

Leonard Cheshire Disability

# Dorset Learning Disability Service - 11 Friars Close

## 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

The inspection took place on 8 November 2016 and was unannounced. The inspection was carried out by a single inspector.

The service is registered to provide personal care with accommodation for up to 4 adults with learning disabilities, autism and physical needs. The service has 4 bedrooms. The home had an open plan kitchen and dining area that people are free to use at any time. Two bedrooms had en suites and there was a shared bathroom. There was a staff sleep in room/office and kitchen. The dining area overlooks a patio area which leads into a level access patio and garden. There was a separate medicines room and laundry area.

The service had a registered manager in place. 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.

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. Staff told us that they had received safeguarding training. We looked at the training records which confirmed this.

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.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with on-going care needs.

Staff and relatives told us there were generally enough staff. We reviewed the last four weeks of rota and saw that it reflected the staffing numbers given by the registered manager. Recruitment was carried out safely. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS).

Medicines were managed, stored and administered safely. Medication was only administered by trained staff that had been signed off as competent.

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 recently did first aid which was good".

People lacked mental capacity to make complex decisions about their health and care needs. Staff were aware of the principles linked to the mental capacity act and capacity assessments were completed and best interest decisions recorded appropriately.

People had a Deprivation of Liberty Safeguards (DOLs) application completed and sent to the local authority. Two peoples had been returned and were authorised. One person had just been assessed by their local authority and the other was still in the application process.

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.

People who use the service had complex health needs and used non-verbal methods of communication. For example body language, facial expression, gestures and visual prompts. There was guidance in place for staff to understand and communicate with people.

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. Communication plans reflected this.

The care files we reviewed identified people's care and support needs whilst out in the community. We reviewed two people's activity records which showed us that people have regular access to the cinema, restaurants, shopping, pub and days out. A staff member told us, "I love to arrange activities, social events and holidays with the people".

The staff we spoke to all said that they felt the service was well managed. Regular staff meetings took place.

There were various monitoring systems in place to ensure the care and support delivered was of a high quality. Monitoring checks included medicines, paperwork, cleaning and health and safety. There were areas to log comments and actions.

## 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 staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

### Is the service effective?

Good ●

The service was effective. Staff understood the principles of the Mental Capacity Act 2005 and capacity assessments and best interest's decisions were completed.

Staff received training to give them the skills they required to carry out their roles.

People were supported to participate in weekly food shops. Menus were created which reflected people's likes, dislikes and nutritional needs.

People were regularly supported to health care appointments by staff.

### Is the service caring?

Good ●

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

Staff treated people in a dignified manner and had a good understanding of the people they supported.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

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

### **Is the service responsive?**

**Good** ●

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.

A complaints procedure was in place. Staff and families were aware of the complaints procedure and felt able to raise concerns with staff and management. Staff could recognise behaviours people may show if they were unhappy.

### **Is the service well-led?**

**Good** ●

The service was well led. The registered manager promoted an open and flexible working environment.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner.

Regular quality audits and checks were carried out by staff and management to make sure the service was safe.

# Dorset Learning Disability Service - 11 Friars 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 November 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed 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 improvements they plan to make.

We spoke with two relatives and three support workers. We met with the Registered Manager. We reviewed two people's care files, Deprivation of Liberty safeguards applications, best interest assessments and meetings. We looked at policies, medication records, risk assessments, emergency plans, 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 two staff files, the recruitment process, training and supervision records.

# Is the service safe?

## Our findings

Friars Close was a safe home. A staff member said, "This is a safe home. There are good policies and procedures and there is an emergency on-call system if we needed any support outside of hours". Another staff member told us, "Doors are always locked; we ask people for identification, visitors sign in and out and staff have pre-employment checks". A health professional told us, "Yes it's a safe service. Risks to people are managed and guidance given is always followed". A relative said, "(name) is safe. He's very happy there, it's a real home. We are very happy and don't think he could be anywhere safer".

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. Staff told us that they had received safeguarding training. We looked at the training records which confirmed this.

Risk assessments were completed and staff were required to read and sign these. A staff member told us, "We are informed in staff meetings or via the communication book when risk assessments are reviewed or new ones created". Another staff member said, "There are lots of risk assessments which is good. These help me to understand people's individual care and support needs". We reviewed one person's care file and saw that they were at risk of choking. The service had worked with the local speech and language team (SALT) to create a risk assessment which included control measures such as cutting up food and providing the person with soft meals. There was also guidance for staff on high risk foods such as granary bread or tough meat. We asked staff to tell us what risks were associated to two of the people who lived at Friars Close. Both staff were able to explain these and understood what measures were in place to reduce the risk of harm to them. This told us that good systems were in place to manage people's individual risks.

People 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 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.

We discussed staffing levels with the staff and registered manager. We were told that there were generally enough staff to provide personal care and support to people. Staff said that although people regularly access the community additional staff would help to increase these opportunities. The registered manager agreed and told us they were working with one person's social worker to look at additional funding. We reviewed the last four weeks of rota and saw that it reflected the staffing numbers given by the registered manager. We noted that staff training days were clearly identified using a colour coded system. The registered manager told us, "We try to work flexibly and staff can request preferred days off". A Health professional said, "I have never had concerns with staffing levels. There always seems to be enough". A relative told us, "When we visit staff don't appear to be under pressure or overworked. It's always a relaxed environment".

Recruitment was carried out safely. The two 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.

The service had recently had a pharmacy audit. The registered manager told us how they had worked with the auditor to improve their medicines system. The registered manager had relocated certain white goods and created a medicines room which could be locked from the inside. A sink had also been moved to provide additional record and dispensing space for staff. The registered manager told us that these changes had reduced the number of medicine errors as staff can be free from distractions and medicines can be dispensed away from the sink.



# Is the service effective?

## Our findings

At the previous inspection in August 2015 we recommend that the service seeks advice and guidance from a reputable source about identifying and reviewing restrictive practices. During this inspection we found that the service had done this.

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 lifting and assisting, first aid, infection control and mental capacity act. There was also training specific to people who use the service in topics such as choking and epilepsy. A staff member told us, "We are offered enough training. I did a first aid refresher a few weeks ago. It was really good. I listen to things in training and look at how my practice could be adapted. I have recently used first aid which my training helped with". Another staff member told us, "I am being given enough training and they recognise and meet my training needs". Another staff member said, "I find refresher training really good because they make us re-evaluate our practice and keep up to date".

Leonard Cheshire provided all staff with a staff handbook when they joined the organisation. This covered 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. Staff told us that new staff receive a good induction which included training and shadow shifts with experienced support workers. This meant that staff starting were given opportunities to get to know people and gain skills before providing support to them.

People living at Friars Close had complex health needs and used non-verbal methods of communication. For example body language, facial expression, gestures and visual prompts. Each person had a communication passport. These had been put together using a speech and language template and captured people's preferred methods of communication. They told staff what body language, gestures and own signs may mean. For example; if the person had not understood information, if the person was happy and if they were anxious. We read that one person could understand some single words including; toilet, coat and shoes. The person also used individual signs which were listed in their passport. A staff member told us, "I find the communication passports really useful". This demonstrated that people were supported effectively to communicate by staff who had the skills and knowledge to meet their individual needs.

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 lacked the mental capacity to make complex decisions about their health and care needs. We found that the home had a good system in place to assess people's capacity and ensure all decisions were made in

the person's best interest and was the least restrictive. People's files showed that family, professionals and staff had been part of the best interest meetings. A health professional told us, "I have been involved in best interest decisions along with people's next of kins". The registered manager explained that one person became anxious during shaving so an assessment and meeting took place. The outcome was that the person now maintains a beard. The registered manager said it had had a positive impact and that the person seemed more settled now. A relative told us, "Our loved ones health is looked after well by staff. We are always involved in consenting to care and treatment". This demonstrated that consent was sought in line with legislation and guidance.

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). People had a Deprivation of Liberty Safeguards (DOLS) application completed. Two people's deprivation had been authorised. One had a condition imposed on it which the service were meeting. Another person had recently had an assessment completed by an Independent Mental Capacity Assessor (IMCA) and the registered manager was awaiting the outcome. The other person's application was still with the local authority.

We reviewed the menu and saw that it included a variety of home cooked meals with vegetables, salads, meat and pasta. We were told that alternative options were available. We saw that one person had requested a different meal on the day of our inspection which was being provided. People's food and fluid intake was recorded where necessary. The menu reflected people's dietary requirements and likes and dislikes identified in the care files. Staff told us that they support people to choose meals using visual aids. For example; a selection of cereals, drinks or spreads would be placed in front of them for them to then select.

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 district 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.

## Is the service caring?

### Our findings

At the previous inspection in August 2015 the home was found not to be meeting the standards in Regulation 9 Person centred care. We found that people were not supported to understand and make decisions about their care and treatment. At this inspection we found improvements had been made.

The service was caring. A relative told us, "Staff are very caring. They have a sense of dedication and get job satisfaction which is shown by the length of time a lot of staff work there". People had person centred plans in place which made sure that care and support they were receiving was centred around them and met their individual needs. We saw that the service was actively using person centred thinking tools for example one page profiles. These captured important information on them such as how best to support the person, what was important to them and what people liked and admired about them. We noted that one person found massages and reflexology important to them and another wanted staff to encourage them to use their skills which will support them to maintain their independence. These tools supported staff to develop positive relationships with the people they were supporting.

The service used decision making tools which captured various day to day decisions which included; activities, bedtime, personal care and meals. These provided staff with important guidance about how people must be supported to make decisions and choices for themselves wherever possible. A staff member told us, "I use different objects and place them in front of people which helps them make choices and decisions. For example, I may place some breakfast cereals down or tea, coffee or squash. I also show people different clothes and might point to the bath or shower". Staff told us that visual prompts work well with people who lived at Friars Close.

We observed people responding to their name and other requests for example; drinks and getting ready for an outing which was taking place that day. We observed staff acknowledging people as they entered the room on several occasions. People were relaxed and happy in staffs company. A staff member told us, "I am caring. I put others before myself". Another staff member told us, "I'm caring. I'm genuinely concerned and care for people's welfare". A health professional said, "Staff are caring. There are positive interactions, the service is person centred and there is good rapport between people and staff".

The care files detailed professionals involved in their care and had copies of review reports one of which was written in 2015. We asked the registered manager about this who told us they were waiting for the social worker to confirm a date and that they will follow this up again. We found that people, their families, staff and professionals were all part of people's care reviews.

Staff were polite and treated people with dignity and respect. 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. We asked staff how they respect people's privacy and dignity. A staff member told us, "We lock files away, respect people's own space. I respect people's dignity during personal care and treat them like I would want to be treated".

## Is the service responsive?

### Our findings

At the previous inspection in August 2015 the home was found not to be meeting the standards in Regulation 9 Person centred care. We found that people's preferences were not taken into account when care was planned. At this inspection we found improvements had been made.

Friars Close was responsive to peoples changing needs. A staff member told us that a person had recently come off their medicines following a review. They said that behaviours had changed and explained how they are looking at new activities and approaches to meet their new needs. A health professional explained to us how the service had worked with them in response to a person's eating and drinking needs. They told us it had been a positive experience which has led to a positive outcome by staff following guidance and advice.

People were supported to access their local community and participate in activities both within and outside of the home. Each person had activity plans displayed on their notice board. Two people were attending a workshop on the day of our inspection and the other two were having a trip to Portland for a picnic and then doing the weekly food shop. A staff member said, "People have shown happy and excited behaviour and have been before. This tells us that they enjoy visiting Portland. It's really accessible for them". We found that people's care files identified people's hobbies and interests. A relative told us that people come together from other local services and celebrate birthdays and Christmas. A staff member told us, "I love planning and supporting people on activities, social events and holidays. We have just booked the Christmas panto". We saw that activities were recorded in people's daily notes and that care files held photos of people participating in these.

One person's physical needs were changing and in response to this the home had been working with the local occupational therapist to assess their mobility in the bathroom. The person had been involved in choosing their own assisted bath seat. This would enable the person to maintain more independence and reduce the risk of harm when transferring into and out of the bath.

The Registered Manager told us that annual quality questionnaires were sent out to families and people but said these have not been sent out since 2014. The registered manager told us that they will follow this up with their area manager and get them sent out. The registered manager told us that they keep in regular contact with people's families by phone and email. We were told that a staff survey went out in September 2016 to address recent issues such as shift patterns. These results were in the process of being analysed by Leonard Cheshire Disability.

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. A staff member told us, "If people weren't happy they would show us through behaviour. Their communication passports tell us what different behaviours may mean". When reviewing these we found that they did.

A health professional said, "I have not had to raise any concerns or complaints with the service but feel able

to if necessary and I believe the registered manager would address these". Staff told us that they felt they could raise issues and concerns with the management. We found that the home had a system in place to record complaints and log steps taken to resolve them. There were no outstanding complaints at the time of our inspection.

## Is the service well-led?

### Our findings

At the previous inspection in August 2015 the home was found not to be meeting the standards in Regulation 17 Good governance. We found that the provider was not effectively monitoring and improving the quality of the service provided to people. At this inspection we found improvements had been made.

The registered manager was flexible and delivered personal care to people when these could not be covered because of sickness, annual leave or vacancies. We were told that the management team encouraged an open working environment, for example we observed on several occasions throughout the inspection people and staff coming up to the registered manager. We also observed the registered manager supporting people to make a drink and watch TV in the lounge.

The service demonstrated good management and leadership. A relative said, "The management is good and very professional". A staff member told us, "The registered manager is good. If we have issues they'll help resolve them". They went on to say, "They are a good leader, I generally feel listened to". Another staff member mentioned that the registered manager was a good listener and was there when staff needed them. A health professional said, "The registered manager is good. There appears to be an open culture within the home and they always seek advice or guidance when necessary".

A relative told us, "The registered manager has a unique style. They are a good trainer; they have taken on young staff and mentored them to become really good staff. They have built a great team. They're a natural leader".

Monthly staff meetings took place. We reviewed staff meeting notes and noted that regular topics discussed included; medicines, previous actions, people's current needs and recent health visit outcomes and/or upcoming appointments. We saw that in the last staff meeting staff had been reminded to record people's choices and decisions in their daily records. From reviewing the daily records we saw that this action had been understood and was now being met. We also noted that a person's shoes needed to be followed up with the Orthotist. We found that the person's health record sheet logged that staff had followed this up. This told us that staff meetings were effective and actions agreed were completed in a timely manner.

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 management team.

A staff member told us that there were good quality monitoring systems in place at Friars Close. We reviewed the quality monitoring file and saw that a variety of audit and checks took place. These included medicines, cleaning and health and safety. We found that team leader checks were in place were daily tasks such as MAR charts, fire, daily notes and temperatures were recorded. These check sheets had space for people to sign, comment and action plan. We saw that it had been recorded that a signature was missing on a MAR sheet and the manager was going to follow this up. We found that they had. This told us

that the home had systems in place to monitor the quality of service delivered to the people who lived at Friars Close.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.