Leonard Cheshire Disability

Dorandene - Care Home Learning Disabilities

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

Dorandene - Care Home Learning Disabilities is a residential care service to up to 10 people with learning disabilities. Care is provided across two floors in one adapted house. At the time of this inspection, there were nine people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were kept safe from harm because staff routinely assessed risks and worked collaboratively to reduce them. Where incidents had occurred, action was taken to keep people safe. Staff knew how to identify and respond to potential abuse and were trained in safeguarding adults procedures. People's medicines were managed and administered safely by trained staff and the systems were regularly checked. The home environment was clean and safe with regular checks carried out on its safety.

People were prepared food in line with their preferences and dietary requirements. Staff ensured people's healthcare needs were met. Before coming to live at the service, a thorough assessment of people's needs was carried out. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had the right training and support for their roles.

People were supported by kind and committed staff who knew them well. Staff provided care in a way that encouraged people to develop skills and independence. People's dignity and privacy was promoted as staff provided care in a respectful manner. Staff involved people in their care and the provider had systems to ensure people could express their culture, religion, gender and sexuality.

Care was planned in a personalised manner, with detailed care planning around people's needs, preferences and routines. Care was regularly reviewed and where changes in need were identified, care plans were updated. Staff supported people to attend activities that suited their interests and personalities. People's wishes with regards to end of life care had been recorded.

People, relatives and staff got on well with the registered manager. Systems were in place to seek feedback or suggestions from stakeholders and staff. There were a variety of checks and audits carried out at the service and a continuous plan to improve. The provider engaged with the local community, as well as relatives and professionals in an open and transparent manner.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dorandene - Care Home Learning Disabilities

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 7 November 2018 and was unannounced.

Due to the small size of the service, the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked for feedback from the local authority.

We reviewed information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with two people and one relative. We spoke with the registered manager, two care staff and a visiting aromatherapist. We looked at care plans for three people including risk assessments, person-centred care plans and daily notes. We also checked medicines records for three people.

We looked at a variety of checks and audits. This included survey results and minutes of meetings of staff, people and relatives. We reviewed records of accidents and incidents as well as records relating to complaints and compliments. We looked at two staff recruitment files and checked records of staff training and supervision.

Good

Is the service safe?

Our findings

A relative told us that people were safe at the service. They said, "Yes, it's absolutely safe." People expressed to us that they felt safe at the home. People looked comfortable around staff and were observed moving safely around the home environment.

Risks to people were routinely assessed with plans implemented keep people safe. Care plans contained evidence of risk assessments and plans to reduce risks to people. These covered areas such as falls, choking, accessing the community and skin integrity. For example, one person was assessed as at high risk of falls and pressure sores due to reduced mobility. Plans to reduce risks were implemented that utilised equipment and involved healthcare professionals. The person was supported to complete daily exercises and staff monitored the use of pain medicines and regularly consulted with the person's GP. Records showed that these interventions had improved the person's mobility, ensuring risks were reduced and they no longer required the use of some equipment and pain medicines. This showed a collaborative approach to reducing risk to enable the person to gain more independence.

Effective risk planning meant that there had been very few incidents at the service. The provider had a system to document incidents and this showed no incidents had occurred in the last 12 months which had caused potential harm to people or staff. People had individual charts where staff documented changes in their behaviour and records showed staff were proactive in responding to these. Where changes in one person's behaviour had identified a pattern, this had prompted a review of their care plan and a visit from a healthcare professional. Staff understood how to identify and respond to potential abuse and they had completed training in safeguarding adults.

People's medicines were managed and administered safely. Medicines were stored in line with best practice. The provider carried out regular checks to ensure storage and record keeping followed this best practice. Medicines administration records (MARs) were completed accurately by staff with no gaps. Medicines were administered safely and competently by a staff member who had been trained. The provider had recently introduced an electronic system to record medicine administration and this automatically flagged up any errors immediately with management. Staff and the registered manager told us the system had improved accuracy of recording and dosages and they were finding it easy to use. We observed that electronic records were clear and easy to access and staff had a good understanding of how to use the system.

The home environment was safe. The home was clean and smelt pleasant. Staff regularly completed cleaning tasks that they were assigned each day and the registered manager checked the cleanliness of the home on a daily basis. Recent work had been undertaken to update bathrooms. They were bright and clean, with touch-free technology in place to reduce the risk of the spread of infection and enable people to bathe safely. The safety and cleanliness of the home was also checked as a part of the provider's audits of the service.

Good

Is the service effective?

Our findings

A relative told us people's healthcare needs were met. They said, "If [person] has been to the doctor or dentist they are straight on the phone to me."

People's healthcare needs were met. Care plans contained evidence of input from healthcare professionals and we saw evidence that staff regularly supported people to attend appointments. For example, one person had input from the community team for people with learning disabilities (CTPLD). Their care plan contained guidance on behaviour which had input from the CTPLD. All care records showed recent appointments with GP, dentist and optician.

People received a thorough assessment before coming to live at the service. Care records contained evidence of assessments and these were used to capture people's choices and preferences, as well as important information about their needs. Where one person had recently come to live at the service, we saw an assessment that detailed the support the person required as well as information about words they used to communicate, their routine and likes and dislikes. Where the person liked specific foods, this information was gathered at assessment and added to their care plan.

People received foods in line with their preferences and dietary needs. Care plans contained detailed information about foods people liked and records showed that people received these as part of meals. For example, one person liked bacon and this was clear in their care plan that they regularly ate bacon. Staff used pictures to enable people to make choices and to involve them in menu planning. Staff supported people to go shopping to buy food and people were given opportunities to participate in preparing meals.

Where people had specific dietary needs, these were documented and we observed staff provided support that met these needs. For example, one person was at risk of choking and required their food to be cut up so that they could eat independently. During the inspection, we observed this person receiving their meal in line with this guidance and staff supervised the person in a non-intrusive manner to allow them to eat independently as they wished to.

People had consented to their care in line with current legislation. People's ability to make specific decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). Where people were assessed as unable to make specific decisions, best interest decisions were documented which involved relatives, healthcare professionals and staff. Records showed best interest decisions covered aspects of people's care such as consenting to live at the home, consenting to clinical procedures and specific restrictions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Where best interest decisions involved restrictions being placed on people, applications had been made to the DoLS Team.

Staff had received appropriate training and support for their roles. Staff training covered areas such as

health and safety, fire and food safety. As well as this, staff had attended courses in line with the needs of the people they supported such as training in behaviour and autism. Staff had regular one to one supervision meetings and the provider kept a record of all training and supervision meetings to monitor and ensure they were up to date.

Good

Is the service caring?

Our findings

A relative told us that they observed that staff were caring. They said, "All the staff have been exceptional."

People were supported by caring staff who knew them well. During the inspection, staff were observed interacting with people, asking them questions about their activities and enquiring after relatives. People looked comfortable with staff who demonstrated a good knowledge of what was important to them. Staff retention at the service was high and the same staff team worked with people as did at our last inspection. This meant people benefitted from a consistent staff team that they had built a rapport with.

Staff encouraged people to be independent. People living at the service had complex needs but we saw care was planned in a way that identified goals and worked to people's strengths. For example, one person was able to use the toilet independently with equipment in place. This was clearly documented in their care plan and we saw the necessary equipment was in place for the person. People were supported to make choices and eat independently and we observed people moving freely around the home, with one person showing us their room which they told us was important to them. Staff were knowledgeable about how to support people in a way that promoted their independence. A staff member said, "In the bath for instance, the person might wait for us but we will try and prompt them first. It's tempting to do it ourselves but we must guide them."

People were involved in their care. People were supported to make choices each day and record showed staff made efforts to involve people in decisions at reviews and keyworker meetings. These recorded 'what's going well' and 'what's not going well'. Where one person was not able to give verbal feed, staff recorded their response to a recent taster day at a local club. Staff used pictures to involve people in choices such as activities and food. The provider's assessment process asked questions about people's culture, religion, gender and sexuality in order to capture this information and ensure any needs in this area could be met.

Staff supported people in a respectful manner to maintain their privacy and dignity. People were wearing clean clothes and looked comfortable and well kept. Throughout the day, staff knocked on doors and waited for permission before entering people's rooms. When showing the inspection team around, people were given the opportunity to show us their rooms which one did so. When asked, staff were knowledgeable about how to provide care in a way that was respectful of people's privacy and dignity. A relative said, "If [person] needs any help when I am there, they whisk her away and it's all dealt with discreetly."

Good

Is the service responsive?

Our findings

People took part in personalised activities. A variety of activities and outings took place each week as well as people spending time doing activities on a one to one basis with staff. During the inspection, we observed people going out with staff as well as a visit from an aromatherapist to the service. There was a sensory room at the service which we observed people enjoying whilst they interacted with staff. People had individual timetables in place which were discussed regularly with them through keyworker meetings and reviews.

Care was planned in a personalised way. Care plans contained a high level of detail for staff about how people liked care tasks to be carried out. For example, one person liked to do things in a certain order, with prompts from staff and the care plan had detailed guidance on the approach to take to prevent the person feeling anxious. Care plans outlined people's likes, dislikes and preferred routines and daily records showed these were being met. People's care was being regularly reviewed and where issues were identified changes were then actioned. For example, a recent review documented changes to one person's behaviour which had prompted a visit from the GP and changes to the medicines that they were prescribed.

End of life care was planned in a sensitive manner. People's care documents contained specially designed documents entitled 'When I Die' which followed an easy read format with pictures. This enabled them to make choices and decisions about the care they would like to receive when they reached this stage of their lives. Documents showed input from people and relatives and recorded any important information. For example, one person's religious background meant that actions needed to be taken by staff if the person reached the end of their life and these were recorded.

People were informed of how to complain. Relatives told us they knew how to raise any issues and had confidence they would be dealt with. There had been no complaints since our last inspection, but people had been informed about how to raise a complaint. There was a complaints policy in place which was on display within the home. People had leaflets in an easy read format to inform them of how to raise any issues. People had regular reviews and keyworker meetings where they or their relatives were asked if they were happy with their care or if they wanted to make any changes.

Good

Is the service well-led?

Our findings

A relative told us that they had confidence in the registered manager. They said, "I've got that type of relationship with [registered manager] that I could raise anything."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff spoke highly of the registered manager. The registered manager and staff team had worked at the service for a long time and we observed the registered manager working alongside staff to support people. Staff said they could contact the registered manager whenever they needed and gave examples of where the registered manager had come in to support them when they were on leave. The registered manager also delegated tasks to staff and staff told us this helped their development. For example, one staff member told us how they prepared rotas each week and this was a skill they liked to develop. Staff had regular meetings and these provided opportunities to discuss their work and make suggestions about the care they provided.

People were involved in the running of the service. People had regular one to one meetings with their keyworkers who advocated for them regarding decisions about their care and their home. A staff member told us, "I am keyworker for [person] and I work with him, we discuss what they like and don't like." We observed people interacting with their keyworkers and records showed how people had been kept informed of recent improvements to the home environment by their keyworkers. The provider also sent out a regular survey to get feedback from relatives about the quality of the care their loved ones received.

There was a governance framework in place to proactively check and monitor the service. The provider had an electronic system which monitored data regarding the service. The registered manager was knowledgeable about how to input this information and showed us how they had regular contact with the provider. A number of checks and audits took place at the service, as well as regular provider visits where a thorough audit was carried out by external staff. Where improvements had been identified, action was taken in response. For example, a recent audit identified some improvements that could be made to medicines records which had been actioned by the time of our visit.

The provider was open and communicated well with stakeholders. The registered manager understood when they had a statutory duty to notify CQC of significant events at the service and records showed staff regularly informed relatives of any changes or issues. We saw evidence of regular communication with relevant stakeholders, such as the local authority and healthcare professionals. The provider also had links with the local community which had led to people finding day clubs to attend as well as specialist staff training at a local college which had been booked at the time of our inspection.