

Leonard Cheshire Disability

Dorset Learning Disability Service - 4 Romulus Close

Inspection report

4 Romulus Close
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Dorset Learning Disability Service - 4 Romulus Close is a small residential home providing personal care to four people with learning difficulties, autism and mental health needs. At the time of the inspection there were four people living at the service.

People's experience of using this service and what we found

People were supported by staff who knew them well and were committed to enabling them to live fulfilled lives. People received support that was relaxed and natural and we observed care and respect between everyone living and working in the home.

There were enough staff and they were deployed to meet people's needs. Staff had received training and support to work in less restrictive ways and were positive about the impact of these changes on the lives of people they supported.

People were supported by staff who understood the risks they faced and how best to reduce these risks. They were confident that any concerns they had about a person's welfare would be acted on.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible, and in their best interests. The policies and systems in the service supported this practice.

Staff contacted health professionals when required and worked closely with social care professionals to ensure good, safe care.

People lived in a home that was kept clean and infection prevention and control measures were in place to reduce the risks associated with Covid-19. Staff wore their PPE appropriately.

There had been a sustained period of management change. However, staff felt supported and understood their roles. The systems in place to monitor the quality and safety of the service were robust and action plans had been effective in improving the support people received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The layout of the home supported people to live independently and make decisions about their lives. Staff supported people to live lives that were fulfilling.

Right care:

- The care provided was person-centred and promoted people's dignity, privacy and upheld their human rights.

Right culture:

- The values, attitudes and resultant behaviours of senior staff and the staff supporting people ensured people living in the home were leading more empowered lives within their communities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last five domain inspection of the service (published January 2020) there had been a deterioration in the rating for four key questions. 'Is the service safe?', 'Is the service effective?' and 'Is the service caring?' had changed from good to requires improvement. The key question 'Is the service well led?' had deteriorated from requires improvement to inadequate.

We undertook a targeted inspection (published September 2020) in response to concerns identified through monitoring calls with the manager of the service. We found some improvements at this inspection. A targeted inspection does not provide a new rating.

At this inspection we found improvements had been made. The service was no longer in breach of regulation.

Why we inspected

We carried out a comprehensive inspection of this service in December 2019 (published January 2020). Breaches of legal requirements were found. We took enforcement action that required the provider to report to us about improvements made. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dorset Learning Disability Service - 4 Romulus Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector.

Service and service type

Dorset Learning Disability Service - 4 Romulus Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission.

This inspection was announced. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service and from the provider since our last inspection.

During the inspection-

We spent time with three people who used the service and observed the support they received. We spoke with/received feedback from five staff members and the service manager who had been overseeing the home.

We reviewed a range of records. This included two people's care records and two people's medication records. We also reviewed records relating to the management of the service.

After the inspection.

We received feedback from two relatives of people living in the home and three social care professional who had worked closely with people who lived in the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have systems in place to ensure that potential safeguarding situations were identified, reported and investigated appropriately. There was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People had been supported to think about being safe from harm and how they could let someone know if they did not feel safe. This had been done in a way that was meaningful for people and staff had recorded accurately what each person had understood and contributed.
- Staff understood how to identify and report abuse. They were confident that any concerns would be addressed.
- The organisation had policies and procedures in place to support good safeguarding practice.
- Staff understood how to support people in ways that reduced the likelihood they would become distressed and put themselves or others at risk of harm. Staff recorded and reported all situations where people became distressed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood the risks people faced and sought the least restrictive means of reducing those risks.
- Risk assessments were in place and reviewed regularly by staff who knew people well. Discussions about risk were also held with advocates and families to ensure people's preferences were included when they could not contribute to the decision making themselves.

Learning lessons when things go wrong

- Where incidents or accidents had occurred the senior staff were open and transparent. When appropriate, they included families and professionals in discussions about actions that could be taken to prevent recurrence.

Staffing and recruitment

- Staff told us there were enough staff to meet people's needs. We observed people receiving support to carry out plans they had for the day. Staff were scheduled to work at times that suited people, for example staff had realised that a person benefitted from getting out for short periods every day rather than one long day out so the rota reflected this need.
- Staff deployment was kept under review so that people could change their plans and have support

available at the right time.

- Staff told us checks had been made prior to recruitment and there was a supportive induction process in place. One member of staff commented: "My first impression of working at Romulus was that everyone was so welcoming, helpful, approachable and supportive."

Using medicines safely

- People were encouraged to take a role in their medicines management. One person showed us their medicine cupboard and indicated we could check it.
- People received their medicines safely from competent staff. Staff who administered medicines had received training and a competency check before they took responsibility for people's medicines administration.
- Where people took medicines that they needed on an as required basis, there were protocols outlining to staff the symptoms or signs that medicine was needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt valued and appreciated the support and training they had received. They were committed to continuing to learn and implement the support techniques they had learned. One member of staff told us: "I feel very positive as a support worker. For a few months I have seen how all these changes actually work and I have learnt how to provide a better care for our residents. I feel more involved and have my voice heard."
- The training and support provided meant staff were confident in their abilities to support people in a range of settings in ways that were not restrictive. One member of staff told us: "A number of restrictions, previously put in place have been removed.... which has had a positive effect.... now they are much calmer and happier."

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they required to plan, prepare and eat their meals. One person needed staff to sit and support them. We observed they received this support in a respectful way. Another person had become more independent with eating and staff had celebrated and supported this achievement.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest paperwork were in place and were clear about the

decisions people could and could not make for themselves.

- Some people had conditions on their DoLS which had expired but had been actioned. This meant the conditions had been met.
- Staff had received training about how to use the MCA in their work. They sought people's consent before providing care and encouraged people to make choices about how they lived.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, so staff knew how to support them. One person had moved into the home since we last inspected and their needs had been assessed so a decision could be made that the team could provide the right support within the home.
- Staff were knowledgeable about the support needs of people they worked with and passionate about supporting people to develop new skills. One member of staff reflected on the culture of improvement that enabled this; referring to how the whole team were: "continuously striving to find positive outcomes for all service users at Romulus and staff".

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives.

- People saw a range of health and social care professionals, including GPs, social workers and learning disability team, to achieve the best outcomes for them. A social care professional told us that they always received timely and professional feedback from the senior manager overseeing the home.
- Where people had professionals involved in their care and support this information was detailed in the support plans and staff were made aware of any changes.
- Issues had arisen with a person's experience of a hospital visit and concerns were raised about the support they received from staff in the home. A meeting took place between senior staff, the social worker and the person's family. The outcome of this meeting led to a change in practice within the home and also identified opportunities to improve the hospital experience of people with a learning disability living locally.

Adapting service, design, decoration to meet people's needs

- People's bedrooms reflected their personal interest and preferences. People were comfortable using the communal and private spaces of the home.
- Communal areas also reflected the interests and skills of people living in the home and their artwork was on display throughout.
- Where necessary, appropriate aids and equipment were in place to meet people's physical and communication needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted by staff who were committed, and inspired, to look for opportunities for people to develop their skills and confidence. Members of staff provided examples of how this had impacted positively on all the people living in the home. Examples included individual skills related to day to day living, reduced need for staff intervention and reflections on the delight of people as they carried out tasks for the first time.
- People were treated with dignity and respect. The staff and people all interacted with each other with relaxed familiarity. Staff worked alongside people enabling them to carry out day to day tasks and reinforced the value of their effort.
- Personal records were stored securely.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not all use words as their main means of communication and could not tell us about their experiences verbally. They indicated their comfort with staff with smiles and a willingness to initiate interactions. We observed caring and kind interactions throughout the inspection.
- Throughout the inspection, we observed a positive and inclusive culture at the service. People were central to the running of the home; playing a full part in household tasks and planning.
- A social care professional who had contact with the service confirmed that staff knew people well and cared about them; they reflected on how this knowledge was used by staff to benefit people: "They understand what is most important to (the person) and work hard to advocate on (the person's) behalf."

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's communication needs and supported them to communicate effectively.
- People's cultural and spiritual needs were respected. Staff encouraged people to maintain their important relationships. Throughout the pandemic people had been supported to stay in touch in ways that were meaningful to them. At the time of our visit people were meeting up with people in the home's garden and in public spaces such as local pubs. Everyone was happy with this arrangement despite the change in government guidance on visiting.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as require improvement. At this inspection the rating for this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

At our inspection, published in January 2020, improvements were required in how people's sensory and communications needs were met. There was a breach of Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider was meeting these standards.

- Information was made available in a variety of accessible formats. People had boards that they used to indicate what they were doing each day and to provide information about the day such as which staff were working and what food was planned. Accessible formats were also used to assist people to plan how they spent their time in their house, what they wanted to eat and where they wanted to go.
- Staff had received communication training and there were prompts up in the home for staff to practice their signed 'word of the week'.
- Aids were used to support communication such as pictures and specialised tools. Staff explained how one person used a communication aid effectively and on their own terms. They were planning to start using a tablet computer with a communication app.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People planned their activities with staff on a monthly basis. Some of these activities were regular and some were new opportunities. Staffing was planned to support people with these activities.
- People were supported to maintain relationships with people they cared for. This meant people had support to maintain strong and important relationships beyond the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's relatives told us that they felt involved in their loved one's care. One relative reflected: "We have

found the current team very receptive to our suggestions." Care plans reflected people's needs and aspirations. Things that mattered to people such as being active, getting away on a holiday and being supported to make decisions were reflected in their care plans and the support they needed was clear.

- Staff spoke positively about how they had been able to personalise the support they provided. One member of staff told us: "They (senior managers) have also worked extremely hard to promote communication tools to enable all service users to have a better understanding and to be able to communicate more freely, and to live the life they choose, so they can express their wishes and needs."
- This observation was also reflected by professionals and we heard: "Recording and communication is vastly improved but most importantly, the person-centred and least restrictive approach,....., now appears forefront."

Improving care quality in response to complaints or concerns,

- A complaints policy was available, however there had not been any formal complaints. This information was also available to people living in the home, and their relatives, in an accessible format. Staff understood that distressed behaviour could be a form of complaint and records reflected this.
- Relatives felt confident in raising concerns or complaints. We saw that a concern raised with the organisation had been addressed with a meeting between the service, the family and a social care professional.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- People and their families had been approached about end of life care plans and these had been completed if appropriate for the people involved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had been inconsistent due to changes in management. There was no registered manager at the service which was a condition of registration.

At our last inspection, the provider had not always operated effective systems and processes to make sure they assessed and monitored the service. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and professionals spoke highly of the senior manager who had supported the home whilst it did not have a registered manager. Staff described the change in the culture of their work and the impact this had on people. They spoke with pride about centring their decisions and work around the people they supported and removing restrictions from their lives. One member of staff commented: "I am very proud to be part of the team at Romulus and to see our service users feeling proud, positive and happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The systems in place and support available for people were about gathering their views day to day on the support they received and wanted. Meetings provided a forum for more formal input based on areas of life such as how meals were prepared in the home. These meetings were undertaken in a way that enabled people to participate in a meaningful way based on their own communication style.

- A relative commented on the communication they had with the team: "Communication has really improved with us as a family and we have seen a real effort made by the team there."

- Staff were positive about the responsiveness of the management in place at the time of our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had continued to assess quality and used their action plan effectively. This had resulted in the service meeting the regulatory requirements that had previously breached.

- The service had not had a registered manager since 27 September 2019. This is a ratings limiter. Staff recognised that personal factors that had led to the most recent management changes and were looking

forward to the appointment of a new manager who was due to start work the week following our inspection.

- Staff were clear about their roles and responsibilities and felt supported in their roles. One member of staff reflected on this: "(Senior managers) not only help to build confidence and well-being with our service users but also with the staff. I feel they have really helped to create good staff morale amongst the team and are always informative and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior manager understood the requirements of duty of candour, that is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The provider had a policy and guidance in place to ensure this duty was met.

Continuous learning and improving care

- There was a commitment to continue to improve evident in the feedback from both the senior manager and staff. One member of staff told us: "(Senior managers) have implemented some truly inspirational work ethics within the house and always with such positivity, passion, and supportive attitude... And always with the drive to be better and consistent."

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services, social care professionals and advocacy services. Professionals told us they consistently received information they requested in a timely and professional manner and were confident that the staff supported people to achieve agreed goals.