

Leonard Cheshire Disability

# Dorset Learning Disability Service - 20 Edward 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Edward Road is a residential care home registered to provide personal care to three people living with a learning disability. At the time of our inspection, two people received a service, there was one vacancy.

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.

The systems in place to provide information about the service on offer and other contact details of other professionals needed improvement. The registered manager told us that if people wanted information this would be provided. However there was no system in place to provide information to people important to those living at the home in a way that did not involve staff being consulted. The registered manager acknowledged this and agreed to look at this issue with the provider.

There was a weakness in the responses made in relation to certain behaviours. Whilst we found that staff knew people's needs and behaviours well they were not always recording their observations. This made it difficult for management and other health care professionals to usefully analyse incident reports and develop strategies to support this affected by the behaviours. The registered manager agreed that they needed to update the auditing of this issue.

There were plans in place to update the home and to clear the gardens of equipment that had become unused or in disrepair. The provider told us that throughout December 2016 works would start on addressing the maintenance in the home. They also shared with us a documented action plan that identified what works would be carried out and by when.

Staff understood the importance of people consenting to support and encouraged choice making where possible. They understood the importance of enabling people to make their own decisions wherever possible and seeking the involvement of appropriate people when making decisions to provide care in a person's best interests.

People receiving support were safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse.

Staff were consistent in their knowledge of the person's needs and spoke with confidence about the care they provided to meet these needs. Care was delivered in a way that met the person's needs and promoted their independence and dignity.

There were enough safely recruited staff to ensure the care could be provided. Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood the need to share information about changes in people's health.

Relatives spoken with were positive about the care their relation received and told us the staff tried to ensure people had positive experiences.

There were systems in place to monitor the quality of the service and people were encouraged to contribute to the management of 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. There was a plan in place to address a number of maintenance issues.

The people appeared to be relaxed in the company of staff.

Staff understood their role in keeping people safe.

People were supported by staff who understood the risks people faced and followed care plans to reduce these risks..

### Is the service effective?

Good ●

The service was effective. Staff understood the importance of consent and had systems in place to offer choice..

People were supported by staff who understood their needs and felt supported.

People were supported by staff to access healthcare in a timely manner.

### Is the service caring?

Good ●

The service was caring. People received compassionate and kind care from staff.

Staff had developed good professional relationships with the people they supported.

### Is the service responsive?

Requires Improvement ●

The service was responsive but some improvements would enhance the service delivery. How information was proved to significant others required improvement.

People received care that was responsive to their individual needs but more thought was needed with regards to understanding certain types of behaviour.

## Is the service well-led?

The service was well led. There were systems in place to monitor and improve quality of the service..

Staff had a shared understanding of the ethos of the service and were committed to providing good quality care.

Good 

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## **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 10 and 15 November 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care and support provided by staff to two people living with a learning disability. We spoke with four members of staff. The registered manager was not available on the first day of the inspection but we spoke with them on the second day. We looked at records related to two people's care, and reviewed records relating to the running of the service. This included staff training and employment records and policies and procedures.

As the people could not tell us how they experienced the support they received we spoke to people important to them to gain their views of the service on offer. We also carried out general observations of the interactions between people and staff

## Is the service safe?

### Our findings

The environment required improvement to ensure it was maintained as safe. We looked around the garden and found that a summerhouse was in poor condition with some cracked glass. We also observed that some of the equipment in the area such as a large wooden model for people to interact with was in poor condition. We spoke with the staff who confirmed that the people living at the home had enjoyed going in the outdoor space but it was now avoided because of the poor condition of the equipment.

On the first day of the inspection we noted that a fence panel was on the floor by the car parking / access entrance/point area of the home. A section, in the car park, had nails pointing up which posed a risk to people and staff. We saw that two windows on the first floor did not have window restrictions fitted. We looked at the risk assessment in relation to the windows that stated that all windows had window restrictions fitted. On the second day of the inspection these two issues had been addressed.

We spoke with the registered manager on the second day of the inspection. They told us that they have spoken with the provider in the preceding months and an improvement plan was in place. Following the inspection we were provided with plans that evidenced that improvement works had been planned.

Staff were confident they would notice indicators of abuse and knew how to report concerns internally. They could identify where the contact details of other agencies were. Staff told us they were confident in highlighting any concerns they had and that their manager encouraged open discussion.

The risks people faced in their everyday life was documented in their care records. These records identified the risks and the actions staff should take to minimise these risks. Whilst there had not been any accidents and incidents there was a system in place to report and review any that may occur.

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who were not suitable to work with vulnerable adults. The service had a low turnover of staff, the last person to be employed at the home started some two years ago. We looked at the staffing records that evidenced appropriate checks had been carried out at the time.

There were enough staff to meet people's needs safely. We spoke with staff about the staffing levels. They told us there were enough staff to support people with their individual routines and meet their needs. We looked at the staffing rotas that evidenced what we had been told.

The administration of medicines was safe. When people needed support with their medicines they were supported by suitability trained staff. Staff told us they had been trained to administer medicines and checks had been carried out on their competence to do so safely. We looked at the medication administration records that demonstrated that medicines had been administered as prescribed. We also had sight of a monthly audit of medicines that demonstrated there was a system in place to ensure the administration practices were safe.

## Is the service effective?

### Our findings

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. We checked whether the service was working within the principles of the MCA.

People living at the home were assessed as not being able to make decisions about the care and support they received. Peoples care records evidenced that capacity assessments had been made that had included people important to the people concerned. We asked staff about how care decisions are made. They told us there are clear guidance about how to offer day to day choice and decisions, for more complex decisions such as health care interventions then 'best interest decisions are made with these providing the intervention and others important to the person. Two staff also told us they had recently received refresher training relating to the MCA and would work in partnership, when appropriate, to make best interest decisions.

The staff were clear about how to make decisions in peoples best interest. One staff member told us " It's the responsibility of the health care professional to decide if it's in the person's best interest, our role is to ensure people important to the person are consulted and then support the person to attend appointment's if required". We spoke with a member of staff who described how changes in health were identified, through observation, and then reported to health professionals. Any guidance on meeting people's health care needs were included in peoples care records . We saw that one person's care plan included information from a health professional and that this was being followed.

Staff described how people's care plans and care records enabled them to keep up to date with people's current needs. We were also made aware of staff meetings, held on a two weekly basis, where peoples support needs and emerging issues were discussed. Staff spoke confidently about people, their needs and how they supported them.

Staff had the skills they needed to do their jobs. Staff told us they felt they were trained and supported to do their jobs. One member of staff said: "We have lots of training and if we identify any additional training that is not on offer we can ask the registered manager, they will try and support us with our training needs". Staff told us that they worked well as a team and supported each other. Staff told us they could discuss issues of concern or ask advice of management. Staff told us that they had not received regular supervision. We spoke with the registered manager who acknowledged that due to work load issues regular supervision had lapsed but told us they had committed to ensure it would be reintroduced and that at least one formal supervision would be carried out with all staff by the end of 2016.

People were supported to have enough food and drink. People could choose what to eat and staff would



prepare and cook what was chosen. The staff were aware of ensuring healthy eating choices were included in peoples diet. There was evidence in peoples care records that what we were told had been carried out. An example of this was that following a period of weight loss through infection a person was not eating well. The staff knew that the person would eat certain foods, that were not particularly healthy for them, but provided some nourishment. The records demonstrated that more healthy foods had been reintroduced after a short period and the person's weight was now stable

## Is the service caring?

### Our findings

We observed staff supporting the people living at the service. The staff promoted a relaxed and friendly atmosphere. Where staff need to be firm and clear the people appear relaxed. People's care records evidenced communication approaches to use as well as the need to use clear and firm language in certain circumstances. We saw that staff communicated with people in ways that they understood based on their years of experience. We observed that staff were attentive to people needs and supported them with their daily routines.

We spoke with a relative who told us that they considered the staff worked hard to ensure their loved one was being well cared for. The staff had built up positive and meaningful relationships with the people living at the home. They had achieved this over working with the people for many years, one member of staff had supported a person for over ten years. This level of continuity ensured that people were not subjected to differing people and situations which were acknowledged as unhelpful to them.

The staff spoke about people's support needs in a respectful and caring manner. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. The care plan format used meant that this information was sought out and recorded. The staff promoted a relaxed and friendly atmosphere that respected people's dignity and respected their privacy. An example of respecting a person's privacy was we observed staff waited for the person to get up in the morning (when they did not have other activities to attend) before offering support.

People living at the home did not have the capacity to be involved in decisions about their care. The relative we spoke with told us that staff involved them in making decisions relating to their loved ones care. We looked at people's care records that evidenced that this had happened.

## Is the service responsive?

### Our findings

There was a weakness in the responses made in relation to certain behaviours. The care staff kept detailed records which included: the care people had received; physical health indicators and how content they appeared. These records, and care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were reviewed regularly against people's care plans at team meetings. However we looked at one person's risk assessments in relation to behaviour that challenged. These identified some of the key 'triggers' to these behaviours and monitoring tools to be completed by staff following incidents. The most recent records had recorded periods of unwanted behaviour but these had not been completed as required for example; although staff were asked to record what was happening at the time of the incidence these were blank. This made it impossible for management to analyse the recording to develop an understanding of the behaviour in order to promote new staff approaches to supporting the person. We spoke with the registered manager about the monitoring of this behaviour. They acknowledged more detailed auditing of this issue would benefit the overall care and support delivered for this person.

The way information was provided in relation to the service on offer required improvement. We looked at the complaints procedure that was available in both pictorial and written form on the same document, contained in peoples care records. Staff confirmed that the people living at the home would not understand this level of pictorial information. The document stated that if you were not happy with the initial outcome of investigation you should contact the 'complaints coordinator' but did not provide a name or contact details. We asked staff who was the complaints coordinator but they did not know. Following the inspection the registered manager provided us with a copy of the complaints procedure that is provided to people significant to the people living in the home. This contained all of the key information required. A relative told us they were unaware of this but they could contact the registered manager if concerned.

We asked the staff and management what information is provided to people and those important to them about the support services available to them. (This is sometimes called a service users guide which may contain information about the service provided, statutory and voluntary organisation such as local authority services, advocacy and financial services and ways to contact regulators to raise concerns etc). We were told that they no longer provided a service user guide and financial arrangements were covered by the 'contract' of residency. We asked how information was provided in relation to advocacy services. We were told that if people important to the people living at the home ask it will be provided. Whilst it was clear that staff had the information required if people important to those living at the home wanted it, they would have to ask. This meant that people may not have the opportunity of keeping issues private as they would have to consult staff for information.

We spoke with one relative who told us that they used to have a newsletter from the provider about the work they have been doing and developments planned. They told us they found this helpful. They also told us they would welcome more information about developments at the home and useful contacts. We spoke with the registered manager who acknowledged our concerns and agreed to look at the way information is provided to significant other people.

Support was delivered in a way that met people's personal needs and preferences. The staff we spoke with were able to tell us about people's individual routines and the importance of consistently maintaining these routines.

People's needs had been assessed and these were recorded alongside personalised plans to meet these needs. Needs were assessed and care plans written to ensure that physical, emotional, and communication needs were met. Staff knew people well and were able to describe their support needs and preferences with confidence. They told us that care plans reflected people's needs and that they any changes would result in a review.

We spoke to one relative who told us that they had some concerns over the reviewing process. They told us about their frustration with the lack of a multi-agency review that was needed but they had been waiting many months for this to be set up. We spoke with the registered manager regarding this who explained that they have been trying to set this review up but were having problems setting this up..

## Is the service well-led?

### Our findings

The service was well led. People important to those living at the home told us their loved ones support needs on both a physical and emotional needs were well met.

Staff described an open working culture and reflected how they were encouraged to develop professionally and felt supported to do so. Team meetings were regular and gave staff the opportunity to discuss a range of practice issues. The staff described the values that underpinned the ethos and practice at the home. The staff meeting records confirmed this.

There was a system in place for ensuring that staff kept their training current and staff told us they could access specialist training when this was appropriate to people's needs. However this system relied on the providers administrators, at their locality office in Charlton Down, ensuring that staffs statutory training was kept up to date and providing this information to the registered manager. Through discussions with the registered manager we were told that due to changes in administrators the staffs training records had not been kept as up to date as they would have wished. As such we did not have sight of documents that would evidence the staffs training was up to date. The registered manager agreed to address this with the provider.

There was commitment to improving practice throughout the service. Staff told us that they were able to talk with the registered manager about any concerns or ideas they had. There were systems in place to monitor the quality of the service such as spot checks on medication records and audits of records such as care delivery records. The provider also carried out health and safety checks and ensured certificates relation to the safety of the home were kept in date.

The staff team worked with other agencies to ensure people received good care. Records indicated that they were proactive in seeking guidance and information from others such as the local day centre.