

Leonard Cheshire Disability

# Dorset Learning Disability Service - 23 Birch Way

## 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 2 June 2016 and was unannounced.

23 Birch Way provides care and accommodation for up to four people. On the day of the inspection four people lived within the home. 23 Birch Way provides care for people who have a learning disability.

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.

On the day of our inspection there was a very calm, friendly and homely atmosphere. People were relaxed and happy. People's relatives all spoke positively of the care and support staff provided. One relative commented, "[...] is really happy, the environment has a brilliantly homely feel. They are one big, lovely family unit."

Staff encouraged people to be independent and promoted people's freedom. The building had been carefully thought out and took account of people's needs. People moved freely around the building and its grounds as they chose.

Care records were comprehensive and written to a good standard. They contained detailed, personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a variety of activities both inside the home and in the community. Activities were meaningful and reflected people's interests and hobbies.

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

Staff exhibited a kind and compassionate attitude towards people. Strong relationships had been developed. Staff were creative in finding ways to overcome obstacles that restricted people's independence, and had a good appreciation of how to respect people's individual needs around their privacy and dignity.

The service had an open door policy. Relatives and friends were always welcomed and people were supported to maintain relationships with those who mattered to them.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. The service

followed safe recruitment practices to help ensure staff were suitable to carry out their role.

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

Staff described the management as very supportive and approachable. Staff talked well of their jobs. Comments included, "I love my job, I just love what I do and being with the guys. I really enjoy it" and "I've been here a long time and I still love it, I enjoy coming to work".

The service had a very open and transparent culture. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to suggest ideas to improve the quality of care people received. Staff felt listened to and were confident to communicate ways they felt the service could raise its standards.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

### Is the service effective?

Good ●

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

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

People were supported to maintain a healthy, balanced diet.

### Is the service caring?

Good ●

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

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

Staff knew people well and took prompt action to relieve people's distress.

### Is the service responsive?

Good ●

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

of how people wanted to be supported.

People were supported by staff who enabled them to have a good quality of life.

People were supported by staff who found creative ways for them to live as full a life as possible. Activities were meaningful and were planned in line with people's interests. Staff understood the importance of companionship and social contact.

**Is the service well-led?**

The service was well-led. Management were approachable and supportive. Staff were motivated to provide quality care.

Quality assurance systems drove improvements. New ideas were promoted and implemented to provide a good service.

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

**Good** ●

# Dorset Learning Disability Service - 23 Birch Way

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 2 June 2016 and was undertaken by one inspector.

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

All of the people who lived at 23 Birch Way had limited verbal communication and so were unable to fully tell us their views of the service. 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.

During the inspection we spoke with three people, three relatives, the registered manager and two members of staff. We also spoke with a health care professional and a physiotherapist who had supported people within the service.

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

# Is the service safe?

## Our findings

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

People's relatives told us they felt their family members were safe and had no concerns at all. Comments included, "I feel [...] is kept safe in a very secure environment" and "[...] is very safe indeed, staff let me know straight away of any issues that may affect his safety. That brings me comfort".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

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

The manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, agency staff were utilised. The registered manager stated that they tried to use the same members of agency staff, so people received care from staff they knew, as this was important to them. Staff were not rushed during our inspection. We observed staff acted quickly to support people when they needed assistance or required company.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Risk assessments recorded concerns and noted actions required to address risk whilst maintaining people's independence.

Up to date environmental risk assessments, fire safety records and maintenance certificates, evidenced staff took all possible action to reduce the risk of injury caused by the environment. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People's individual support plans described the medicines they had prescribed and the level of assistance required from staff. Records of when people were given 'as required medicine'

were kept; they gave clear reasons for the administration and noted the effect it had on the person's health or presentation so its use could be monitored effectively.



## Is the service effective?

### Our findings

People's relatives felt their loved ones were supported by well trained staff who effectively met their needs. Comments included, "The staff are brilliant, I can't praise them highly enough" and "The staff are all very good and work very hard".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. New employees also shadowed other experienced members of staff until they and the management felt they were competent in their role. Staff comments included, "Training is good and if you ask to have training in a specific area, for example dementia training, then they will provide you with it" and "The training covers everything I need to know".

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. The registered manager had a good knowledge of their responsibilities under the legislation and ensured all staff adhered to people's legal status which helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given.

Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to health or well-being had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a person had been referred to a physiotherapist to improve their mobility and gain more independence with their daily living tasks. A relative commented, "Staff take [...] to the doctor regularly when needed and make sure he sees his Parkinson's nurse, they are very hot on that".

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced staff had identified a potential risk with a person choking on their food. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating, but to help minimise the risk, the person's food was to be pureed and they were to be observed whilst eating by staff with first aid training. Staff commented that they had a portable blender which they took with them when the person went out in the community. This meant the person could still have the food of their choice and staff could ensure it was appropriately prepared to keep them safe. One staff member said, "If the restaurant can't or won't puree it for us, then we plug in our blender and do it ourselves this means [...] can continue to enjoy eating out."

# Is the service caring?

## Our findings

People's families spoke positively about how staff cared for their relatives. One relative commented, "All of the carers have their heart in the right place and they do their very best for [...]." Another person's relative added, "The staff all have a very caring nature about them."

Four adults with learning disabilities lived together at 23 Birch Way. We observed a lot of kind and friendly interactions between people and staff. For example, we saw one member of staff singing a song along with one person whilst preparing lunch in the kitchen. Staff all referred to people as "the guys" as they felt this appropriately reflected the friendly and supportive environment of the home. We also heard staff laughing and joking with people whilst indoor activities took place. A relative commented, "[...] is really happy, the environment has a brilliantly homely feel, they are one big lovely family unit."

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst in the lounge. A staff member promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. We saw within a very short space of time, the person was content and continued to enjoy their day.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their joy of completing puzzles. Staff told us how much this meant to the person and the positive impact the activity had on their wellbeing. Another staff member told us how people chose their annual holiday destination based on what everyone liked doing both as a group and on an individual basis. They said, "We have just come back from a lovely week away in Cornwall, we went out and visited a different place every day. Everyone had a lovely time, as soon as we returned home they all wanted to know when we were going back." Relatives relayed how they felt staff demonstrated they knew their loved ones well. They described how staff respected the fact that they enjoyed amongst other things, holidays, trips out shopping, swimming, aqua fit and lunch at various café's. One relative commented, "[...] enjoys going out and loved his recent holiday, the staff all know what he likes to do."

Staff treated people with dignity and respect and supported them to maintain their privacy and independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support, staff assisted them in a discrete and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would support people to gain access to a toilet, but would then leave the room so they had privacy, returning only when called upon to do so. Another member of staff explained how they maintained eye contact with people, whilst providing personal care, and covered people with towels to respect their dignity, and kept curtains and doors closed.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss

people's personal matters in front of others. Confidential information was kept securely in the main office.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "I'm always met with a smile and welcomed into the home". Another commented, "We can visit anytime and we're always made to feel welcome".

## Is the service responsive?

### Our findings

Care records contained comprehensive information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised and gave clear and detailed guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs. For example, one person previously walked with the use of a mobility aid. The person's mobility had improved significantly and they were now able to walk independently. The care record clearly recorded this change in need and their risk assessments had been updated to reflect the support they now required.

People and their families where appropriate, were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas amongst each other about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible, involve people or those who matter to them, within the decision, and consult with health and social care professionals. For example, staff noted that due to one person's poor mobility they would benefit from moving their bedroom downstairs. They liaised with the person, health care professionals and their family who all agreed this would be of great benefit and the move took place.

People were supported to maintain relationships with those who mattered to them. The registered manager and staff understood the importance of people maintaining close contact with their loved ones. Relatives comments included, "Whenever we arrive to pick [...] up for the weekend, the carers make she is always ready and waiting for us" and "The staff make sure they keep in touch, family is very important to [...] and the staff know this and respect it".

People were encouraged and supported to maintain links with the community to protect people from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised, meaningful activities that reflected their hobbies and interests. Staff confirmed people led active social lives, but added this was based around the person's health on any given day. A staff member said, "Sometimes we arrange days out and when the day comes round, the guys may not feel able to go. We are always very flexible, so we would do an activity that doesn't involve going out, and rearrange the original planned activity for another day." A relative commented, "[...] does have a good social life, they go out for picnics, to the beach, lots of different outings she enjoys."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in people's records. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Relative's comments included, "I have never raised a complaint before, I've never needed to. If I did I would speak with [...] the manager", "I've had the odd little things that I have had to mention, but they have always been sorted straight away so I haven't needed to make a formal complaint". The registered manager confirmed there had been no written

or verbal complaints made to the service.

## Is the service well-led?

### Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at 23 Birch Way. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, health care professionals and staff all described the management of the home as approachable, open and supportive. Comments included, "It is obvious from the manager's demeanour that they care a lot about the home and the people in it. They are very approachable", "The manager worked their way from the bottom to the top so has a real appreciation of how people feel. They are very caring, always happy and easy to talk too" and "[...] is only interested in what's best for the guys. They are easy to talk to, supportive and more importantly, listens to you".

The registered manager told us staff were encouraged and challenged to find ways to enhance the quality of the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. A staff member said, "[...] listens to ideas we have and always tells us to go ahead and try them. For example, I recently suggested buying plant pots for the garden so that we could grow vegetables. They were bought and the guys helped to plant potatoes in them."

The deputy manager told us one of their core values was to have an open and transparent service. This reflected on the duty of candour. The service had a policy regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. The provider sought feedback from relatives in order to enhance their service. Surveys were conducted to encourage people to suggest ways in which the service could develop.

Staff meetings were held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and found the meetings beneficial.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately.

Staff told us they enjoyed their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included, "I love my job, I just love what I do and being with the guys. I really enjoy it" and "I've been here a long time and I still love it, I enjoy coming to work".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.

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

worked in partnership with them, followed advice and provided good support.