

Leonard Cheshire Disability

Dorset Learning Disability Service - 5 Grosvenor Crescent

Inspection report

5 Grosvenor Crescent
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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

The inspection took place on 1 June 2016 and was unannounced.

5 Grosvenor Crescent is part of the Leonard Cheshire disability and provides care and accommodation for up to three people. On the day of the inspection two people lived within the home. 5 Grosvenor Crescent provides care for people who have a learning disability and may also have physical disabilities.

The service had a registered manager in post. 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.

During the inspection people and staff were relaxed, the environment was clean and clutter free. There was a calm and pleasant atmosphere.

People's relatives and friends told us they felt their loved ones were safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded. Staff provided consistent personalised care, treatment and support. People's risks were managed well and monitored.

People were promoted to live active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. A relative told us their loved one enjoyed the activities staff enabled them to take part in.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, physiotherapists and speech and language therapists.

People received consistent co-ordinated care when they moved between services. Staff ensured individual preferences were respected and care needs continued to be met.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. An easy read version of the complaints policy was made available.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs. Comments included, "I really enjoy my job, I look forward to coming to work", "My job is right down my street. I like to do something to improve people's lives" and "This is what I like to do, I enjoy my job".

There were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed their medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

People were supported by staff who knew people well and took prompt action to relieve people's distress.

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and met people's individual needs. Staff had a good understanding

of how people wanted to be supported.

People were supported by staff who used creative ways to help them have a good quality of life.

People were supported by staff who found creative ways for people to live as full a life as possible. Activities were meaningful and were planned in line with people's interests.

Is the service well-led?

Good ●

The service was well-led. Management were approachable and defined by a clear structure.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented regularly to provide a high quality service.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Dorset Learning Disability Service - 5 Grosvenor Crescent

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.

The unannounced inspection took place on 1 June 2016 and was undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two friends/relatives, the registered manager and three members of staff. We also spoke with two health care professionals, a physiotherapist and a speech and language therapist who had both supported people within the service.

Both people had very limited verbal communication and so were unable to fully tell us their views. We spent time in the communal parts of the home observing how people spent their day as well as observing the care and support being provided by the staff team.

We looked at all records related to people's individual care needs and records related to the administration of medicines. We viewed two staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People had communication and language difficulties associated with their learning disability. Because of this we were unable to have full conversations with them about their experiences. We relied mainly on our observations of care and our discussions with people's relatives, friends, health care professionals and staff to form our judgements.

People's loved ones told us they felt their family member or friend were safe. Comments included, "It's the safest place [...] has ever been. There's always somebody with them" and "[...] is definitely safe, we have full confidence in the staff and they phone us all the time. I have never felt [...] to be unsafe in any way".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "Keeping people safe is my priority, I would take immediate action if I ever needed too" and "If I ever had any concerns I would report them straight away". Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

The registered manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, they used bank staff that had supported people who lived at 5 Grosvenor Crescent before. The registered manager stated this was so people received consistent support from staff they knew well, which was important. Staff were not rushed during our inspection and acted quickly to support people when requests were made.

People were supported by staff who understood and managed risk effectively. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were

appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person was prescribed medicine 'as required' to help with their bowel movements. Staff recorded the person's bowel movements daily and used that information, to make an informed judgement on whether that person would benefit from having their medicine or not.

Is the service effective?

Our findings

Relatives and friends felt their loved ones were supported by staff who effectively met their needs. Comments included, "Staff are definitely well trained" and "Staff are able to cope with everything, with real quality". A health care professional told us they thought staff were aware of people's needs and provided effective care and support.

Staff confirmed they received a good induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. One staff member commented, "I definitely have had all the training I feel I need." Newly appointed staff completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. They also shadowed other experienced members of staff until they and the registered manager felt they were competent in their role.

Staff received effective support through supervision and appraisals. Supervision was up to date for all staff. The registered manager commented that supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open conversation provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. One staff member commented, "Supervision is good and beneficial, we have very open and honest discussions about all areas of our work."

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The manager had a good knowledge of their responsibilities under the legislation. Records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. Where decisions and authorisation had been granted this was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect people's rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Documentation evidenced where best interests decisions had been made. For example, one person's care record contained a best interests decision regarding whether or not they should move to a new home due to an increase in their care needs. The person had been fully included within the process along with relevant healthcare professionals and staff. The decision had been clearly recorded and all staff were made aware of the outcome. The registered manager confirmed that this decision would be continually reviewed and monitored to help ensure it met the person's current needs.

Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, staff regularly sought support and advice from a Parkinson's nurse to help meet a person's needs. The nurse in question was invited to a staff meeting and spoke with staff to help increase their knowledge and skills. A friend commented, "The staff meet all of [...]s medical needs, I have no worries about that."

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. Care records detailed people's dietary preferences and highlighted where risks with eating and drinking had been identified. For example, staff had identified one person would often cough whilst they ate. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating, but to help minimise the risk, the person was to be observed whilst eating by staff with first aid training. We observed staff adhered to this advice and the person in question independently ate their meal whilst staff sat close by. A SLT commented that staff respected their advice and followed it in practice to meet people's needs.

Is the service caring?

Our findings

People's families and friends felt positive about the caring nature of the staff and spoke highly of the support their loved ones received. Comments included, "It is a really genuinely lovely home. A marvellous place for [...] to be", "[...] is cared for by really good caring staff. They are all very pleasant and very friendly" and "The staff are genuine and clearly care so much". A health care professional commented that staff knew people well, provided good care and were committed to meeting people's complex needs.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted the particular programmes they enjoyed watching. Staff were able to tell us exactly what programmes the person preferred and the significance this had to their wellbeing. We observed the person enjoyed watching the show of their choice. A relative relayed how they felt staff demonstrated their caring nature and showed how well they knew people. They described how staff respected the fact that their loved one enjoyed reflexology, time in the garden and visits out in the community. They said, "Whilst finances can restrict some things [...] can do, the staff do their very best to make sure the things he is able to do are meaningful to him. He has far more outings than we do".

People were supported to express their views. Staff knew people's individual communication needs and were skilled at responding to people no matter how complex the person's needs were. Both people living at 5 Grosvenor Crescent had very limited verbal communication. The registered manager explained that staff had developed unique ways of communicating with each person they supported. For example, staff had devised a pictorial communication book, using Velcro so the person could select pictures and stick them to their book to advise staff of their wishes for any given day.

People were treated with dignity and respect by staff. Staff supported them to maintain their privacy and independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, we observed staff assist a person to get safely to the toilet, once the person was there and felt secure, the staff member respectfully stood outside of the room with the door left slightly ajar. This gave the person privacy with immediate support on hand should they require it. Relatives commented that staff had the right balance between safety and respecting people's privacy. A staff member told us, "Respecting people's privacy and dignity is very high on our agenda. We are very big on that."

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One friend said, "We visit every fortnight, the staff are always very friendly and we are welcomed with a nice cup of tea and a friendly chat."

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with personalised care and were reviewed to respond to people's change in needs.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible involve people or those who matter to them within the decision, and consult with health and social care professionals. A health care professional commented that staff followed their advice and managed people's needs incredibly well.

People were supported to maintain relationships with those who mattered to them. Relative and friends comments included, "Any problems or issues with anything, the staff ring me straight away" and "We live quite far away so struggle to visit regularly. The staff understand this and call us to let us know how [...] is". The registered manager and staff understood the importance of people maintaining close contact with their loved ones.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Daily diaries evidenced where people had been supported to carry out personalised activities that reflected their hobbies and interests.

People were supported by responsive staff who had a good understanding of people's preferences and found creative ways to enable people to live full and active lives. For example, one person used to love to ride their bike. Due to deterioration in their mobility this was no longer possible. The registered manager explained staff raised the notion of purchasing a specially adapted bike. The idea being, staff could carry out the action of peddling and steering, yet the person could still sit on the bike and share the experience. This idea was granted. Staff members took part in sponsored events to raise the funds required in order to buy the bike. The story featured in the local paper and the registered manager commented, "It was great to see [...] enjoying riding a bike once again, the staff were great and took part in sponsored bike rides to raise the money needed."

People were supported to have their choice and preferences met when they faced moving between services. Staff displayed an awareness of the impact such transition could have on people's lives and wellbeing. Careful thought had been given when moves between services had taken place. Proper plans had been drawn up and delivered in practice and strategies had been put in place to maintain continuity of care. For example, prior to one person moving to 5 Grosvenor Crescent, staff visited the place they resided at the time. They got to know the person started to build trust and gain an understanding of their needs so they could provide consistency in care. Staff met with their family and friends and gained in-depth knowledge of the

person and learnt their individual preferences in how they liked to be supported. A staff member said, "I met with [...] at his previous place, I sat and watched TV with him, we had a meal together and I talked with his friends. It was really good and made his transition to here run a lot lot smoother for him."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and accessible to all. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. The registered manager confirmed they had received no written or verbal complaints.

Is the service well-led?

Our findings

The management took an active role within the running of the service and had good knowledge of the staff and the people who lived at 5 Grosvenor Crescent. There were clear lines of responsibility and accountability within the management structure.

People's friends/relatives, health care professionals and staff all described the management of the home to be approachable, open and supportive. Comments included, "[...] is lovely, always available and very approachable", "The manager is always available and very supportive" and "The manager is very easy going, approachable and open to discuss any issues I have".

The registered manager told us staff were encouraged and challenged to find new and creative ways to enhance the service they provided. Staff told us they felt able to share their opinions and ideas they had. The registered manager talked us through ideas they had raised that had been implemented in practice with success. For example, due to one person's mobility needs having changed, staff suggested laying a patio over a grassed area of the garden, to help the person access the summer house using their wheelchair. This was actioned and the person can now enjoy spending time there when they choose.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they could add items to the agenda that they wished to be discussed, and were encouraged and supported to question practice. For example, staff recently suggested that a person may benefit from having a handrail fitted to the wall beside their bed to promote independence and help keep them safe. The registered manager stated that this was being risk assessed and discussed and encouraged staff to constantly make suggestions. Staff comments included, "I express ideas I have, the usual response is to go ahead and try it. That encourages you to suggest more things" and "I bring in ideas from other places I work, I have seen how successful they can be. My ideas are always taken on board and trialled".

The home worked in partnership with key organisations to support care provision. Health care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

Staff told us they understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included, "I really enjoy my job, I look forward to coming to work", "My job is right down my street. I like to do something to improve people's lives" and "This is what I like to do, I enjoy my job".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, a cleaning audit highlighted that there were too many tasks to carry out on a Monday which impacted on the time staff had to spend with people. The registered manager commented that cleaning tasks were now more evenly spread throughout the week, so that the focus remained on the people rather than being task led.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations. Notifications were detailed and the registered manager always informed the Commission of what proactive action had been taken in response to an event, such as amending care plans and risk assessments.