people's personal information confidential and records were stored securely.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. People told us that the staff were always around and responded to them quickly when they needed help. Checks were in place to make sure that staff provided the right support to help people to remain safe and receive the care they needed.

Feedback from health care professionals confirmed that people had reviews about their care and staff were always knowledgeable about their current needs.

Before a new person moved into the service a full care and support needs assessment was completed. Records showed that all relevant people had been involved in the assessment, the person, their family and health care professionals, such as the mental health team. Details of what the person could achieve for themselves were also recorded, together with their medicines, personal care needs, nutrition, mental capacity, communication and social needs. There was also a 'pen picture' in each person's support plan, explaining their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to get to know the person well so that people had as much control of their lives as possible and their support plans were personalised to their individual needs.

The service had worked well with health care professionals when one person came to live at the home at very short notice. Staff told us how much this person had improved and together with the learning disability team was in the process of being supported to reach their full potential. Where required plans were in place for people to gain more independence and confidence to enable them to move from residential care into a supported living setting. Staff told us how careful planning would be put in place to support people to achieve this goal in the future.

People received consistent, personalised care and support. Care and support plans contained information about people's wishes and preferences. People had been involved in developing

their care plan. Some pictures and photographs had been used to make them more meaningful. The plans contained details of people's preferred personal care routines, what they could do for themselves and what support or verbal

prompts they needed from staff. Regular reviews of the care were in place and the plans had been updated with people's current needs. One person showed us their support plan folder and was familiar with the contents.

People living at Chitty Barn were supported to be involved in the running of the service. There were regular meetings to discuss the service, such as activities and menus. Records showed that when a person had requested to go somewhere this activity was carried out in line with their choice. When people visited the head office they were confident to speak with the management and knew all of the members of the staff. Each person had a range of activities that staff supported them with, at and outside of the service. This was a flexible programme so that people could decide on the day what they wanted to do.

Activities included going to the local football match, bowling, shopping, reflexology, day trips, going out for meals, and other organised community activities. One person told us how they had visited London to see a football match and how much they enjoyed the trip. People who wanted to go on holiday were being supported to do so. They told us about their previous holiday to a park where they enjoyed the activities and feeding the wildlife. The service also has an allotment and there were photographs of people enjoying their contribution to this experience and participating in gardening activities.

Contact details of people who were important, were written in each person's care and support plan. People were encouraged to keep in touch with all their friends and family. One person told us they telephone their family on a regular basis. There were regular social events arranged by people to socialise, such as coffee mornings.

Each person was given a tailored quality assurance survey, using a pictorial format which was based on their individual choices, such as their interests, likes, dislikes and daily routines. The service wanted to generate a meaningful response from each individual about what was important to them and what could be done to improve the service.

The complaints procedure was available to people and written in a format that people could understand. There were systems in place to ensure that any complaints were responded to appropriately, however there had been no

Is the service responsive?

complaints received this year. There was guidance in the support plans about people's daily lives and indicators of what to look for should they be unhappy, to make sure they were being positively supported.

Is the service well-led?

Our findings

The service's values and philosophy were clearly explained to staff through their induction programme. The company had a clear core value: "Everyone is unique and every day is special". The management team and staff were committed to providing personalised care and had created a culture of openness and inclusion. People were actively encouraged to be involved in running the service and live their lives to their full potential.

People knew the management team and staff and were included in the day to day running of the service. They said it was a good place to live and they enjoyed their activities.

A health care professional told us the service was 'really good' and the managers were experienced and a very good team. They told us "They provide very person centred care".

Staff spoke positively about the management team and told us it was a very well led organisation. Staff told us they were supported well and there was always a member of the management team available to give practical support and assistance. Staff felt the managers listened to their views and they worked together as a team to provide the best care to the people living at Chitty Barn. Staff morale was high and they spoke about the service with pride and about supporting the people to have meaningful lives.

Staff understood their roles and knew what was expected of them. They told us they were well-supported and encouraged to develop professionally to continually improve their skills and abilities.

People, their relatives and health care professionals all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive about the service and this demonstrated that they were very satisfied with the care being provided.

People were involved in the service in a meaningful way through their individual surveys and meetings and day to day contact with the management and staff.

Staff were encouraged to feedback their views on the service through staff surveys, meetings and individual meetings with their line managers. The management team ensured that staff were valued and recognised for good practice. Staff were recognised for their good practice through letters of thanks from the registered manager and acknowledged in the staff monthly newsletter.

The service had links with local and national organisations to develop their practice and ensure they provided services in line with current guidelines, for example 'Kent Challenging Behaviour Network'. (An organisation which shares information and good practice for those working with individuals who have learning disabilities and exhibit challenging behaviour). The registered manager also told us that they worked well with the local authority, who at times would call on the service to cover emergency placements. They also attended meetings with the local authority to update their practice.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager told us that all of the managers in the organisation were committed to continuous professional development (CPD) to ensure effective leadership of the organisation. There was a clear plan in place which identified timescales of when managers needed to achieve their goals.

The training programme was updated in line with people's needs. They had recognised that some of the people may be living with dementia in the future and they were currently arranging training for staff to ensure they had an understanding of this condition. Specialist training in strokes and skin viability was also being developed to ensure that the staff had the skills to care for people who may develop additional care needs.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The daily, weekly or monthly audits looked at records that were kept to monitor the care and support people received, such as personal finances, medicines, records of food and menus and daily reports made by support staff. Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

Staff signed to confirm they had read policies and procedures, which together with the staff handbook, were updated on a regular basis. Staff received memos or were updated through their one to one line manager meetings, if there were changes in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of

Is the service well-led?

important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.