

Leonard Cheshire Disability

Dorset Learning Disability Service - 56 Maiden Castle 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 1 June 2016 and was unannounced.

56 Maiden Castle Road provides care and accommodation for up to four people. On the day of the inspection four people were living in 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.

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 with 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 talking to us about how they met people's care and 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. The provider had effective recruitment and selection processes in place and carried out checks when they employed staff to help ensure they were safe. Staff undertook appropriate and regular training and had opportunities to discuss and reflect on practice.

The atmosphere in the home was warm and welcoming. We saw people laughing and smiling and the interactions suggested people had formed positive and trusting relationships with the staff supporting them. Professionals we spoke with said they always experienced a feeling of 'homeliness' when they visited.

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.

People were protected by safe and robust recruitment procedures.

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

people who mattered to them.

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 - 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 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 1 June 2016 and was unannounced. 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 five members of the staff team. We looked at two staff files, which included the recruitment records of one staff member who had recently started work in the home.

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 also looked at some policies and procedures

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

Following the inspection we spoke to two professional who had been involved with the service.

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 and this training 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 said they 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 liked their own space and chose to spend parts of the day on their own. They had a separate sitting room to help ensure these wishes were met and staff regularly checked on them to ensure they were safe and comfortable.

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 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, "There are always enough staff on duty to keep people safe" and "Consistency is really important for people. We have such a great team, staff would rather do extra shifts than rely on agency staff". 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 support people in different areas of the home and to respond to individual needs and requests as they were made

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Comments from new members of staff included, "The recruitment process was how I would expect it to be. I wasn't able to start work until all the checks needed had been completed".

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. Staff confirmed they undertook a thorough induction when they first started working in the home. Comments included, "I had chance to look at records and shadowed experienced staff for two weeks before working on my own".

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. These were changed and updated as people's needs changed due to age and other life events. For example, the registered manager had started to explore training in relation to living with Dementia and had also sought advice in relation to loss and bereavement. Staff felt training was of a good standard and relevant to their role. Comments included, "The Autism training was excellent, we also recently had Dysphasia and Epilepsy training".

Staff said they felt well supported by their colleagues and management. Comments included, "We work really well as a team, the manager is really supportive and always available". 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 interest 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 interest 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, meetings had taken place in relation to one person's health and the

possible need for them to have blood tests to confirm a diagnosis. The registered manager said the Learning Disability Intensive Support Team had been part of these discussions to consider the person's needs and best interests. Professionals we spoke with said they felt staff understood what was appropriate for people and had their best interests at heart when providing care.

Staff understood the need to promote choice and to ask people's consent before providing care and support. We saw staff speaking with people as they provided support and checking if they were happy with the care being provided.

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.

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. The registered manager explained how the dining areas had been split into two rooms due to people's specific needs and behaviours. They said this had resulted in a calmer, more relaxed dining experience for all the people in the home. We saw meals were presented attractively and people were supported to eat independently if possible.

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. 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.

Staff knew people well and were able to use this knowledge to recognise and respond to changes in people's health. For example, it had been observed and recorded within daily records one person was using the toilet more frequently than was usual. The staff contacted the GP and were able get a prescription to remedy the situation quickly. The registered manager said these observations were important for this person as their behaviour and well-being could be affected dramatically if appropriate action was not taken promptly.

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 we spoke to were very positive about the care provided by staff. They said they felt staff were very conscientious and really cared about meeting people's needs appropriately.

We observed the atmosphere in the home was warm and welcoming. Professionals said they always felt this when they visited. The interactions between people and staff were positive. For example, when one person returned from the hairdressers, the staff told them how lovely they looked and praised them for how well they had done during the appointment. We heard people laughing and smiling and people looked comfortable and happy in their home. We saw staff sitting with one person looking through a family photo album. The staff were familiar with the names of family members and this clearly pleased the person. Two staff members supported a person to take photos of themselves on their IPAD. The person and staff laughed together and both clearly enjoyed sharing this activity.

We saw staff were patient and respectful. One person wanted to go into a private meeting being held in one of the sitting rooms. The staff supporting the person ensured they were able to see what was happening in the room and then gently distracted them to another area of the home. The staff member responded in the same gentle and kindly way each time the person returned to the meeting room.

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 people, made them feel valued and celebrated their achievements. Information about people was written in a way which was positive and promoted their dignity. For example, each file had positive statements about the person at the front, such as '[...] has a beautiful smile'. All the staff we spoke with said they enjoyed working in the home, comments included, "I love it here, the people are wonderful", and "Staff really care, they really want people to do well and progress".

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. For example, one person had a separate sitting room as they liked to spend time on their own. The staff gave this person space, whilst also checking regularly to ensure they were happy and safe.

Staff recognised the importance of people's family and friends. People showed us their bedrooms and were happy and excited to share family photographs. Arrangements were in place for a staff member to support a person to go on a family holiday. They said they had plans to meet the family members and would discuss how they could help ensure the holiday was positive for all concerned.

Staff had helped secure funding for one person from the 'Care Leavers Service'. The money had helped to fund outings for this person including a trip to see Billy Elliot at the Theatre. Staff said, "They loved it, they love being with people, it was great".

People's end of life wishes were considered and, where possible, documented as part of their support plan. Staff had supported one person following a recent bereavement. The registered manager said they had supported the person during hospital visits and had also sought advice from specialist services in relation to loss and the person's on going needs.

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. Staff told us about one person who needed consistency and structure with all aspects of their care and lifestyle. The person's support plan provided step by step guidance for staff about how to support them with detailed information about daily routines. For example, the plan stated where they liked to sit to eat their meals, the jewellery they liked to wear and appointments that needed to be made for their hair and nails. All the staff understood this detail and consistency was important to maintain the person's health and wellbeing.

Staff promoted people's independence where possible. For example, one person had started to become less active in the community. The registered manager had contacted specialist services for support and purchased a wheelchair for outdoor use. The registered manager and professionals we spoke with said this had a positive impact on the person. As well as using their wheelchair they had also regained some confidence and had started to walk again when out in the community.

People received personalised care, which was responsive to their specific needs. For example, one person had a particular condition, which meant there were known risks associated with the consumption of non-edible items. Staff were very aware of these risks and had ensured items in the person's bedroom and around the home were safe. Another person had known behaviours, which included damaging furniture in their bedroom. Thought had been given to purchasing brightly coloured clear boxes to store the person's clothing and personal items. The registered manager said this had reduced the episodes of behaviour as they appeared happier to be able to see their belonging. The boxes were also less likely to cause injury if behaviours did occur.

Staff were responsive to people's changing needs in relation to their health and age. For example, through close monitoring staff had recognised a person was displaying possible signs of Dementia. A referral had been made to the specialist learning disability team and assessments were on-going. The person's support arrangements had been reviewed to ensure their needs continued to be met by the service.

Systems were in place to 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. The registered manager said although day services were available to people, they did not always meet people's needs and it had been more appropriate to explore other opportunities in the local community for some people. One person enjoyed plenty of physical activity and went out for a walk every day. They also went to a local gym and swimming class. People living in the home were young and enjoyed activities appropriate to their age and gender, such as going to the hairdressers, shopping and having their nails painted.

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

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 and celebrated people's progress and achievements.

Professionals we spoke with said they felt the home was well-led. They said all the staff team were good to work with, followed instructions and were responsive to advice provided. They said the registered manager made appropriate referrals and always telephoned if they needed to talk through any issues or to discuss practice.

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 and senior carer are excellent", "We are made to feel valued and part of a team", "The registered manager is brilliant, I am never made to do anything I don't feel confident to do".

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, comments from staff included, "I love it here". Staff meetings were held to provide a forum for open communication. Staff told us they felt well supported and were encouraged to question practice.

Information following investigations of incidents were used to aid learning and drive quality across the service. For example, an analysis of incidents happening at mealtimes had led to changes in seating arrangements and meal planning. The change had a positive impact on people and had resulted in an improved meal time experience for everyone in the home.

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.