

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

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 two different locations. The buildings that people lived in were either privately owned or provided by a housing association.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People continued to feel safe and were protected from abuse because staff understood how to keep them safe. Staff were able to discuss the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised. People received their medicines safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The premises continued to be appropriately maintained to support people to stay safe.

Staff received training to ensure they had the skills and knowledge required to effectively support people. People were supported to eat and drink according to their likes and dislikes. People who lacked capacity had decisions made in line with current legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

There were policies in place that ensured people would be listened to and treated fairly if they complained

about the service. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 15 and 16 November 2018 and was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 15 November 2018 and ended on 16 November 2018. It included a visit to one home on 15 November 2018. We visited the office location on both dates to see the registered manager and office staff and to review care records and policies and procedures.

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

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service. We spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the service. We spoke with three people who used the service, one relative, two care workers, the registered manager and a service manager. We contacted two health professionals by email but did not receive any responses.

# Is the service safe?

## Our findings

People continued to receive safe care.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One member of staff told us, "I know how to report any concerns, I have done it in the past and would not hesitate to report if I felt someone was being abused or harmed."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around the home. Other risk assessments were in place for personal safety. One person was at risk of falls, risk assessments were in place that guided staff to the correct procedures to reduce the risk of falls. Staff were observed following the guidance, ensuring they reminded the person to use their walking aids and to "Balance" themselves before moving.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. This included carrying out checks to make sure they were safe to work with vulnerable adults. 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. During our inspection we observed there were enough staff available to respond to people's needs. People received the support they required. One relative told us, "They always turn up when they should. We know the staff very well."

All staff administering medicines had completed medicines training and competency assessments. The home used a blister pack system with printed medication administration records. We observed medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Where errors had been made accident and incident forms had been completed. Lessons were learnt and shared with staff to ensure action was taken to improve safety. For example, the registered manager told us they shared information and learnt from mistakes such as medicine errors, ensuring additional support and training would be available.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. There were some concerns with the closures on new fire doors. The registered manager was able to demonstrate they were linking with the appropriate professionals in regards their concerns. Staff confirmed they received fire training and felt confident to evacuate the building if needed in the event of a fire.

Staff were trained in food hygiene and infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People continued to receive effective care and support.

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. Staff had the knowledge and skills to undertake their role. This included understanding of safeguarding adults, epilepsy, and supporting people who displayed behaviour that may challenge others. There were systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us they felt well supported in regards training and development.

Technology was used to support the effective delivery of care and support. For example, pressure mats which alerted staff when a person was up and about in their room if they were at risk of falling. Where these were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the MCA and best interest's process had been followed. Records evidenced where relatives held legal power of attorney for their loved ones. They showed how they had been consulted in their care and any best interest decisions. Were people were able they had signed to say they consented with records in place for example consent to be photographed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service continued to work within the principles of the MCA. People's consent was obtained prior to providing care. Staff were clear where people had the mental capacity to make their own decisions, this would be respected. Throughout the inspection we observed consent being sought regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices.

Staff supported people to eat and drink sufficient amounts to meet their needs. People were supported to make choices about the meals they enjoyed. 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 people's 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 observed offering healthy choices and were able to discuss people's risks and how they supported them to eat and drink safely.

People's nutritional needs were reviewed and regular checks maintained on their weight and any risks, such as swallowing problems, or diabetes. We observed people helping to prepare food and they told us, "The food is nice". Staff showed us laminated food cards to support people's choice in choosing food to purchase and eat.



Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments followed advice provided by healthcare professionals and kept a record of any changes. For example, two people received support to follow a healthy diet in line with their diabetic health needs. The registered manager told us, "We encourage [names] to remain as independent as possible in regards their choice of food. We ensure regular appointments with the diabetic nurse are kept, and have never known them to have any issues in regards their diabetes."

People were supported in their own homes, where required the property had been adapted to meet individual needs such as a ramp to the front door. Records demonstrated and people told us they had been involved in choosing the colour of their rooms. The lounge in one home showed equal share of items that were personal and individual to the person, such as art work, photos and memorabilia,

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people.

# Is the service caring?

## Our findings

People continued to receive a caring service.

Staff were aware of people's likes and were aware how people wanted them to enter their homes, one relative told us "When staff arrive they all know how to enter our home, they wait until [relative] is happy before they commence." We observed staff respecting people and their home, for example, one member of staff supported a person to move they ensured there were no barriers in the person's way and gently guided them to where they wished to go.

People continued to receive care from staff who knew them well. Staff had developed positive relationships with people and supported people on a regular basis. One member of staff said, "It is not like coming to work. It is lovely working with [names]". People had keyworkers who spent time with them to do the things they enjoyed. One person showed us many photos which demonstrated they had spent time having fun with staff. A relative told us, "I do not know of any other agency that gives such care and empathy as they have shown to us. The [staff] really do go the extra mile."

Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable and if any assistance was required. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company. We asked one person if staff were nice, and kind to them. They told us "Yes." People were observed to be happy and relaxed in the company of staff. We heard respectful conversation and banter between people and their carers.

Staff were not always respectful of people. We observed staff referring to people in their care folder by the colour of the folder and not by their name. We discussed our concerns with the registered manager, who informed staff this historic practice was not person centred and needed to stop with immediate effect. They told us they felt this was an oversight which should have been identified.

People were empowered to make choices about the care and support they received. This information was reflected in people's care plans and provided in practice. Staff knew people's individual communication skills, abilities, preferences and daily routines.

People were encouraged to be as independent as possible and care plans included details about what abilities people had and what they were able to do for themselves. We observed that staff encouraged people to manage some of their support themselves and assisted where necessary. For example, one person was trying to stand from their chair with the assistance of a frame. Staff gave verbal encouragement and reassurance but did not rush the person or offer to assist. This meant that the person had the time and encouragement to stand independently which they were able to do.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and wishes.

People and relatives told us staff had the correct skills to support them. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the actions that may mean someone was upset. Care plans provided clear and detailed information about the person's care and support needs, and identified what the person could do for themselves and what support staff should provide.

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. The registered manager told us that at the time of inspection they did not have anyone from the Lesbian, Gay, Black or Transgender [LGBT] community, but that "it would be the same as completing a care plan for anyone. They told us that staff would accommodate and support people according to their preferences and that they had a focus on equality. The provider had developed an easy read leaflet in regards LGBT. Staff received training around equality and diversity and the registered manager explained, "We do not discriminate we have same sex couples working for us, we all have a job to do."

Care plans were person centred and held guidance about any communication needs for example, where people needed additional support to communicate staff were seen to follow the correct approaches highlighted in care plans. Guidance was available for one person with visual impairment, staff used touch and voice to ensure the person was aware of their presence and where they were in the room. Easy read information was available and staff took time to explain and ensure people understood what was happening. One relative told us "It is a fantastic team they all bring something different. They listen and let [relative name] take the lead in how they want to be supported, each day."

The service was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that considered any impairment which affected their communication. For example, staff used photos of meal options to support people to express their meal choices.

People were involved with the service within the local community, including being involved in regards their cultural and religious needs. The registered manager told us individual wishes and beliefs were respected. They gave an example of people attending the 'Messy church' they told us, "It is a service that involves people with learning disabilities to come along and join in. after there is tea and cake and a chance to mix and make friends with other members of the local community."

People received personalised care. People had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. The activities included those relating to daily living skills, such as food shopping, as well as

leisure activities and attendance at day centres.

A complaints process was in place. Relatives told us they could contact the registered manager if they had any concerns. Staff said they also felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. One relative told us, "If I have a query, I get an answer straight away".

# Is the service well-led?

## Our findings

The service continued to be well-led.

People, relatives and staff told us that the service was well led and that the office was easy to contact with friendly staff who were responsive and helpful. Phone support was available out of hours for staff, people and their relatives. A staff member explained that they were "Always able to get hold of someone, even out of hours". They shared an example of having out of hours support, they told us, "There is always someone on the end of the phone any time day or night. I needed support in the early hours of the morning once. It was there."

There was a registered manager who had been in position since December 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager although new had previous experience of working for the service.

The registered manager was available and approachable, and feedback from staff was that they felt supported in their role. Staff were clear about their roles and responsibilities and understood the importance of joined up communication with the office. The registered manager spent time in both homes each week. One relative told us, "[registered manager] takes their turn to come and support every week. They know what they are doing and know what the staff have to do." Staff understood the need to keep information confidential and told us that they were aware when to share information with the registered manager.

The provider had a clear vision for the service. The registered manager told us, "My role is promoting good quality care, to treat people as individuals to enable them to do what they want to do. We support people to be happy in their own home." They informed us they ensured all staff were trained in safeguarding vulnerable adults and said they were, "Confident my staff ensure people are supported to stay safe and receive good quality care."

Staff received regular supervision appraisals and staff meetings. Staff told us there was an open and transparent approach from the management team. Comments from staff included, "Our registered manager is very responsive, always turns up and will work alongside us." "If I'm worried I will just ring [registered manager]." "Very good support." The registered manager told us, "I am most proud of my team they work hard and can work independently."

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing incidents and interventions, quality of care records, training, support for staff and environmental health and safety checks. The registered manager carried out regular unannounced spot checks of the service and met with staff and people to get their feedback. The provider's governance team carried out checks of how the service was meeting the fundamental standards. Action

plans with timescales were in place to ensure any required improvements were made.

The registered manager had regular support from the office team and also the service manager who was based at the office. They told us that they were able to discuss practice and any incidents of concerns daily. The registered manager attended local meetings with other services to discuss and share good practice and this learning was shared with staff. The registered manager explained that they had good working relationships with the local authority and safeguarding teams and sought advice and guidance where needed.

Staff meetings were held which were used to address any issues and communicate messages to staff. Minutes reviewed demonstrated where incidents or concerns had occurred in the service these were reviewed and discussed and any learning was shared with the team. Staff showed an understanding of the ethos and culture of Dorset Learning Disability Service Domiciliary Care, and supported and facilitated people to live their life how they chose.

The provider sought the views of people and their relatives by satisfaction surveys and regular meetings. Easy read feedback forms were available and staff or relatives were able to discuss their feedback. The last survey in 2017 for the provider overall showed overall satisfaction in the service. The registered manager told us they were awaiting the results of the 2018 survey.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.