

Leonard Cheshire Disability

Dorset Learning Disability Service - 3 Cranford Avenue

Inspection report

3 Cranford Avenue
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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 28 June 2016 and was unannounced.

3 Cranford 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.

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 service provided good care and support to people allowing them to lead fulfilled and meaningful lives. Relatives and professionals said they felt people were safe and well cared for. The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with. Relatives were welcomed into the home and had clearly formed positive and trusting relationships with the staff team.

There was a positive culture within the service. The registered manager provided good leadership and led by example. They said, "As well as being the manager I like to work with people. I enjoy spending time with the staff and people we support". Staff had a good understanding of people's needs and 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 procedures in place and carried out checks when they employed staff to help ensure people were safe. Staff were well trained and aspects of training were used regularly when planning care and supporting people with their needs and lifestyle choices.

People were supported by staff who had a good understanding of how to keep them safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

Staff encouraged people to be independent and promoted people's choice and freedom. People moved freely around the building and its grounds as they chose.

Care records were comprehensive and written to a good standard. They contained detailed personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe.

People were supported to take part in a range of activities both inside and outside in the community. Activities were meaningful and reflected people's interests and hobbies.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and speech and language therapists. People's dietary needs and any risks were understood and met by the staff team.

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.

Staff described the management as supportive and approachable. Staff talked positively about their work and comments included, "It's a good place to work, the team are committed to meeting the needs of the people who live here". Staff were well supported through induction and on-going training.

The service had an open door policy. Relatives were always welcomed and people were supported to maintain relationships with those who mattered to them. People's relatives and health and social care opinions were sought and there were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

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 and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good 

The service was effective.

People are supported by skilled and well trained staff. Induction for new staff was thorough and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had clear understandings of the Mental Capacity Act 2005, and how to ensure people who did not have capacity to make decisions for themselves had their rights and best interests protected.

People were supported to have 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 supported to lead a full and active lifestyle, were supported to engage with the local community and to maintain relationships with people who mattered to them.

Concerns were listened to and dealt with promptly. A system was in place help ensure any complaints were dealt with appropriately and in a timely manner.

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 good 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 - 3 Cranford Avenue

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 28 June and was unannounced. One inspector undertook this inspection.

Prior to the inspection we reviewed 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

People who lived at the home had limited verbal communication, and were therefore unable to tell us about their experiences 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 four members of the staff team. We looked at the records of four 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.

We also spoke with three relatives and two professional who had been involved with the service.

Is the service safe?

Our findings

Relatives said they felt people were safe and well looked after at 3 Cranford Avenue. They said although their relative was happy to go home for visits they were also always happy to return to Cranford Avenue, which they felt was a good sign and indicated they felt happy and safe where they lived.

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 the action 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, staff were very aware of the behaviours two people could present if they were in parts of the house together without the supervision of staff. Guidelines were in place for staff to be aware of people's whereabouts in the home and to supervise from a distance when required. Staff were very aware of risks associated with certain individuals. For example, they said one person found noise difficult to cope with and this could escalate behaviour. Staff were aware of the need to consider the noise levels in the house and ensured the person had the opportunity to spend time on their own and quieter parts of the house when needed. Staff were aware of potential risks to people in the kitchen area, but also recognised the importance of people being able to use this part of the home to spend time with staff preparing meals and enjoying sensory experiences such as smell and touch.

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. 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.

There were sufficient staff numbers to meet people's needs safely. The registered manager had systems in place, which were flexible to ensure staffing levels were maintained to a safe level in line with people's needs. Staff told us there were enough staff for them to meet people's needs safely. Comments included, "There are always enough staff on duty to keep people safe" and "Staffing levels are safe and there are also enough staff to be responsive and to take people out when they ask". 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.

The home had a safe recruitment practice in place. Required checks were conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. The Provider Information Return stated that any volunteers recruited were also DBS checked, trained and supported by a volunteer co-ordinator. This would help ensure all staff were safe and appropriate to work in the home.

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. Professionals said they felt staff had a good knowledge of people's needs and were particularly skilled in understanding and managing people's behaviours.

Staff completed a full induction programme that included shadowing experienced staff until they felt confident they could carry out their role competently. The induction plan also covered the needs of each person in the home and allowed the new staff member time to look at relevant support plans and records. 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. Staff said the induction process was thorough and prepared them for their role in the home.

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. Staff said training was of a good standard and relevant to their role. Comments included, "The opportunities for training has improved, it is now more specific and relevant to people's needs" and "The Autism training was excellent, really made us think". A relative commented that they felt staff were very well informed about Autism and the needs of individuals in the home.

Following the inspection the registered manager sent us a copy of the training matrix, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required.

Staff said they felt well supported by their colleagues and management. Comments included, "The support is good, we have plenty of time for discussion and can ask for supervision at any time". 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. 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 need for an admission to hospital for surgery. The staff had worked closely with hospital staff to consider the risks and support needed as well as putting together a social story to inform the person as much as possible about what was going to happen. Best interest discussions had also taken place with health professionals and relatives in relation to one person's need for urgent dental treatment. These discussions had helped ensure the best interests of the person concerned were considered in the planning and delivery of care and treatment.

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. For example, one person had a plan in place to help avoid behaviours from occurring, such as ensuring they had plenty of activity and giving them clear instructions about what was happening to avoid confusion and distress. Another person needed their personal space and belongings to be organised and accessible to them. Their clothing had been organised on open shelving so they could see and choose what they wanted. Staff said this was important to the person concerned and helped minimise anxiety and confusion.

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. Staff said people benefitted from the sensory experiences in the kitchen and at mealtimes, such as touch, smell and taste. We saw plenty of visual prompts in the kitchen, including pictures of different meals and photos indicating what people would find in cupboards, such as plates and utensils. Staff said some people needed pictures of the menu and this would help prompt them to assist with meal preparation. For example, one person would look at the menu and take the mince out of the fridge when they saw a picture of cottage pie. Staff said this helped encourage the person to make choices and be more independent. Staff understood any risks associated with eating, and guidelines were in place in relation to choking hazards and specialist dietary requirements. We saw meals were presented attractively and people were supported to eat independently if possible. Support plans included information about how staff should support people to have a well-balanced diet and to consider healthy eating options.

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. Relatives said they were kept well informed of any issues concerning people's health and said the staff always acted promptly to address any concerns.

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. Relatives said the staff were caring. Comments included, "The staff are wonderful, they deserve a star, all of them are great", "We are reassured by the care provided, it is a wonderful home" and "I know if anything happened to me tomorrow I can trust they will be looked after and cared for always, that is reassuring".

We observed the atmosphere in the home was warm and welcoming. We heard people laughing and smiling and people looked comfortable and happy in their home. One person was stood outside and was interested in who was visiting the home. The staff said they liked to watch what was going on and enjoyed seeing people and traffic going by. The interactions between staff and people were positive. One person was waiting for their relative to arrive and was spending time on their play-station. Staff spoke positively with this person and praised them about their skills in this activity. Another person was spending time in their sitting room. The staff supporting them spent time chatting with them about their interests and plans for the day. These interactions helped create a calm and relaxed atmosphere throughout the home.

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. One staff member had concerns about a person following recent dental treatment. We saw they spoke to the person gently and respectfully to check if they were feeling ok and to try and establish if any further treatment was needed.

People's privacy and dignity was respected. The house was large with plenty of communal and outside space. The staff said this was really important for the people in the home particularly those who wanted to spend time on their own. 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, there were known risks for two people if they spent time on their own without the supervision of staff. When these people were upstairs in their bedrooms staff would sit close by allowing them their privacy, whilst also ensuring they remained comfortable and safe.

Staff recognised the importance of family and friends. All of the people in the home had regular contact with relatives and these arrangements were supported by the staff team. Consideration had been given to the long term plans for one person in the home. Staff had worked closely with the person's relatives to help ensure their views and wishes were considered and taken into account in the planning of the person's support arrangements. Relatives arrived at the home during the inspection. It was evident by the warm welcome they received that they were used to visiting and had built positive relationships with the staff team. Relatives said, "We are always made to feel welcome, it feels like a real home".

People received support in relation to loss and bereavement. One person had experienced a recent loss and

staff had worked hard to support the individual as well as family members. Staff said it was important to see the person as a whole and to consider the feelings and needs of people who mattered to them.

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. Relatives and professionals said they thought staff had a good understanding of people's individual needs, and were responsive to any advice or suggestions.

People's support plans provided staff with clear and detailed information about people's health and social care needs. The registered manager told us they were in the process of developing the support plans, which would further improve the information available about people's needs, support arrangements and goals. We looked at the plans for two people, which had been updated. Each area of the plan described, how best to support the person, things staff needed to know and specific goals for the person concerned. For example, one plan stated the person needed support and guidance with personal care tasks, but also the importance of encouraging choice where possible. The plan said the person would find too much choice difficult and advised staff to offer limited choice such as showing them two different drinks or two T Shirts to choose from.

People received personalised care, which was responsive to their specific needs. For example, one person used pictures and symbols to tell staff how they were feeling and to help them plan their day. Staff said this person would use the pictures to tell staff what they want or if they were feeling unwell, "They will show us a picture and will put their hand on their head to tell us if they are in pain, we can then respond and give them a pain killer to help". Another person had heightened sensitivity with noise and had their own separate sitting room where they could spend time alone or quietly with staff.

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.

People were supported to lead a full and active lifestyle. Relative said that people enjoyed a range of activities, comments included, "[...] enjoys lots of different activities, they are always out and about, we pop in regularly and they come home to stay at weekends". Professionals said they often saw people from the home out and about in the local community and people always seemed to be enjoying themselves. People had lots of personal items in their bedrooms and around the home to occupy their time and pursue their particular interests. There was a large garden with a trampoline, which staff said some people particularly enjoyed. Each person had a weekly activity plan, which included regular planned activities such as pottery classes, swimming and tennis, as well as other leisure activities including local walks, shopping and eating out. One person enjoyed regular walks with staff to the local shops and sea-front. Staff said they loved watching the cars and going for a drink in the local coffee shop.

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.

Consideration is given to people when they move between services to ensure their needs continue to be met. Plans were in place in relation to one person and their long term care arrangements. The registered manager and staff had worked closely with other agencies and relatives to help ensure a smooth transition for the individual and all concerned.

Is the service well-led?

Our findings

There was a positive culture within the service. Staff spoke in a compassionate and caring way about the people they supported and celebrated people's progress and achievements. Relatives and professionals spoke highly of the service and said the registered manager provided good leadership. Comments included, "The manager is great and easy to talk to", and "It is clear the staff are there for the people they support and that is what matters to them".

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. The Provider Information Return stated the registered manager was supported and supervised by senior management within the organisation. In addition, a quality team and advisors for professional practice, nursing and health were also available to the registered manager to assist them in their role.

Staff spoke highly about the leadership of the service and said the registered manager was very supportive, comments included, "The registered manager has a big heart so cares about people as well as being good at running the home". Throughout the inspection we saw staff smiling and looking happy as they supported people. Staff said they enjoyed working in the home and even when there were challenges and changes within the organisation they remained committed to creating a home that met people's needs and made them feel happy and safe.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information.

Information following investigations of incidents was used to aid learning and drive quality across the service. For example, incidents of behaviour had been recorded on a behaviour log sheet so any patterns could be identified and addressed. For example, the behaviour log for one person had highlighted a pattern of incidents when they went out to the local pub. The analysis allowed staff to consider ways of reducing the behaviours whilst still ensuring the person enjoyed the social event. Staffing arrangements had been changed to ensure the person had a male member of staff to support them with their personal care needs when they went out. This change had resulted in the reduction of incidents and a more positive experience for all concerned.

The Provider Information Return stated people had access to the Leonard Cheshire customer support team, who visited the service on a regular basis. The support team helped ensure people felt confident to speak for themselves or to access local independent advocacy services if required.

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.