

## Leonard Cheshire Disability

# Dorset Learning Disability Service - 2 Thornhill Close

### Inspection report

2 Thornhill Close  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 8 December 2015 and was unannounced. The inspection continued on 11 December.

The service is registered to provide personal care with accommodation for up to 3 adults. The service has 3 bedrooms. The service has an open plan living and dining area that people are free to use at any time. There is a

shared bathroom, a staff sleep in room/office and kitchen. The dining area overlooks a patio area which leads into a level access garden. There is outdoor seating and a summerhouse with level access to it.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People who use the service have complex health needs and use non-verbal methods of communication. For example body language, facial expression, gestures and visual prompts.

Staff were able to tell us different forms of abuse for example, financial, physical and neglect. They were able to tell us how they would recognise if people were subject to these forms of abuse and how they would raise their concerns with the manager. Staff were also aware of external agencies they could contact. We noticed that in the staff office there were contact numbers for the local authority Safeguarding team and the Care Quality Commission. The Registered Manager told us that if they are ever in doubt they always call the safeguarding team. Staff told us that they had received safeguarding training. We looked at the training records which confirmed this.

All three people who used the service had a Personal Emergency Evacuation Plan in place which were up to date and reviewed annually. These plans detailed how people should be supported in the event of a fire during the day and at night. There was also a Service Emergency Plan in place which detailed; peoples profiles and emergency contact numbers. The plan covered emergency situations for example missing persons, failure of electric, water or gas leaks.

Each person had an Individual Support Plan (ISPs) in place which detailed the care and support people needed to remain safe and as independent as possible. The plans included risk assessments, guidelines for staff, personal profiles and review reports. The service was in the process of updating these ISPs and will be replacing them with Person Centred Plans (PCPs). These will be more person centred and will support people who use the service and or families to be more involved in the planning and review of their care and support.

Medicines were managed safely. Medication was only administered by trained staff.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as

training which was more specific to their roles for example autism awareness and epilepsy. A staff member told us, "We receive regular training; I have recently done a refresher in food hygiene and infection control

People who use the service have complex health needs and use non-verbal methods of communication. For example body language, facial expression, gestures and visual prompts. All three people lack mental capacity to make complex decisions about their health and care needs however, capacity assessments and best interest decisions were not always recorded or reviewed effectively. The Registered Manager told us that she is aware that capacity assessment, best interest decisions and consent is an area that they need to improve upon. Following the inspection visit the Registered Manager arranged a best interest meeting with relevant professionals.

All three people have had a Deprivation of Liberty Safeguards (DOLs) application completed and sent to the local authority. One persons had been returned and authorised. This is up for review in March 2016.

A therapist told us, "Staff are caring and kind. They treat people as individuals. They are all very passionate about their roles".

Staff were polite and treated people in a dignified manner throughout the inspection. If people required support with personal care they were discretely supported back to their room or to the toilet and doors were closed behind them.

One person's epilepsy was deteriorating and they were undergoing a medication review. Both the care file and medication file reflected this and staff we spoke to were aware. We reviewed the seizure chart which staff used to record seizures on identifying the date, time, type, duration and other comments. This information was then shared with the epilepsy nurse and neurologist during meetings to monitor their progress and identify any patterns or trends.

The care files we reviewed identified people's care and support needs whilst out in the community. We reviewed two peoples activity records which showed us that people have regular access to the cinema, library, recycling centre and bowling to name a few. A staff member told us, "We regularly support people to cafes and restaurants".

# Summary of findings

The staff we spoke to all said that they felt the service was well managed. A therapist told us, “The Registered Manager is ultra-organised and is always 10 steps ahead”.

We reviewed how the service monitors quality care and support. There was evidence of an out of hour’s visit which took place by the Registered Manager on a Saturday in September 2015. This report reflected outcomes of staffs conduct, environmental checks, general observations and other comments. The overall outcome of this visit was positive.

We reviewed the services end of month paperwork quality monitoring checks which are completed by the Registered Manager and senior support worker. These checks covered medication, maintenance, record keeping and cleaning charts to name a few. There were areas to log comments and actions.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding training and were able to tell us different forms of abuse, how they would recognise them and who they would report concerns to.

Risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Good



### Is the service effective?

The service was not always effective. Staff understood the requirements of the Mental Capacity Act 2005. However, capacity assessments and best interests decisions required review.

People were supported to participate in weekly food shops. Menus were created which reflected peoples nutritional needs and SALT assessors worked with the team.

People were regularly supported to health care appointments by staff. Best interest meetings have been arranged with the local GP, nurses and Chiropodist.

Requires improvement



### Is the service caring?

The service was caring. People were supported by staff who knew them well and spent time with them.

People were supported by staff who respected their privacy and dignity.

Good



### Is the service responsive?

The service was responsive. People were supported by staff who recognised their changing care and support needs.

People were actively supported to participate in a variety of activities outside of the service individually and together.

Good



### Is the service well-led?

The service was well led. The registered manager and senior demonstrated an open, inclusive and empowering management style.

Good



# Summary of findings

People were supported by staff who use person centred approaches to deliver the care and support they provide.

Regular quality checks and out of hours visits take place by the registered manager and senior to measure and improve quality service delivery.

# Dorset Learning Disability Service - 2 Thornhill Close

## 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 inspection took place on 8 December 2015 and was unannounced. The inspection continued on 11 December, this was announced on 9 December. The inspection was carried out by a single inspector.

Before the inspection we looked at the previous inspection report and notifications we had received about the service.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke with a relative by telephone, two support workers and a therapist who was visiting people during the inspection. We spoke with the Registered Manager and Senior support worker. We reviewed two peoples care files (Individual Support Plans), Deprivation of Liberty safeguards applications, best interest assessments and meetings. We looked at policies, medication records, risk assessments, emergency plans, health, safety and fire records and management audits of the service. We walked around the building and observed care practice and interaction between staff and people who lived there. We looked at four staff files, the recruitment process, training and supervision records.

# Is the service safe?

## Our findings

The relative we spoke to was very positive about the service. They told us, “My daughter has been using the service for many years, she’s safe there. They are always in contact with me if there is something I need to know”. They also said “Staff watch and look after her in the house but I know she can move around freely”. The therapist did not have any concerns regarding peoples safety.

Staff were able to tell us different forms of abuse for example, financial, physical and neglect. They were able to tell us how they would recognise if people were subject to these forms of abuse and how they would raise their concerns with the manager. Staff were also aware of external agencies they could contact. We noticed that in the staff office there were contact numbers for the local authority safeguarding team and the Care Quality Commission. The Registered Manager told us that if they are ever in doubt they always call the safeguarding team. Staff told us that they had received safeguarding training. We looked at the training records which confirmed this.

Risk assessments were completed by the senior support worker and Registered Manager. The senior Support Worker told us, “We look at the task in hand and identify the potential risk. We then look at the probability and worst outcome to people and staff. From here we identify control measures to reduce and manage the risk. Once these are completed they are signed off by the Registered Manager and shared with the team who are all required to read and sign them. We usually review these every year or as and when things change”. Risk assessments in peoples care files confirmed that staff signed them once published.

All three people who used the service had a Personal Emergency Evacuation Plan in place which were up to date and reviewed annually. These plans detailed how people should be supported in the event of a fire during the day and at night. Fire records we reviewed confirmed that the service checked the alarm weekly and carried out emergency evacuations three monthly with the last one being recorded on 15/10/2015. Emergency lighting and equipment checks showed that these took place monthly.

There was a Service Emergency Plan in place which detailed; peoples profiles and emergency contact numbers. The plan covered emergency situations for example

missing persons, failure of electric, water or gas leaks. The plan gave staff clear guidance on what actions to take and identified the location for such things as the stop cock and gas valve.

The Registered Manager reviewed the staffing levels using a staffing dependency tool. This tool allows peoples dependency and support hours to be calculated. Staffing levels were last reviewed using this tool in August 2015.. We reviewed the last eight weeks of rota all of which reflected the assessed staffing ratio. A staff member told us, “Staffing levels are fine and additional staff are provided if necessary”. Another staff member told us, “Normally staff levels are fine. Additional staff maybe brought in if we are going on a day trip. Recently we took people here to Southampton on the train and additional staff supported us”.

Recruitment was carried out safely. The four staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers, contracts and job descriptions. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records.

Medicines were managed safely. People’s medicines were stored securely. . Medicine was only administered by trained staff.. Medicine was signed as given on the Medicine Administration Records (MAR). People had a Medication Care Plan in place which detailed people’s conditions and current medicines. They also detailed how people like to receive their medication. There were capacity assessments in place for people regarding medication which evidenced that the service had worked with the GP and Pharmacist to assess what is in people’s best interest.

During the inspection people were being supported to go shopping and out for lunch. This meant that two peoples medicines needed to be taken with them. We observed a staff member signing out people medicines on a record sheet. This showed where the medicines were.

We also observed a staff member who had arrived at 10am checking the morning medication. The staff member checked medication against the MAR sheet, counted the

## Is the service safe?

medication and cross checked totals before signing to say the checks had been done. The staff member then checked the temperature of the cabinet and recorded it. The staff member was very vigilant doing this and did not rush.



# Is the service effective?

## Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that staff had received training in topics such as moving and handling, first aid, infection control and mental capacity act. There was also training specific to people who use the service in topics such as autism awareness and epilepsy. A staff member told us, "We receive regular training; I have recently done a refresher in food hygiene and infection control". Another staff member told us, "I take bits from each of the training courses I attend which enhance my skills in practice". A relative told us, "Staff appear well trained and know what they are doing. I trust staff and leave decisions to them as they know her needs better than me".

Leonard Cheshire provides all staff with a staff handbook when they join the organisation. This covers key areas of work for staff and signposts them to guidance, policies and departments. The handbook covers topics such as Health and safety, conduct, learning and development and employment conditions and benefits. A staff member told us, "This is a useful handbook and good introduction for new staff to the organisation".

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. Staff told us that they had attended MCA and Deprivation of Liberty Safeguards training. We reviewed the training records which confirmed this.

People who use the service have complex health needs and use non-verbal methods of communication. For example body language, facial expression, gestures and visual prompts. All three people lack mental capacity to make complex decisions about their health and care needs however, capacity assessments and best interest decisions were not always recorded or reviewed effectively.

One person's care file said that they became anxious and distressed during certain interventions. A capacity

assessment and best interest meeting had been held regarding these in 2012 but it had not been reviewed since. Guidelines for staff had been written for these situations which both advised staff to use holding techniques. A staff member told us that they held the person's arm during one intervention. The Registered Manager confirmed that staff had not received training in holding people and should not actually be doing this anymore. The Registered Manager removed the guidelines and paperwork relating to this from the person's file. The Registered Manager spoke with the staff working that day and explained that they were there for support only and that it was down to the professional to be the decision maker and assess what is in the person's best interest. The Registered Manager also wrote to staff in the home's communication book.

The Registered Manager told us that she is aware that capacity assessment, best interest decisions and consent is an area that they needed to improve upon. The Registered Manager arranged a best interest meeting with relevant professionals so that best interest decisions could be made and guidelines reviewed to ensure people received care in the least restrictive of way. The Registered Manager also told us that they would contact the organisations Learning and Development team to request staff restraint training in case light holds performed by staff are decided to be used in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All three people had a Deprivation of Liberty Safeguards (DOLS) application completed and sent to the local authority. One person had been returned and authorised[NF1].[GR2] The other two people's applications were still being assessed.

We observed staff on several occasions during the inspection support people to choose drinks and being given a choice of hot or cold. We observed a staff member actively supporting one person to access the kitchen and choose their lunch. Staff supported them to do this by showing them options as visual prompts, the person then chose their preferred option. The senior support worker explained to us that staff create the menu monthly and ensure that it is varied, balanced and incorporates people's

## Is the service effective?

likes and dislikes. The menu reflected people's nutritional needs and advice received from the Speech and Language Therapist (SALT) . People's intake and weight were both logged in their daily records which we reviewed.

We observed a staff member supporting a person to eat at lunch time. The staff member put a tabard over the person's clothing to protect it from food. The staff member explained to the person what they were doing throughout the task and waited for the person to finish their mouthful before offering more food.

People were supported to maintain good health and have access to healthcare professionals as needed. We reviewed two people's appointment record sheets which showed us that they had recently visited a nurse, dentist and GP. The outcome and any action needed to be taken by staff were

recorded on these. We reviewed staff meeting minutes which showed us that each person's current needs were discussed. This included any changes in their care, outcomes of recent health visits and any upcoming appointments. We were told that people's weight was recorded fortnightly and records we reviewed confirmed this.

A therapist visited the people who use the service during the first day of our inspection. People seemed relaxed and at ease with the therapist who told us she used to be a support worker at the service and knows the people well. She explained to us that during her visits she reflects on previous therapy delivered, sets targets and writes up findings which are shared with staff.

# Is the service caring?

## Our findings

The service was caring. A therapist told us, “Staff are caring and kind. They treat people as individuals. They are all very passionate about their roles”.

A staff member told us, “When I started working here I watched how others supported the people who live here, learnt their likes and dislikes which then helped me build a relationship with them”. Another staff member told us, “I developed relationships with people here by spending time with them and learning from other more experienced staff”.

Although people used non-verbal communication methods to communicate staff told us that they were not sure if they understood verbal communication from staff. We observed people responding to their name and other requests for example; meal and medication times. We observed staff acknowledging people as they entered the room or as they arrived at work on several occasions. People were relaxed and happy in staffs company.

The care files detailed professionals involved in their care and had copies of review reports which were written in

2014. The care files also had profiles of each person in them. These captured people’s identity and reflected their preferred method of communication, food likes/dislikes and levels of support. These profiles support new and existing staff to understand key information about the people. The Registered Manager told us that the Individual Support Plans were being updated in line with Leonard Cheshire’s new focus in person centred care. We were told that they will all be replaced with Person Centred Plans (PCPs).

Staff were polite and treated people in a dignified manner throughout the inspection. If people required support with personal care they were discretely supported back to their room or to the toilet and doors were closed behind them. A staff member told us, “when I deliver personal care to people who live here I always explain what I am doing, make sure I close the door, pull down the persons window blind and cover private areas”. During the inspection one person had a bath; we observed that the staff member had closed the door whilst supporting them with this.

# Is the service responsive?

## Our findings

One person's epilepsy was deteriorating and they were undergoing a medicine review. Both the care file and medicine file reflected this and staff were aware. We reviewed the seizure chart which staff used to record seizures on identifying the date, time, type, duration and other comments. This information was then shared with the epilepsy nurse and neurologist during meetings to monitor their progress and identify any patterns or trends. The senior support worker told us, "We are working closely with the epilepsy nurse at the moment and she attended out last staff meeting". A therapist told us, "I have raised concerns before regarding changes I have noticed. The Registered Manager and staff have responded quickly to this and arranged follow up appointments with the GP or nurse". They also said, "The manager is very good at contacting health professionals, seeking advice and then dealing with it".

The care files identified people's care and support needs whilst out in the community. Activity records showed us that people participated in activities outside of the home such as the cinema, library, recycling centre and bowling. A staff member told us, "We regularly support people to cafes and restaurants". On Friday's people take part in the weekly food shop which always includes lunch out, people really like this". Another staff member told us, "We supported people to attend a panto in Bournemouth in January which they enjoyed".

Staff told us that people would find it difficult to raise concerns and/or complaints directly with them or managers due to their complex communication needs. Staff said that they would be able to identify if someone was not happy due to changes in their behaviour, body language or expression. The Registered Manager told us, "Changes in people's usual behaviour would always be identified by the staff and we would discuss it as a team". Peoples care files had accessible easy read complaints policy and procedure in place which had been shared with the people however they do not have the capacity to understand them.

The Registered Manager told us that they sent out annual quality questionnaires.

A staff member told us, "I raised concerns with the manager about people's privacy as we use to have net curtains in peoples bedrooms. As a result the manager replaced these with blinds". The Registered Manager explained that complaints were recorded on an online system which captured the complaint and logs steps taken to address it.

Staff told us that they know that they do a good job each day if they leave work knowing people are happy and comfortable. One staff member told us, "If people appear happy and relaxed when I go home then I feel happy that I have done a good job and made a real difference which in turn gives me job satisfaction".

# Is the service well-led?

## Our findings

During the inspection we observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering by acknowledging them and talking them through the support they were providing in an empowering way. For example we observed staff informing people that dinner was ready and a person being supported to lay the table.

Staff said that they felt the service was well managed. A therapist told us, “The Registered Manager is ultra-organised and is always 10 steps ahead”. A staff member told us, “I feel supported by the senior and manager here and can approach them at any time for advice. They both have ground floor experience which helps a lot as they can relate well with us”.

We reviewed the services incidents file. The records included details of the event and any actions taken. The records were up to date and had reference numbers so that the service could easily refer back to them. This information was then uploaded onto a central tool and findings were further analysed by the organisations Health & Safety team. Any actions from them would then be passed back to the manager or senior support worker.

The senior support worker told us, “The quality of care here is second to none. Staff are always working in people’s best interest and nothing is left to chance. Actions are always actioned and staff work in a way that really demonstrates their passion for the job”.

The senior support worker has created an example Person Centred Plan (PCP) which was being used across all of Dorset’s Leonard Cheshire homes by staff as a guide in how these plans should be created and used with people to deliver quality care and support which is tailored to people’s individual needs. Staff fed back that this example helped them understand what is needed in peoples PCPs.

We reviewed how the service monitors quality care and support. There was evidence of an out of hour’s visit which took place by the Registered Manager. This report reflected outcomes of staffs conduct, environmental checks, general observations and other comments. The overall outcome of this visit was positive.

We reviewed the services end of month paperwork quality monitoring checks which are completed by the Registered Manager and senior support worker. These checks covered medication, maintenance, record keeping and cleaning charts to name a few. There were areas to log comments and actions. The senior support worker told us that actions are taken to staff meetings so that staff are given an opportunity to feel involved in changes. For example it was identified that the cleaning charts weren’t always been completed by staff so during a meeting changes to the charts were agreed and since then recording has improved. This demonstrated an open, inclusive and empowering management style.

This section is primarily information for the provider

## Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.