

Leonard Cheshire Disability

# Dorset Learning Disability Service - 11 Friars Close

## Inspection report

11 Friars Close  
Dorchester  
Dorset  
DT1 2AD

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Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

Date of inspection visit:  
30 March 2019

Date of publication:  
16 April 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Dorset Learning Disability Service – 11 Friars Close provides accommodation and care for up to four people with a learning disability. At the time of inspection there were four people living in the home.

People's experience of using this service:

People did not always have their rights protected under the Mental Capacity Act 2005 (MCA). MCA assessments had been carried out but did not assess people's capacity to make individual decisions. We spoke with the registered manager and they told us they were aware of this and had planned to complete the assessments. The registered manager sent us evidence that the correct assessments had been carried out following the inspection.

Staff and relatives told us people were safe and happy living at the home. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and other people living at the home. Staff understood the importance of these contacts for people's health and well-being. Staff and people were observed enjoying warm and mutually beneficial interactions. Staff knew people well and what made them individuals.

The management of the home were respected by people, relatives and staff. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team got on well together demonstrating team work and flexibility.

Quality and safety checks were completed which helped ensure people were safe and protected from harm. This meant the home could continually improve. Audits identified areas for improvement and this learning was shared with staff.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service met the characteristics of good in all areas; more information is in the full report

Rating at last inspection:

This service was last inspected in December 2016 and was rated as good.

Why we inspected:

This inspection was scheduled based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Dorset Learning Disability Service - 11 Friars Close

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 Service – 11 Friars Close is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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.

Inspection site visit activity started and ended on 30 March 2019.

Notice of inspection:

We gave the service 48 hours' notice of our inspection so that the people living at the service could be informed of our visit.

What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. 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 used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make.

People had complex communication needs and were unable to provide us with feedback. We made general observations of interactions between care staff and people. We spoke with the registered manager and three support workers. We reviewed two people's care files, one medicine administration record, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the site inspection, we spoke with three relatives by telephone who gave us their feedback.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff and relatives told us they felt people were safe and happy living at the home. One staff member said, "The staff team make sure people are safe living here. We are really good at observing things". A relative told us, "My loved one is as safe as they could ever be, the home is the best they have ever been in".
- Staff had received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- The home had effective arrangements in place for reviewing and referring safeguarding concerns. Staff felt confident their concerns would be acted upon.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for each person for all aspects of their care and support. The risk assessments were reviewed monthly and earlier if things needed to change.
- Risk assessments were detailed and included clear instructions for staff on how to minimise the risks to people. An example was where a person living with Epilepsy, their risk assessment was detailed to support staff. The assessment indicated signs that the person was having a seizure and the control measures were clear to enable the person to have the best support. The assessment included where it may be necessary to contact emergency services.
- General risk assessments for the home were in place to ensure a safe environment for people, staff and visitors. These assessments included: fire systems and equipment, water safety and electrical appliances. People had Personal Emergency Evacuation Plans (PEEPS) which guided staff on how to help people to safety in an emergency.
- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends in events such as falls within the home. The registered manager told us that they put these details into the computer system and this was then managed and monitored centrally by the providers health and safety lead. This meant that the home could identify trends easily as they were provided with a report.
- Lessons were learnt when things went wrong. Learning was shared with the staff through handovers and staff meetings.

## Staffing and recruitment

- The registered manager and staff told us there were enough staff on duty. Good staffing levels were confirmed by the relatives we spoke with. We looked at staff rota's which showed a small staff team who covered the shifts required. The registered manager told us that they rarely use an agency as staff within the home work it out amongst themselves and cover sickness and holidays.
- Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

## Using medicines safely

- People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. All staff were responsible for the administration of medicines. They had been trained and had their competency assessed by the registered manager.
- Medicine Administration Records (MAR) had a photograph of the person and their allergies along with information about how they like to take their medicines. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure these medicines were administered in a consistent way.

## Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A relative told us, "The home is clean and tidy and that's amazing".
- There were gloves and hand sanitiser supplies secured securely in various places throughout the home. We observed staff hand washing and ensuring areas in the home were clean. There were notices in the staff office reminding everyone to wash their hands.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The home did not always meet the requirements of the MCA. Assessments had been carried out to determine people's general capacity. However, these did not relate to making individual decisions such as, consent, having support with their personal care or medicines. The person's best interests had been considered but not in relation to specific decisions and aspects of their care. This meant that in some cases people's rights were not fully protected. We spoke with the registered manager and they told us they had identified that this needed to be done and was working to do this. Following the inspection, the registered manager sent us evidence that they were completing the correct assessments for people.
- 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). Where people had authorised DoLS in place conditions were being met by the home.

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

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

- People had comprehensive assessments that had been reviewed monthly. These assessments formed the basis of their care plans.
- People's outcomes were identified and guidance on how staff met those were detailed. Each area of their care was planned in the same order. What was important to the person, what the goal or outcome was and what the staff needed to know to achieve that goal.
- Records and staff practices demonstrated plans had been created using evidenced based practices. This was in relation to nutrition and epilepsy. The registered manager told us the plans were especially important for new staff to understand the changes in people that may indicate where they need to refer for specialist support.

Staff support: induction, training, skills and experience

- The home had an induction for all new staff to follow which included external training, shadow shifts and practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as medicine administration and supported living training. A staff member told us, "We have training online and face to face, it's a mixture of both". Staff felt they had enough training and enjoyed the variety. They told us that the provider and registered manager was supportive to their development needs.

- Staff told us they had regular supervisions and development reviews. Staff told us that supervision was regular and a two-way process and they felt supported and appreciated. Records showed that these were thorough and encouraged staff to reflect on their own practice.

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

- People were supported to have enough to eat and drink. There was a varied menu and fresh fruit available in the kitchen. This included take away food on certain nights. People could contribute to the menu's and staff offered people choices. A relative told us, "They manage our loved one's nutritional needs well, they get what they need".
- People could choose an alternative if they didn't want what was on the menu. We saw that some of the meals had changed throughout the month. Records showed input from dieticians and speech and language therapists (SALT) where required.
- Good nutrition and healthy options were discussed in home meetings with staff. Minutes showed that medical and specialist advice was followed together with good practice guidelines for nutrition.

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

- The home was accessed by people across two levels and had been adapted to ensure people could use different areas of the home safely and as independently as possible. The home had rear patio and seating areas and gardens for people to enjoy. The registered manager told us that the garden was used a lot by people during the summer months. A staff member told us, "We like to go outside as much as possible, everyone enjoys that".
- The registered manager told us that following a person having a fall they had made changes to the staircase carpet. They had used two different coloured carpets and had alternated the colours on the stairs. This had eliminated difficulties with stairs and the addition of grab rails had made it much safer for people to be independent around the home.
- There was a notice board displaying photographs of the day's events. Each staff member on duty had their picture on the board so people knew who was working that day. We observed this being referred to during the morning.

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

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# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly or as things changed. A relative told us, "I am kept involved every step of the way by the registered manager [name]".
- We observed staff offering choices and asking people what they wished to do regarding their care. Staff clearly knew people well and people were comfortable to ask for anything.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind and caring. We observed many respectful interactions between people and staff. We observed staff supporting people to prepare for a day's outing. Staff spoke with reassuring tones and were supporting people to dress and prepare for the day. A relative told us, "Staff are brilliant, they are 100%. They have an excellent relationship with the people who live there. They are so caring".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. People were supported to receive and attend religious services if they wished to.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs. One staff member told us, "I would treat people the way I wished to be treated".

Respecting and promoting people's privacy, dignity and independence

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Ensuring people are well treated and supported; equality and diversity

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- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. People were supported to receive and attend religious services if they wished to.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs. One staff member told us, "I would treat people the way I wished to be treated".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff speaking with people in a respectful manner, using their preferred name and giving them time to communicate their wishes. Staff told us they knew how to show dignity and respect to people and it was very important to them. One staff member said, "I treat people how I want to be treated. I give them privacy and choices".
- People were supported to be as independent as they could be. We observed staff supporting people to move around the home. Staff were patient, encouraging and reassuring. A staff member told us, "I would let a member of my family live here". Another staff member said, "It's important that they [people] have every opportunity to live their life".
- People were encouraged to help around the home with the support of the staff. A staff member told us, "It's their home and we support them to live a normal life".
- People were supported to maintain their relationships with family and friends. Staff told us that relatives were welcome anytime at the home. The registered manager told us that they work closely with family members. A relative said, "The registered manager [name] is very good at involving us, communicating and keeping in touch".
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# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Where a person had a specific health condition there was a plan in place for staff to follow giving guidance. An example was an epilepsy care plan, this gave details of the signs and symptoms of seizures and how to recognise the early stages and what to do.
- People's life histories were in their file. People had lived at the home for many years and each person had a keyworker. The keyworkers were involved in updating the plans and the staff told us they have a good relationship with relatives who have helped to build people's life histories. Records had photographs of people's family members together with significant dates such as family birthdays. This meant that with staff support people could remain connected to their family.
- The home had a variety of activities for people to enjoy and these were displayed on the notice board in the communal area. The activity planner was displayed with pictures so that people knew what they were doing. A photograph of the person was placed next to the activity and the day of the week so people could see what they were doing. A staff member told us, "We work well with people inside and outside of the house". A relative said, "Our loved one likes the outdoors and fresh air. The staff check weather forecasts and to enable them to go out. They give them new experiences all the time. They keep it varied and they do it very well".
- The home had external professionals providing activities throughout the month for example, music and other entertainment. Some people attended day centres and records showed a strong connection between the day centre and the home. Records were kept for each person and this included activities they enjoyed and level of participation. The registered manager told us that they want people to access their community and this is a focus. Recently people have been able to attend their local cinema for the first time in many years, they really enjoyed it and plans have been made to make this a regular activity.
- The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

## Improving care quality in response to complaints or concerns; End of life care and support

- People knew how to make a complaint and the service had a policy and procedure in place. Staff told us that people tell them straight away if they are not happy. The service had the complaints procedure in 'easy read' with pictures clearly on display in the main dining room.
- The home did not have any recorded complaints since the last inspection. The registered manager showed us the process for complaints and where they would be recorded centrally with the provider.
- Relatives were confident that their concerns would be dealt with. Some comments we received about this from staff and relatives were; "We are confident that the registered manager [name] will deal with things". "We have been given a handbook which explains the procedures and what to do". "I know that the registered manager [name] would deal with any concern appropriately and quickly".
- Nobody living at the home was receiving end of life care. Records showed that discussions had taken place with family members about people's arrangements for that time. The registered manager told us that this information was discussed sensitively when needed. Some information had been recorded by the home.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt proud to work at the home. They were complimentary about their colleagues. Some of their comments included; "We have really good team work, we support each other". "It's a friendly, lovely house". "It's a good place for the people to be living". "We have a brilliant team, we work well together". "People have a good life here".

- Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. They told us that the registered manager was approachable, accommodating and fair. A relative told us, "The registered manager [name] is a good manager. They are a shining example of what a good manager should be. They are very, very good and we support them".

- The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and this was evidenced in records.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported well by the service manager who has regular input.

- Quality assurance systems were in place to monitor the standard of care provided at the home. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as cleaning, medicines and health and safety. In addition, the registered manager completed additional checks by working on shift in the home.

- The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. This is a legal requirement to allow other professionals to monitor the care and keep people safe.

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

- The service sought people and their families feedback and involvement through review meetings and questionnaires. Feedback was then reviewed, actions taken and shared with the staff team.
- Staff meetings were held regularly and minutes of these showed that they were asked for their input and ideas. Staff told us they felt involved in the home and made suggestions that the registered manager would take forward.
- The registered manager was passionate about including the people who live at the home with their community. They told us it was their focus to break down the barriers that existed for people who have a disability. They told us that it should become normal for everyone to access their community and that everyone should be accepted to do so.
- The home was well established in the area and the registered manager told us that the home has a good relationship with neighbours and they mix together at certain times such as at Christmas celebrations.
- Learning and development was important to the registered manager. They attended regular provider management meetings, registered manager meetings, learning hubs and has used online guidance and publications to keep updated.
- The service had good working partnerships with health and social care professionals. Records showed that input was widely sought and instructions followed correctly to meet the needs of people living at the home.