

Leonard Cheshire Disability

Dorset Learning Disability Service - 56 Maiden Castle Road

Inspection report

56 Maiden Castle Road
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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

We carried out an unannounced comprehensive inspection on 7 April 2018.

Dorset Learning Disability Service - 56 Maiden Castle Road provides care and accommodation for up to four people with learning disabilities. On the days of our inspection there were three people living at the care home.

There was 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. At the last inspection on the 1 June 2016, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

We met and spoke to all three people during our visit and observed the interaction between them and the staff. People were not able to verbalise their views and staff used other methods of communication, for example sign language or visual choices.

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there were sufficient numbers of staff to meet people's needs and support them with activities and trips out. Staff said people were safe because; "There are always two staff on shift and a third when we have one to one planned trips."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments had been completed to help ensure people could retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity and the Human Right needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's end of life wishes were not currently documented, however staff confirmed they were currently discussing this subject due to one person's deteriorating health. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best

outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with the people they cared for. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People had complex communication needs and these were individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager said any complaints received would be fully investigated and responded to in line with the company's policy. Staff knew people well and used this to gauge how people were feeling. The policy was not provided in an accessible format for people as people currently living in the service would not understand the procedure. However, the registered manager and staff demonstrated they would always act on changes in people's presentation.

The service continued to be well led. People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was approachable and made themselves available. The registered manager had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety of the care people were receiving. The provider's governance framework, helped monitor the management and leadership of 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? This service remains good.	Good ●
Is the service effective? This service remains good.	Good ●
Is the service caring? This service remains good.	Good ●
Is the service responsive? This service remains good.	Good ●
Is the service well-led? This service remains good.	Good ●

Dorset Learning Disability Service - 56 Maiden Castle Road

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 checked 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.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was undertaken by one inspector on 7 April 2018 and was unannounced.

We followed the initial office visit up by speaking to the registered manager by telephone to discuss other records including policies and procedures.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. At our last inspection of the service in June 2016 we did not identify any concerns with the care provided to people.

During the inspection we met and spent time with all three people who lived at the service. The people living at the service had complex needs which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore we observed how staff interacted and looked after people and we looked around the premises. We spoke to four members of staff.

We looked at records relating to the individual's care and the running of the home. These included three care and support plans and records relating to medication administration and finance records. We also looked at quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People who lived in 56 Maiden Castle Road were unable to express themselves but appeared to be very relaxed and comfortable with the staff who supported them.

People had sufficient staff to support them based on the activity they were undertaking. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff confirmed additional staff were available when needed.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. To help minimise the risk of abuse to people, staff completed training in how to recognise and report abuse.

People were treated equally and their diverse needs were met because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of their ongoing training.

People's risk of abuse was reduced as the company had a suitable recruitment processes in place. Checks were carried out to help ensure new staff were safe to work with vulnerable people. Staff were unable to start work until satisfactory checks and references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed to make sure people were able to receive care and support with minimum risk to themselves and others. Clear guidance was held for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be seen as challenging to themselves or the staff. This helped staff to support people to help keep them safe.

People's accidents and incidents were recorded and referrals made to seek support when needed. People's finances were kept safe. People had appointees to manage their money where needed, including family members or advocates.

People received their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People had prescribed medicines on "as required" basis and there were instructions to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked, weekly fire tests were carried out, and people had personal evacuation procedures in place. People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect

people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. 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.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People's records included communication guidelines. This detailed how people were able to communicate and how staff could effectively support individuals. People's "Hospital Assessment", which could be taken to hospital in an emergency, detailed how each person communicated, to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. They also showed they were working within the principles of the Accessible Information Standard. The provider was looking at how they could meet this fully for the benefit the service and the people who lived in it.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example dementia training and the Care Certificate. Staff confirmed the Care Certificate covered Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff confirmed they received supervision and team meetings were held.

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of choking due to consistency of food had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suitable food choices and the appropriate consistency of food.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier life, for example swimming. People's health was continually monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as the dementia support team and local GPs.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with

appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily.

Is the service caring?

Our findings

The staff continued to provide a caring service. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People appeared comfortable with the staff working with them and there was a relaxed and calm atmosphere in the service. One staff said; "Couldn't imagine working anywhere else!"

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. We heard and saw plenty of interactions, laughter and smiles. Staff were attentive to people's needs and clearly understood when people needed reassurance, praise or guidance.

People's representatives were involved in decisions about their care. People had their needs reviewed regularly and staff from the service who knew people well attended these review meetings. Personal representatives, for example family members or advocates and health care professionals also attended.

Staff knew people well and understood people's nonverbal communication. Staff were able to explain each person's communication needs, for example by the noises and expressions they made to communicate whether they were happy or sad. Staff clearly understood people's nonverbal communication and explained to us how one person used sign language or certain noises to indicate when they wished to go to their own living space for quiet time.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff encouraged people to hold their own cutlery. Staff did not rush people and everything was done at the people's own pace. Staff members were kind and gave each person time. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same staff members. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Is the service responsive?

Our findings

The service continued to be responsive. People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs, for example, one person had been referred to the Dementia screening service. Staff told us how they encouraged people to make choices. Staff said some people were shown visual items to help make choices.

People's care plans were personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. In addition to full care plans there were brief one page profiles of people, particularly about people's communication and behavioural needs. This could be used to make sure new staff had information on how to communicate with people and what was important to them. Staff had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations.

People received individual one to one personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, visual choices or the use of sign language to assist each person.

A complaints procedure was available; however people currently living in the service would not understand the procedure. Staff told us that due to people's nonverbal communication that they knew people well and worked closely with them and would monitor any changes in behaviour. People had advocates appointed, including family members, to ensure people who were unable to effectively communicate, had their voices heard. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. However they were currently looking at this issue due to one person's deteriorating health. Staff had supported one person through the loss of a relative.

People took part in a wide range of activities. For example holidays of people's choice and local activities including swimming. People's family and friends were encouraged to visit and staff took people to visit family members. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

Is the service well-led?

Our findings

The service remains well-led. Staff spoke highly of the registered manager and of the service. One staff said; "I can't imagine working anywhere else!" and "We all work well together and support each other here."

There was 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.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's brochure records; "We pride ourselves on supporting our residents to be independent and to take part in community activities as they wish." The registered manager ensured these visions were embedded into the culture and practice within the service and incorporated into staff training. Staff also received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

The registered manager was well respected by the staff team. They were open, transparent and person-centred. The registered manager was committed to the company and the service they oversaw, the staff but most of all the people. They told us how effective recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at and improve current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Senior management monitored the culture, quality and safety of the service by visiting to meet with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as

well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to check accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.