

Leonard Cheshire Disability

# Dorset Learning Disability Service - 20 Edward Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dorset Learning Disability Service – 20 Edward Road is a residential care home which is able to provide personal care and accommodation to up to three people. The home specialises in the care of people who have a learning disability. At the time of the inspection three people lived together in the home.

### People's experience of using this service and what we found

The home had been developed and designed in line with the principles and values that underpin Registering the Right Support. Work was underway to enhance the principles and values behind this and other best practice guidance. This meant that staff were working to ensure that people who use the service could live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Whilst this work was being undertaken by the provider organisation, people's care was not always delivered in line with the Mental Capacity Act and restrictive practices were not being monitored effectively. There was a breach of regulation.

People were supported by staff who cared about them and worked together to meet people's individual needs. Staff felt well supported and happy in their roles. This helped to create a relaxed and happy atmosphere for people to live in.

People were supported by staff who knew them well and were able to communicate with them. This enabled people to make choices about their day to day routines. Work to enhance communication skills and systems within the home was ongoing.

People were supported by adequate numbers of trained and experienced staff to keep them safe and meet their needs. The provider had a robust recruitment process which helped to minimise the risks of abuse to people. People were very comfortable and relaxed with the staff who supported them. The specialised training needs of the staff team were being addressed. We have made a recommendation about the monitoring of how this training is implemented and embedded.

People's needs were assessed, recorded, reviewed and met. Each person had a support plan which gave staff guidance about how people preferred to be cared for. Staff knew people well and were able to provide personalised support to people.

The provider worked with other health and social care professionals to make sure people received the care and treatment they required. This included meeting changing health care needs.

People benefitted from a provider and management team who has systems in place to monitor quality and implement improvements to the service people received. Recording was not always adequate to ensure

monitoring was effective. We received assurances from the registered manager and senior staff that this would be addressed.

You can see what action we have asked the provider to take at the end of this full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection. The last rating for this service was good (published January 2017). There were no breaches of regulations.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Dorset Learning Disability Service - 20 Edward Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Dorset Learning Disability Services – 20 Edward Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 16 hours' notice of the inspection. This was because the service is small and people are often out: we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service including the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the local authority quality improvement team to gather further information about the service. We used this information to plan our inspection.

During the inspection-

During the inspection we met the three people who lived in the home. The people living in the home did not use words as their main means of communication. We were able to observe staff interactions with people in the communal areas. We spoke with two relatives. We also spoke with four members of staff, the registered manager and a healthcare professional.

We looked at a selection of records which included;

Two care and support plans

Records of staff meetings

Medication Administration Records (MARs.)

Health and safety records

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the operations director at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The provider was introducing Positive Behaviour support, restrictive practices were used in the home.

After the inspection

The provider sent information to help to validate the information seen during our site visit. This included information about staff training. We also spoke with a provider representative about development work.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely from staff who had received training to carry out this task. Staff had their competency assessed to ensure they were administering medicines in accordance with organisational guidance.
- The staff kept clear records of medicines administered or refused by people. This meant the effectiveness of prescribed medicines could be reviewed.
- Some people were prescribed medicines on an 'as required' basis. There was clear information for staff to follow to make sure these medicines were given appropriately.

### Assessing risk, safety monitoring and management

- Risk assessments were carried out to enable people to receive care safely and to take part in activities of their choosing. This meant staff had the training and resources they needed to keep people safe both in their home and when out.
- Risks associated with the environment were assessed and action was taken to minimise these. These included regular health and safety checks and testing of the fire detection system.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had a recruitment system which was designed to minimise the risks of abuse to people. There had been no change in recruitment practice since our last inspection, the process included checking new staff were suitable to work at the home by seeking references and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.
- People were further protected because staff had received training on how to recognise and report abuse. Staff were confident in describing potential indicators of abuse and told us that any concerns would be responded to by the management of the organisation. People living in the home did not use words to communicate. They were relaxed with staff seeking them out regularly.
- There were enough staff to keep people safe and to meet their needs. During the inspection staff supported people whilst they spent time in the home and out doing activities they enjoyed.

### Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to the care home.

- Personal protective equipment, such as disposable gloves and hand washing facilities were available.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the provider via an on-line reporting system. The system enabled the provider to monitor incidents and share any learning throughout the provider group.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and support plans gave evidence of how some decisions had been made in people's best interests. Family members had usually been involved in decisions to make sure people's views were represented. Some important decisions about restrictive practices had been made without following the framework laid out in the MCA. Staff were sure they were acting to help people, but this had not been formally addressed and as a result the people's rights had not been considered. This mattered because it does not reflect care practice that is based in people's human rights.

Access to the kitchen was restricted and this was not recorded as being in the best interests of people living in the home. This meant this restrictive practice could not be reviewed appropriately and consideration given as to whether it was the least restrictive option for people living in the home. One person was asked to go to their room when they were struggling to manage their emotions. There was no best interest decision in place explaining how this was the least restrictive option to help the person calm or providing a framework for monitoring. Staff had put hands on another person to keep them safe whilst they had a necessary medical intervention. No MCA documentation had been completed which meant staff training and risk assessments had not been identified as necessary. We discussed these situations with staff, the registered manager and a provider representative. Commitments were made to enhancing staff knowledge with a clear

time frame for training. Staff started to complete the appropriate decision-making documents immediately. We were not able to review the impact of this work at this inspection.

There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People could not verbally give their consent to their care and treatment. However, staff said because they knew people well they knew when people were happy to be assisted. They told us people could make themselves understood if they did not want support.
- The provider had made appropriate applications for people to be deprived of their liberty where they required this level of protection to keep them safe. At the time of the inspection one person had a DoLS authorised without any conditions.

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

- People lived in a home which was well maintained but further re-decoration in a shared bathroom was needed to ensure it provided a pleasant homely environment. The registered manager informed us this work was planned.
- People had access to a garden area that they enjoyed using.
- A communication board was being developed and staff were identifying new ways to use this as they developed their own knowledge and skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had their needs assessed and from assessments individual support plans were created. Support plans gave staff the information they required to effectively care for people.
- Staff worked in accordance with support plans to make sure people received care and assistance which met their individual needs. One member of staff told us, "All the staff follow the care plans. It is a good team."
- New staff undertook an induction which gave them the basic knowledge to safely support people. Staff commented on how the induction and time spent shadowing gave staff the skills they needed. After the initial induction was completed new staff completed the Care Certificate. The Care Certificate is a nationally recognised set of standards which sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider was committed to improving specialised training to make sure staff were practicing in accordance with current best practice guidelines. Staff told us they had started to learn skills and knowledge to enable them to provide active support to people. Active support is a way of working which promotes people's skills and independence. One member of staff told us, "It is a different way of working for staff." We also heard that staff had undertaken some intensive interaction training and were going to be receiving further communication training. Intensive interaction is used to develop communication skills. At the time of our inspection the intensive interaction training was not being used in a structured way. A provider representative described how the provider organisation was working with a university to research the implementation of active support.

We recommend that staff are supported to implement the specialised knowledge they develop to ensure

that the opportunities available to people living in the home are enhanced.

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

- People had their nutritional needs assessed and met. People had speech and language therapy assessments which outlined the specialist diets people required. Staff understood these assessments and implemented them effectively.
- People were able to make some choices about the food they ate. Staff told us they knew people's likes and cooked meals in accordance with these.
- There were plans to improve communication about food within the home. Staff described plans to explore how people could use photos to communicate about food choices.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to make sure people's needs were met. For example, staff worked with the GP and community dentist. A health professional from the community team told us that historically the service had not sought much input. They told us that they now had increased involvement with the provider's services in the locality.
- People's health was monitored, and staff supported people to attend appointments outside the home. During the inspection staff supported one person to attend a hospital appointment.
- People had access to health and social care professionals according to their individual needs. People's personal files showed people attended appointments with GPs, dentists and hospital specialists. Each person had a 'hospital passport'. This helped to make sure other professionals would have the information they required if the person was admitted to hospital.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. During the inspection we saw friendly and happy interactions between people and staff.
- People were very relaxed and comfortable with staff. People used their facial expressions and body language to show they were at ease and trusting of the staff.
- People and staff had built strong and trusting relationships. Staff spoke affectionately about the people who lived at the home. They discussed and anticipated what people wanted and supported them when they needed it.
- Staff respected people's individuality, and aimed to support them in a non-discriminatory way. All staff had received training in equality and diversity and the provider was implementing training that enhanced this understanding by supporting staff to better understand the conditions that impacted on people and the communication tools available to them.

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

- People were able to indicate their day to day choices because staff were alert to the cues they may give. Staff used their knowledge of each person to ascertain what their wishes were and acted accordingly. We saw staff anticipated people's needs and responded to them promptly.
- Record keeping about decision making was not completed consistently and this meant that opportunities to improve the support people received may have been missed.

We recommend you seek appropriate good practice guidance around enhancing decision making opportunities and skills.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone had private space that reflected their preferences. During the inspection we observed staff supported people to maintain their dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection recording that identified the cause of people becoming upset was not robust. At this inspection we saw that when necessary staff recorded this information.
- People received care and support which took account of their individual needs. Staff knew people well and worked around their preferred routines. For example, one person was supported to follow a morning routine that enabled them to start the day safely. This reflected a change in their needs and had been communicated effectively amongst the staff team.
- Staff were supportive and friendly with people but did not actively involve them in household tasks. We discussed this with a member of senior staff and they felt this would be addressed with the introduction of the active support model of care. They told us, "We are thinking about doing with not doing for."
- People had lived together for a number of years and appeared very comfortable with each other.
- People had opportunities to take part in activities they enjoyed and on the days of the inspection visits one person went to a local day service. The other people went out carting on our second visit. Staff said they would like to provide more opportunities for people to go out and take part in activities. They were working to extend the range of activities people were involved with.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication methods assessed and recorded in their support plans. Work was ongoing to ensure that all opportunities to enhance communication were taken. For example, staff were scheduled to undertake communication training. One person's care plan described that they used Makaton sign language. Not all staff were able to use this communication method. Whilst staff knew this person well and did not feel they were missing any communication, this meant that the person was not benefitting from and using a communication skill they had, and the reinforcement provided by signing was missed. We spoke with senior staff about this and they told us Makaton would form part of communication training.
- Although people did not use words as their main means of communication staff understood their gestures and sounds. All new staff were able to shadow more experienced staff to enable them to get to know

people's communication methods. We asked staff how people communicated, and they described this consistently. During our visits we saw staff respond to people's communication.

Improving care quality in response to complaints or concerns

- The home had a complaints policy on display in an easy read format. People who lived at the home may not be able to raise a complaint, but staff described how they would know if someone was unhappy and what they would do to understand the cause.
- No complaints had been received during the year prior to our visit.

End of life care and support

- No one was receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Senior staff and the registered manager acknowledged that there were gaps in record keeping related to care delivery. This meant that the oversight of some aspects of care delivery including the use of restrictive practices and the impact of a change in the accessibility of transport had not been effective. This had led to a breach of regulation. The registered manager and senior team told us that they would address this with the team immediately.
- There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These included a mix of electronic monitoring and regular audits around the service. Where an audit had identified any shortfalls, an action plan was put in place and the audit was repeated until improvements were made. The current service improvement plan for the home showed improvements had been made in response to findings.
- Policies were available to support practice, these had not been effectively rolled out and embedded at the time of our inspection. The provider had introduced a Positive Behaviour Support policy in 2016. Staff working in the home were not aware of this policy when we visited.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. The service displayed the previous CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked with other professionals to make sure people received the care and support they required. Care records showed people had access to a number of health and social care professionals. Staff told us they had good relationships with local professionals such as social workers, community nurses and GPs. A health professional told us that feedback from their colleagues indicated that the provider was responding to more professional input.
- Feedback from relatives showed they were happy with the care of their loved ones.
- Staff were consulted and involved in decision making and discussed people's changing care needs. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.
- Staff were enthusiastic about working at the home and felt well supported. Many of the team had been working in the home for many years and were proud of their commitment to the people and the home.

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

- Relatives and staff felt that the service was well run. Relatives felt able to speak with the staff in the home about any concerns and staff told us they were well supported by their team leader and registered manager. One member of staff said: "We are a good team here."
- The registered manager and senior team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives. Work was being implemented across the provider to support this.
- There was an open culture at the home. Staff were encouraged to share any concerns and they told us they would do so to ensure people received appropriate care. One member of staff told us: "We are here for the people who live here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People benefitted from a management team and provider who were open and honest. Where complaints or concerns had been raised across the provider organisation, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. The management of the home had worked with other relevant parties, such as the local authority, to make sure people's health and well-being was promoted.
- The provider had a policy in place to support the duty of candour.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continuously looking at ways to improve the quality of care.
- Good practice ideas were shared through staff meetings, supervision sessions and staff training.
- A provider representative described the provider's commitment to developing the specialist support available to people through partnership working with a nationally respected research centre and the introduction of research-based care practices such as active support. They told us this work would continue to be implemented and embedded in the home.
- Following our inspection the registered manager provided a detailed action plan addressing the areas for improvement identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Care was not delivered within the framework of the Mental Capacity Act 2005.