Leonard Cheshire Disability

Dorset Learning Disability Service - Domiciliary Care

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

Summary of findings

Overall summary

This announced inspection took place on 8 and 9 June 2016. Dorset Learning Disability Service- Domiciliary Care provides a care and support service including 24 hour cover from their regional office headquarters in Charlton Down near Dorchester. The service provides care and support to people with learning disabilities who live in shared accommodation in three different locations. The buildings that people lived in were either privately owned or provided by a housing association. One other person received support two hours twice a week in their own home.

When we last inspected the service in March 2014 we found it was not meeting all the requirements in the areas we inspected. The service did not have sufficient quality monitoring systems in place and had not identified there were inconsistencies in support plans kept in people's homes and the office. We told the provider that improvements were required and they wrote to us to inform us when the improvements would be made. We found these improvements had been made and there were sufficient quality monitoring systems in place.

The registered manager had deregistered in May 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was an acting manager in post who was covering in the interim. The provider told us they were advertising the post of registered manager. The acting manager had been working as a senior support worker in the service and had a good knowledge of people and staff. They assisted us during and our inspection.

Medicines were managed and stored safely. Medication Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. Prescribed creams were recorded on a cream chart with a body map to provide visual instructions; they were signed as given on the MAR. We saw one person was prescribed cream to be applied which had not been recorded on the MAR; we saw it had been recorded in the persons' daily record sheet which showed the person had received it. We told the acting manager who took action during our inspection to ensure the cream was recorded on the MAR.

During our inspection a lift broke in one of the locations. The acting manager took swift action to rectify the problem and attended the location to ensure that the situation was being managed and people and staff were supported. The acting manager told us they were developing a contingency plan in case there was a reoccurrence.

People were supported to live as independently as they were able. They had person centred support plans which detailed what was important for them and the amount of support they needed. People told us they were happy with the support they received and we saw positive interactions with people and staff.

People had access to a wide range of activities in the community some of which they accessed with support

from staff. Most people attended a variety of organised day care or some chose to spend their day differently. People had one to one time with a member of staff; they discussed with staff what they would like to do. One person was going on a trip pursuing an interest which they were looking forward to.

Staff were enthusiastic and seemed relaxed and confident when carrying out their work. They were able to tell us about peoples likes and dislikes and we heard people being offered choices. People had enough to eat and drink and they were involved in choosing and planning their own meals.

People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included a moving and handling risk assessment and an eating and drinking risk assessment. Where a risk was identified there was a plan to manage the risk. There were enough staff to meet people's needs. Staffing was planned around people's activities and there were regular bank and agency staff to cover any gaps in the roster. Staff were recruited safely.

People had access to healthcare when they needed it. A healthcare professional told us staff communicated with them well and followed their recommendations.

People were treated with dignity and respect and their privacy was maintained. Staff responded positively to people there were two way discussions planning people's activities and everyday conversations took place. Staff used picture cards to assist with communication and we observed use of gestures to support people with understanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were assessed and care was delivered to minimise the risk to people.

Staff were aware how to identify and respond to actual or suspected abuse

There were enough staff, numbers of staff were based on the activities planned for the day and levels of support people needed.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff received regular supervision and told us they felt supported to carry out their roles. The acting manager had an action plan to ensure all staff received an annual appraisal.

People received care from appropriately trained and experienced staff.

People were supported to have sufficient food and drink.

The staff understood the principles of the Mental Capacity Act 2005 and how it affected the support they gave to people.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were relaxed in the company of staff.

People had their privacy and dignity maintained.

People were supported to make decisions for themselves or with help from family or an advocate.

Is the service responsive?

Good

The service was responsive.

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

People knew how to raise concerns and complaints. There were easy read versions of how to make a complaint available.

Is the service well-led?

Good

The service was well led. The acting manager had identified and prioritised actions which they needed to address to ensure people received care and support to meet their needs.

There were quality monitoring systems. When actions were identified they were addressed and either rectified or a plan was in place to rectify it.

Staff told us the management team were supportive.

Dorset Learning Disability Service - Domiciliary Care

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 announced inspection took place on 8 and 9 June 2016 and was carried out by one inspector. We gave the provider 48 hours' notice of our inspection. This was because we wanted to be sure that we could visit people in their homes in order to talk with them about their experience of the service and to observe peoples interactions with staff.

Before the inspection we reviewed all the information we held about the service. This included notifications about safeguarding, accidents and changes which the provider had told us about. At the time of our inspection we had not requested a Provider Information Record (PIR). 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 gathered this information from the provider during the inspection. We asked the provider to tell us what was working well and improvements they planned to make.

We visited two locations and spoke with five people. We spoke with the acting manager and three members of staff as well as one agency member of staff. We met the service manager who had recently been appointed, they were new in post and their role was to manage a range of services which included Dorset Learning Disability Service-Domiciliary Care. The area manager contacted us as requested to update us on the appointment of a registered manager. We had received feedback from a relative prior to our inspection. We looked at three care records and three staff files. We also spoke with two healthcare professionals and one social care professional who worked with the service. We saw staff training records, four weeks of the duty roster and other information about the management of the service. We spoke with people and made observations around their experiences of the care and support they received.

Good

Is the service safe?

Our findings

People were supported by enough staff to meet their needs. Staff were rostered to support people to live in their own homes. Their role was to support people to live as independently as possible. People received an allocated amount of one-one time each week in which staff supported people in activities of their choice, such as going out for coffee, shopping or going out on a trip. The acting manager told us each location had its own duty roster and had regular staff covering. There were also bank staff and agency staff who knew the service well and covered gaps in the roster. The manager told us they used one agency and had three regular staff. One agency staff told us they worked regularly at the service and had got to know people well.

Staff recruitment procedures were followed. Relevant checks were undertaken before staff started work. For example, checks with the Disclosure and Baring Service were undertaken to ensure that staff were not deemed to be unsuitable to work with vulnerable people. Other information such as previous employment and references were kept on file. Appropriate checks had been carried out to ensure agency staff had the correct recruitment checks and had received appropriate training.

People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included a moving and handling risk assessment and a health and support related risk assessment. Where risks were identified there was a plan to manage risk. For example one person was at risk of falling, the service had referred the person for specialist assessment and recommendations had been made. These had been incorporated into the support plan to ensure the person was able to remain mobile and to reduce the risk of them having a fall. Another person was identified at risk of choking and an assessment had been arranged with the Speech and Language Team (SALT) and staff were supporting the person to follow a safe swallowing plan.

The manager told us that they had reviewed some peoples support plans and identified that the buildings in which some people lived were not appropriate to meet their needs. They had consulted with health and social care professionals in order to carry out assessments with people and were talking with people and their relatives about their wishes and choices. During our inspection this was ongoing and we saw that further work was needed. The service continued to support people and had updated some peoples support plans to reduce the risks associated with living in an unsuitable environment. For example supporting one person when they went downstairs - ensuring they used handrails and did not carry anything and supporting another person with alternative bathing arrangements.

The service conducted weekly and monthly health and safety checks within the home, for example fire and security. We saw outstanding actions were followed up for example there was an action regarding door hinges, which the manager showed us they had followed up. Fire drills were also carried out and people had individual personal evacuation plans which meant if there was an emergency situation staff were aware of how people needed support to leave the premises. During our inspection a lift broke in one of the homes and we saw prompt actions by the acting manager and staff to ensure that the problem was corrected and people were supported safely. The acting manager attended the location to ensure the situation was managed and to provide support to people and staff. They told us they had received feedback about what

caused the lift breakdown and how it could be opened in an emergency. They planned to develop a contingency plan to provide guidance for staff if the lift broke down again. This meant that the service responded to health and safety issues as they arose and took actions to ensure they were dealt with safely, it also demonstrated that actions were taken to support staff to manage the situation appropriately if there was a reoccurrence.

Medicines were stored and administered safely. There were suitable lockable cupboards and there was a system in place for checking medicines each shift and staff double signed to say they were correct. There were processes in place to identify if there were gaps in signing for medicines and the manager told us they spoke with staff individually to ensure staff rectified this. Each person had a medicine folder which provided clear information about their medicines and included a risk assessment with guidance for staff to detail the level of support each person required. There was an explanation for use of as required medicines such as paracetamol with guidance for staff for when it was appropriate to administer. Staff had received training and had been signed off as competent to administer medicines. They received an annual refresher. The manager told us topical creams which had been prescribed were recorded on the persons Medicine Administration Record (MAR) however we noticed one person's creams had not been recorded on the MAR. We spoke with the manager who took action during our inspection. Staff showed us they recorded in the daily records that the cream had been applied. We were satisfied the person had received their cream.

Staff understood what abuse was and the signs that may indicate someone had been harmed or abused in some way. Staff described people may become withdrawn or may have physical signs such as bruising. Staff were aware of how to report abuse and how to escalate concerns about practice. Staff knew how to escalate concerns; one member told us about the Whistleblowing policy and could describe how to raise concerns to an external agency. The service had reported safeguarding appropriately to the local safeguarding team and had notified the CQC as they were required to do. For example they reported a medication error to safeguarding and sent a notification to the CQC. The manager told us about a potential safeguarding situation which they had raised with the local safeguarding team for advice.

Good

Is the service effective?

Our findings

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 by 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.
The service was working within the principles of the MCA. There were robust records to show that the service had carried out decision specific mental capacity assessments with people to ensure they had the capacity to make certain decisions for themselves. We saw that when people lacked capacity to make a decision the service had involved the appropriate health and social care professionals as well as involving family and the advocacy service. Staff had received training in the MCA and understood the principles and how it affected the way they worked with people.

Staff told us how they supported people to make decisions, such as using picture cards to assist in understanding. We were shown a collection of picture cards which were used when planning outings or activities. A member of staff told us one person became overwhelmed by too large a selection of choices so staff offered the person a choice of a maximum of three options. We observed people being offered choices during our inspection and heard their responses were acted upon by staff.

Staff told us they received enough training to enable them to carry out their job roles effectively. One member of staff told they had enough training and felt it equipped them to be confident in carrying out their job. The provider had identified some training as mandatory such as food hygiene, emergency first aid, Mental Capacity Act, and whistleblowing. Attendance at training was recorded centrally and the acting manager told us they had requested details of any training which was overdue or due to be completed. They had implemented a plan to address this and we saw that people had either completed training or were booked to do so. New staff underwent an induction and staff new to care work were enrolled on the Care Certificate. This a nationally recognised induction programme for new care workers.

Staff received supervision four times a year with an appraisal carried out on the fourth supervision. One member of staff told us they experienced supervision as "very supportive." They told us they could ask for clarification if they were unsure about anything and they felt listened to by their supervisor. They told us they could have supervision any time if issues arose, such as if a person's support needs changed. The acting manager told us they had daily contact with staff and visited the locations so that they could keep in touch with people and be accessible for staff. The acting manager showed us they had planned staff annual appraisals. Staff told us they could discuss their professional development needs during their supervision and we saw this was evident in some supervision notes for example one member of staff had requested to do some training which they were supported to do.

People had varying degrees of support needs ranging from mostly independent to requiring increased levels of support. Some people were able to plan and select their food choices with support from staff and were supported to go shopping. People all had choice about what they wanted to eat. Where people had been

assessed as having a risk associated with eating and drinking, such as choking, people had received specialist assessment and advice. Staff understood the guidelines in peoples support plans. They had received training in nutrition and people had their nutritional needs assessed and support plans developed based on their assessed need. Staff were able to describe healthy choices which they supported people with, for example fruit and vegetables and sufficient to drink.

People had access to healthcare when they needed it. Appointments with a variety of healthcare professionals, such as District Nurses, SALT, Dentist and Physiotherapist were documented in people's support plans. A healthcare professional told us staff were very good at following recommendations and communicating with them on the progress that people were making. They told us there was good communication between the service and health and social care professionals.

Good

Is the service caring?

Our findings

People lived in their own homes and had a small staff group supporting them. One person had their own flat and others had their own rooms and staff were respectful of people's private space. We saw staff knocking before entering people's rooms and staff asked people's permission before introducing us and showing us around. People were happy and relaxed with staff and one person told us staff were "Wonderful." A healthcare professional told us they had visited a person several times when staff were present; they told us staff were always "very caring and kind." Another healthcare professional told us staff were respectful and caring towards people. They told us staff asked people what they wanted and listened to their opinion.

People received dedicated hours each week for one to one time in addition they were supported closely by staff on a daily basis as identified in their support plans. Staff told us they knew people well. We saw staff understood people's particular communication styles and how to interact positively with them. Staff were able to communicate with people and also able to understand what people were saying, communication was a dialogue between both. There was mutual banter and humour between people and staff which was respectful and demonstrated a relaxed atmosphere. People initiated conversations with staff such as one person called out to a member of staff to ask questions about their appointment and activities that day.

The acting manager told us that people were encouraged to remain as independent as possible. They told us that staff needed to have an approach in which they maintained a balance of encouraging people to do things for themselves yet supporting them when they needed help. People's support plans provided staff with this level of detail, which meant people were supported to remain independent as possible. For example one person was supported to do some cleaning and prepare vegetables during our visit.

People participated in planning their support plans which were based on their individual needs, likes dislikes and preferences. We saw that where people were unable to contribute to decision making they had access to an independent advocacy service. This meant that people were able to contribute to decision making either personally or they had an advocate to support them.

Staff talked about people warmly. One member of staff told us they spent a long time with people and told us "It's not just a job; it's easy in some ways because it's so enjoyable." Staff were engaged in discussions with people about the day's activities and what people planned to do as well as this there were conversations about day to day events such as the weather and household chores. Staff were patient with people allowing people time to express themselves and ensuring they understood.

Good

Is the service responsive?

Our findings

People were supported to live a full and active life based on their support needs and their personal choices and preferences. Their support plans reflected a person centred approach and described what was important for the individual. As well as this they provided staff with detailed guidance on how to support people, there were one page summaries which one member of staff told us were a useful reminder to look at in a glance. People had a keyworker allocated who was responsible for ensuring people's needs were being met and reviewed as necessary.

People were engaged in a wide range of community based activities some of which they accessed from a day centre or with family and friends. This included swimming, riding, and drama club. Staff also provided one to one time as part of peoples support plans and this included activities such as going out for coffee and shopping. People's interests and hobbies were identified in their support plans and staff had got to know people well. This meant they were able to arrange one to one time around people's interests and one person was being supported to have a day out at an event to something they had a particular interest in. They talked about it to us and told us they were "very happy" they were going.

People had annual reviews which were arranged by their health or social care professional. These were attended by the person, relevant professionals, family and advocates where needed. The service contributed to this review. We asked the manager how reviews took place within the service, they told us they had monthly meetings in each location and people's support plans were discussed and reviewed. They told us views of people and their families were noted on an ongoing basis and fed back into the monthly meetings. We saw an example of how one person's views had been recorded and discussed in the monthly review meeting. The person liked to have a particular beauty treatment which was incorporated into the support plan following a discussion with the person and in the meeting.

People and their families received an annual quality survey which gave the opportunity to feedback on the service. The results of 2016 had not been assimilated however we saw that in 2015 feedback received was positive and there were no actions required.

We had received feedback prior to the inspection from a relative who had commented they would value people's involvement in the recruitment process. We discussed this with the acting manager. They told us when applicants were interviewed for a position it was not indicated which service they may be offered a post in. Therefore staff were not recruited for a specific location. However the acting manager did agree to take on board these comments, on day two of our inspection they told us they had talked with the service manager and they would explore how they could involve people in the recruitment process in future.

There was a policy for dealing with complaints, a log was kept and we saw there had not been any complaints within the last 12 months. People had an easy read version of how to make a complaint in their support plans and we saw it displayed in one of the locations. One person told us they would talk with the manager if they had any concerns or complaints.

Good

Is the service well-led?

Our findings

We found the provider had made improvements since our last inspection in March 2014. Our previous inspection found that the service did not have sufficient quality monitoring systems in place and there were inconsistencies in people's support plans. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we saw that improvements had been made.

There was not a registered manager in post; the previous registered manager had deregistered in May 2016. The provider had notified the CQC and had advised us on the interim arrangements to ensure the service was managed. The provider told us they were advertising the post. There was an acting manager in place who had a good knowledge of the service, they had worked as a senior support worker and knew people and staff well.

The acting manager told us they were passionate about the service they provided to people and they told us they were enjoying being in a management role as it gave them opportunity to plan and develop the service. They were committed to ensuring there were improvements and had developed an action plan to prioritise improvements which they had identified. For example, completion of MCA where needed and replacement hospital passport documentation. They had also included in the plan to offer people regular meetings in each household to formalise the process in which information was shared. This would mean that people could meet together with staff to share information and discuss household issues. Meetings had been agreed in one house and the acting manager told us they would proceed with trialling it and if people found it useful they would agree with them how often they would like them arranged.

There were quality checks in place to ensure the health and safety of people and the environment as well as ensuring that people received the care and support they needed. The acting manager was responsible for completing monthly checks in each of the locations, this included areas such as infection control and people's support plans. Actions had been followed up following these, such as one person's risk assessment had been updated. The acting manager told us that when a persons' support plan or risk assessment was updated they ensured a copy was kept in the office and the updated version was filed in the house to replace any out of date paperwork. The acting manager had arranged for human resources to audit staff personnel files as part of their improvement planning and there had been some actions such as some files required staff photo identification. The acting manager was in the process of completing this piece of work.

Staff told us they could approach management if they had any concerns and one member of staff told us the acting manager was "always about." The acting manager told us they valued having regular contact with people and considered their knowledge of people and staff was a strength. We observed positive interactions with people during our inspection; one person was delighted to see the acting manager and told us "They are the best." A healthcare professional told us management were proactive in communication with them and they had confidence in the management of the service.

Staff showed an understanding of the ethos and culture of Dorset Learning Disability Service –Domiciliary Care, they provided person centred care and support and facilitated people to live their life how they chose.

One member of staff told us "We're here to help people live the way they want."