

Leonard Cheshire Disability

Dorset Learning Disability Service - 97 Monmouth Road

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 the 2 June 2016 and was announced.

97 Monmouth Road provides care and accommodation for up to three people. On the day of the inspection three people were living at the home. The service provides care for people with a learning disability and associated conditions such as Autism.

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.

The atmosphere in the home was warm and welcoming. We saw people laughing and smiling and the interactions showed people had formed positive and trusting relationships with the staff supporting them. Professionals from the Learning Disability service were very positive about the care provided by staff. They said they felt the registered manager had worked hard to recruit a good, caring staff team.

There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Individualised care was central to the homes philosophy and staff demonstrated they understood and practiced this when meeting people's support needs. They spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff said they were well supported and had opportunities to discuss and reflect on practice. People received care and support from staff who knew them well and who had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the staff team.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful way. Training was provided and guidelines were in place to help staff identify possible triggers as well as what action to take if difficult or challenging behaviour occurred. We saw staff managed behaviours in a calm manner, providing reassurance and distraction to prevent situations from escalating.

People's support plans included clear and detailed information about people's specific needs and preferences. Staff were familiar with this information and could tell us in detail about people's daily routines and how they liked to be supported. People had their health and dietary needs met. Staff monitored people's health and well-being and supported people to access health services when required. People had their medicines managed safely, and received their medicines in a way they chose and preferred.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported where possible to make everyday choices such as what they wanted to wear, eat and how to spend their time. The manager was aware of the correct procedures to follow when people did not have the capacity to make decisions for themselves and if safeguards were required, which could restrict them of their freedom and liberty.

People were supported to lead a full and active lifestyle. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. Staff recognised the importance of family and friends and supported people to maintain these relationships.

A system was in place to regularly review the quality of the service. This included a range of regular audits of people's medicines, personal finances and the environment. Learning from incidents, feedback, concerns and complaints were used to aid learning and help drive continuous improvement across 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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and to keep them safe.

People were protected by safe systems for handling and administering medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have capacity to make decisions for themselves had their legal rights protected.

People had their health and dietary needs met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who promoted their independence, respected their privacy and maintained their dignity.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were supported to maintain contact with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

People were able to lead a full and active lifestyle.

Complaints and concerns were listened to, taken seriously and acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence.

The registered manager provided strong leadership and led by example.

There were effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Dorset Learning Disability Service - 97 Monmouth 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 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 the 2 June 2016 and was announced. Twenty four hours' notice of the inspection was given because the service is small and people and staff may be out doing activities. We needed to be sure they would be in. One inspector undertook this inspection.

Prior to the inspection we reviewed the information we held about the service, such as 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.

People who lived at the home had limited verbal communication, and were therefore unable to tell us about their experience of living at the home or about the care they received. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

The registered manager was available throughout the inspection. As well as the registered manager, we also spoke with three members of the staff team.

We looked at the records of three people who lived in the home. These included, support plans, risk assessments, health records and daily monitoring reports. We looked at some policies and procedures

associated with the running of the service and other records including incident reports, quality audits and medicines records.

We spoke to two professionals who had been involved with the service, and a friend of a person who lived in the home.

Is the service safe?

Our findings

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in safeguarding adults, which was regularly updated. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training programme. Staff believed reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff accurately talked through the action they would take to protect people if they identified or suspected potential abuse had taken place. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately by the provider. A safeguarding file was available with all the information staff needed to assist them with recognising and reporting concerns.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and staff supporting them. This included environmental risks as well as risks associated with people's support needs and lifestyle choices. Assessments detailed actions needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising people's rights and independence. For example, one person had known risks in relation to their behaviours. The person's plan had a section titled, 'Keeping me and others safe'. This included information for staff about potential risks inside and outside the home, as well as management plans such as seating arrangements at mealtimes to reduce the risks of difficult and potentially unsafe behaviour. We saw staff were very familiar with these guidelines and were able to follow them to keep people safe, whilst helping to ensure people remained happy and comfortable in their home.

People's medicines were managed safely and given to people as prescribed. Staff were trained and confirmed they understood the importance of safe administration of medicines. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred. A designated staff member had responsibility for overseeing medicines and the registered manager undertook regular audits and staff competency checks.

Medicines administration records were in place and had been completed as required. Medicines were locked away, temperatures had been checked and were within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given.

People's needs were considered in the event of a fire. People had personal evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to help ensure the environment and facilities remained safe and

fit for purpose.

Staff said they felt there were enough staff on duty at all times to meet people's needs and keep them safe. Comments included, "Staffing levels feel safe, people are never left alone" and "The staffing levels are just right, too many staff could cause anxiety for people and increase behaviours". Staffing levels had been organised for each person dependent on their assessed need and this was reflected in their support plan and risk assessments. We saw there were enough staff to keep people safe, support people in different areas of the home and respond to individual needs and requests as they were made.

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the staff team.

The registered manager confirmed all new staff would undertake the Care Certificate as part of their induction to work. The Care Certificate is sector specific training designed to ensure consistency of skills for care staff in social care settings. In addition to mandatory training such as health and safety and safeguarding adults, staff also had the opportunity to undertake additional training in relation to the specific needs of people they supported. For example, staff had undertaken MAPPA training (Management of Actual or Potential Aggression) and commented, "The training was really good and helped us understand people's behaviour and appropriate ways to manage different situations". Staff felt training was of a good standard and relevant to their role. Comments included, "If there is any training we feel we need we only have to ask".

Staff said they felt well supported by their colleagues and management. Comments included, "We have lots of opportunities to talk to our colleagues, to discuss practice and share ideas" and "The manager is very supportive, if she's not in the home she is always there at the end of the phone to help". Staff received formal supervision, which included one to one discussions and an annual appraisal of their role and work in the home. Team meetings were held to provide staff with the opportunity to discuss practice, highlight areas where support was needed and to share ideas on how the service could improve.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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 capacity to make a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty when receiving care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. Records showed where DoLS applications had been made and any authorised, had been kept under review to help ensure they remained appropriate.

Records confirmed staff considered people's capacity to make decisions and this was documented as part of a capacity assessment. Records also confirmed when best interests discussions and meetings had been held, to support a person who had been assessed as lacking the capacity to understand or make a particular decision themselves. For example, a best interests meeting had taken place for one person in relation to the need for dental treatment. The person had been assessed as lacking the capacity to understand the need for this treatment or the reason they had been experiencing pain and struggling to eat. Best interests

discussions had also been held in relation to purchasing a specially adapted chair for a person with specific care needs. The registered manager said discussions took place with other agencies to help ensure the cost and purchase of the chair was considered to be appropriate and in the person's best interests. Other agencies confirmed they had been fully involved in this process and felt the home had the person's best interests and needs at the heart of their decisions.

Staff understood the need to promote choice and to ask people's consent before providing care and support. We saw staff spoke with people as they provided support and checked if they were happy with the care provided. Support plans included information about how staff should support people to make choices. For example, one plan had a brief summary on how the person made decisions and how choices should be presented to them, such as offering two items of clothing when getting dressed and showing them a choice of biscuits or cakes for their morning snack.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful way. Training was provided and guidelines were in place to help staff understand possible triggers as well as what action to take if difficult or challenging behaviour occurred. We saw staff managed behaviours in a calm manner, providing reassurance and distraction to prevent situations from escalating.

People were supported to have a sufficient and well balanced diet. Although people had limited ability to partake in meal preparation and choices, staff still involved and included people as much as possible. We saw people liked to spend time with staff in the kitchen and dining area and were supported to be involved in discussing meals and making simple snacks and drinks. Staff understood any risks associated with eating, and guidelines were in place in relation to choking hazards and specialist dietary requirements. One person had very specific needs in relation to food and mealtimes. Staff were very aware that food for this person was a potential trigger for anxiety and episodes of behaviour that may challenge others. Guidelines were in place to help reduce these risks, which included allowing the person choice and control in relation to meals and mealtimes. Staff had a calm, relaxed approach with this person allowing them the freedom to choose what they wanted to eat and where they sat to have their meal. Staff remained very aware of this person's mood and behaviour at all times, whilst allowing them choice and space to prevent behaviours from escalating.

People's health needs were met. People were supported to maintain good health and when required, had access to a range of healthcare services. Support plans included detailed information about people's past and current health needs and staff were very familiar with this information. For example, one person had a skin care plan in place due to having had a number of falls. People's health needs had been documented as part of a 'Hospital Passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs are understood and met when they are away from the place they live. The registered manager had liaised closely with other agencies and relatives when they felt people's health would benefit from a review or change to their prescribed medicines.

Is the service caring?

Our findings

People had very limited verbal communication and it was therefore difficult for them to tell us if they felt well cared for by staff and the service. We spent time with people seeing how they spent their day and observing the care and support being provided. Professionals were very positive about the care provided by staff. They said they felt the registered manager had worked hard to recruit a good, caring staff team.

We observed the atmosphere in the home was warm and welcoming. One person greeted us at the door and was very excited and happy to show visitors around their home. The interactions between people and staff were positive. For example, one person came into the dining area and staff smiled, said hello and told them how lovely their painted nails looked. This clearly pleased the person concerned. We heard people laughing and smiling and people looked comfortable and happy in their home.

Staff were patient and respectful. For example, one person displayed some behaviours that may challenge others at the meal table. The staff supporting them spoke respectfully and dealt with the incident in a calm and relaxed manner.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort.

Staff spoke positively about their work and the people they supported. Comments included, "I love working here, everybody is so different, I actually miss people when I go off duty". People's privacy and dignity was respected. Staff said although people needed staff with them to help ensure their safety, they still allowed them time to be on their own and to have privacy when needed. Comments included, "We allow people time in the bathroom and always knock on the door before going in. We also always remind people not to go into other people's bedrooms unless they are invited".

Staff recognised the importance of people's family and friends. People showed us their bedrooms and were happy and excited to share family photographs. One person was very excited to show photographs on their computer of trips out and holidays they had shared with a friend. Staff said the relationship was very important to the person concerned and they did all they could to support any contact. Friends of people in the home told us they felt staff went that extra mile to support any arrangements to maintain important relationships. Comments included, "I have always been really impressed, the staff can't do enough, they help [...] to phone me, send postcards and plan holidays and trip out". Consideration had also been given to the needs of people in the event of the death of a close friend or relative.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. Professionals said they felt the staff and management were very responsive to people's needs and the advice and guidance given to them by other agencies.

People's support plans provided staff with clear and detailed information about people's health and social care needs. Each area of the plan described, how best to support the person, things staff needed to know and specific goals for the person concerned. Support plans were personalised and included information about encouraging choice and independence. For example, one plan detailed the person's morning routine and stated they were not a morning person and needed time to lie in and be gently woken by staff. Another plan had very detailed guidelines about the person's personal care needs and stated they were able to make a choice about having a bath or shower and that they liked to go to the hairdressers every six weeks.

Staff promoted people's independence where possible. They said, "We do as much as we can to encourage people to do things for themselves, rather than doing things for them". People received personalised care, which was responsive to their specific needs. For example, one person had specific needs in relation to their communication. Staff had undertaken communication training and had developed a photo book with familiar pictures and symbols to help the person understand what was happening and to plan their day.

Systems were in place to help ensure information about people's needs and support arrangements were regularly reviewed and updated. Handover meetings took place at the end of each shift so important information could be communicated and documented; and support plans were reviewed at least every six months or more frequently if required. The registered manager had worked hard to ensure the involvement of other agencies in the review process although they said this had at times been difficult.

People were supported to lead a full and active lifestyle. Each person had a weekly plan of activities. These were based on people's particular likes and interests and included a mixture of regular plans such as Art groups, riding sessions and boat trips and other more flexible arrangements such as visits to the hairdressers, beauty salon and shopping. One person particularly liked annual celebrations such as Christmas and Halloween. They shared with us their excitement about shopping with staff for costumes and presents. Another person enjoyed sitting in the sun house at the bottom of the garden. The home had a lovely enclosed garden area and a gardener cut the grass regularly to help ensure this remained a pleasant and attractive area for people to sit and enjoy. People had plenty of personal belongings in their room to create a homely environment and to help occupy their time. One person liked to spend time in their room and had sensory lighting for when they wanted to relax.

The registered manager and staff checked regularly to help ensure people were happy with the care being provided. Positive relationships had been built with relatives and the registered manager spoke with them regularly and kept them appropriately informed about any important issues. A written complaints

procedure was available for anyone who wanted to raise a concern about the service. This described the action the provider would take and in what timescale. The registered manager said the service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

Professionals said they felt the service was well-led. They said the home had a good staff team who were clear about people's needs and had people's best interests at the heart of their work. They said the registered manager made appropriate referrals and always telephoned if they needed to talk through any issues or to discuss practice.

There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. Individualised care was central to the home's philosophy and staff demonstrated their understanding of this by talking to us about how they met people's care and support needs. Staff spoke in a compassionate and caring way about the people they supported.

The registered manager took an active role in the running of the home and led by example. There were clear lines of accountability and responsibility and staff understood their role and what was expected of them. The registered manager maintained their own professional practice by attending training and keeping updated with relevant legislation and guidance.

Staff spoke highly about the leadership of the service and said the registered manager was very supportive, comments included, "The registered manager is very easy to talk to, I feel safe to raise any concern".

Staff were inspired and motivated to provide a good quality service. Throughout the inspection we saw staff smiling and looking happy as they supported people. Staff meetings were held to provide a forum for open communication. Staff told us they felt well supported and were encouraged to question practice. Staff said they felt involved in decisions about the service and were valued as a member of the team. One staff member was part of the Leonard Cheshire Staff Association which gave them the opportunity to be involved in discussions about the running of the service and to share important information with their colleagues.

Information following investigations of incidents were used to aid learning and drive quality across the service. For example, the registered manager had stressed to staff the importance of recording all minor incidents or near misses for one person, who had risks in relation to their behaviour and self-injury. As a result of this recording the registered manager and staff had been able to analyse where and when incidents had taken place. Risk assessments had then been completed for each room and area of the house with any environmental changes made to reduce the risks of incidents occurring. The analysis of one report had concluded that the furniture in the person's bedroom needed to be repositioned to reduce the risk of falls and injury if they got out of bed at night.

There was an effective quality assurance system in place to drive continuous improvement across the service. The registered manager undertook spot checks of the service as well as checking if people and relatives were happy with the care being provided. Regular audits were undertaken of people's medicines and personal finances to help ensure they remained safe and protected. A number of environmental checks

were completed on a daily, weekly or monthly basis, including, checks of fire equipment, vehicles, window restrictors and temperature controls.

External audits were carried out by the registered provider with an action plan put in place for any areas of concern or improvement needed.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing policy in place and staff understood their responsibility to raise concerns about poor conduct. Staff told us they felt concerns raised with the registered manager or provider would be addressed appropriately.