Care Quality Commission

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

About the service:
3 Cranford Avenue is a residential care home providing accommodation, personal care and support for up to four people with a learning disability. At the time of the inspection three people were living at the home.

The service is currently in the process of applying to the CQC to de-register as a residential care home and register as a supported living service. In supported living services people have their own tenancy agreements and a separate support package arranged according to their assessed needs.

The service had been developed and designed in line with the values that underpin the CQC 'Registering the Right Support' policy and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen.

Rating at last inspection:
At our last inspection we rated the home as Good (published 21 July 2016).

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People who could speak with us told us they were happy at 3 Cranford Avenue. Each person indicated to staff that they were happy and enjoyed their company. Relatives felt their family members were safe and well cared for. Staff demonstrated a good understanding of the risks people faced in their day to day lives and the practical ways they could support them to minimise those risks to keep them safe. People received their medicines on time, at the correct dose and had regular reviews to ensure that they were not being over medicated.

People's desired outcomes were known, and staff worked with people to help achieve these. Staff had received the necessary induction, competency checks and ongoing training to help them meet people's specific needs. People were supported to retain their independence, develop new skills and interests and live their lives as fully as possible. 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.

People were actively encouraged to maintain contact with those important to them including family and other people living at the home. Staff understood the importance of these contacts for people's health and well-being. Staff and people were observed enjoying meaningful, compassionate and mutually beneficial interactions. Staff knew people well and what made them individuals.

The registered manager was respected by the staff and promoted and open and transparent culture. Management and staff understood their roles and responsibilities. Staff felt supported and valued. Feedback surveys were undertaken to ensure that people, relatives and staff could express their views and contribute to what happened at the service. Meetings and presentations had been held with people's relatives and relevant health and social professionals in relation to the proposed change from a care home to supported living accommodation.

Quality and safety checks by the registered manager and service manager helped ensure people were safe and protected from harm. This also ensured that practice standards were maintained and improved. Audits helped identify areas for improvement with learning from these shared with staff.

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

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 well-led. Details are in our Well-Led findings below.	**Good** ●

CareQuality Commission

Dorset Learning Disability Service - 3 Cranford Avenue

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one adult social care inspector.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was a planned inspection and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be in.

What we did:
Before the inspection, we reviewed the latest Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with the local authority quality improvement team and safeguarding team to obtain their views about the service.

We spoke and interacted with each person living at the home and talked to three relatives by telephone. We also spoke with the registered manager, service manager, and four care staff. We spoke with two health and social care professionals via telephone.

We walked around the building and observed care practices and people's interactions with staff and each other. This helped us understand people's experiences including those who could not talk with us.

We reviewed a range of records including three care plans, staffing rotas, training records and other information about the management of the service. This included accidents and incidents information, three Medicine Administration Records (MAR), compliments and complaints, equipment checks and quality assurance audits.

Good

Is the service safe?

Our findings

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

Good; People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• People were supported by staff who had received training in safeguarding and knew how to protect them from abuse. Staff were aware of the signs and symptoms of abuse and how to report their concerns both internally and externally. One person who was able to speak with us told us they felt safe living at the home. People's relatives told us: "They (staff) keep [name] safe", "I do feel [name's] safe there" and, "[Name's] protection is A1." Two health and social care professionals said, "I feel people are safe."

• There were effective arrangements in place for referring and investigating safeguarding incidents and systems to reduce the risk of people being subject to abuse. For example, monthly spot checks were undertaken with people's finances to safeguard them from financial abuse. There were no safeguarding alerts open at the time of our inspection.

• The home had a whistle blowing policy. Staff told us they would feel comfortable to raise concerns about their colleagues practice and were confident that they would be listened to and action taken by management. One staff member said, "I whistle blew before and the registered manager was very supportive and kept me updated."

Assessing risk, safety monitoring and management

• People's individual risks were assessed and plans developed to minimise these risks without impacting on people's rights to live full lives. Risk assessments and care plans were developed with relevant people including relatives and health and social care professionals.

• Some people could present with behaviours which could challenge the staff and service. We found that these people had positive behaviour support plans in place which were up to date and in line with best practice. Support and management of people's behaviours enabled them to access the local community more frequently and with reduced risks for them and others.

• General risk assessments had been undertaken. These helped to ensure the safety of the home environment and equipment for people, staff and visitors. These assessments included: fire systems, water safety and electrical appliances.

• Risks to people from fire had been minimised. The home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency such as fire or flooding.

Staffing and recruitment

• There were enough staff to meet people's needs. Staff told us this and our observations confirmed this. When people required staff attention it was provided in a timely way. Staffing levels were reviewed every three months and adjusted according to people's needs.

• Rotas were planned in a way that supported staff to spend meaningful time with people. The registered manager told us they had not used any agency workers for approximately seven months. This, and the fact the home had no staff vacancies, meant that people received support from a consistent group of staff.

• The home's recruitment procedure minimised the risk of unsuitable staff working with people living there. Prior to employment, checks were undertaken to ensure prospective staff were of good character and had the necessary values. This included checks with the Disclosure and Barring Service (DBS). Staff confirmed that they had only been permitted to support people when the necessary clearances had been received.

Using medicines safely

• People received their medicines on time and as prescribed from staff who had received the necessary training and competency checks. One staff member told us that the registered manager had supported them to have refresher training when they had needed extra support around booking in medicines.

• Medicines were stored, administered and, when required, disposed of safely.

• Medicines Administration Records (MAR) were complete and legible. Regular medicines audits were carried out which meant any errors were identified and resolved quickly minimising risks to people.

Preventing and controlling infection

• The home was visibly clean, well maintained and free from malodours.

• There were systems in place to reduce the risk of infection. Staff understood their responsibility to minimise risks in this area and were observed making appropriate use of hand sanitisers and Personal Protective Equipment (PPE) such as disposable gloves.

• People were encouraged to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.

Learning lessons when things go wrong

• The home logged and reviewed accidents and incidents. This was used as an opportunity to identify the root cause, trends and to prevent a reoccurrence. For example, the home had shared accident reports with the local authority's intensive interaction team which had helped to identify the triggers for behaviours presented by a person who was subsequently supported to move to an alternative placement. In another case, staff had learned that a particular medicine made a person more at risk of skin damage when exposed to the sun and then could put measures in place to reduce the risk.

Good

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.

Good; People's outcomes were consistently good, and evidence confirmed this.

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

• People had pre-admission assessments that supported their move to the home. This had enabled the delivery of effective person-centred care at a time when people were becoming familiar with the home and staff supporting them. This information was then used as the basis for creating a bespoke and detailed care plan.

• People's individual needs, abilities and choices were assessed. Care, treatment and staff support was provided to achieve effective and realistic outcomes.

• Each person had an up to date action plan with manageable goals set which encouraged them to develop independent living skills and pursue fulfilling lives.

Staff support: induction, training, skills and experience

• People were supported by staff who had received an induction and shadowing opportunities with more experienced colleagues. New staff were supported to complete the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A health professional said, "I have no concerns about the staff there."

• Staff received regular supervision and training which helped them meet people's specific needs. Training was delivered face to face or via workbooks. A staff member said, "I feel I've had enough training." Management had provided extra support to staff who had indicated they required information in a different format or needed more time to complete the assignments. Courses undertaken included: behaviour support, equality and diversity and Intensive Interaction. This is a practical approach to interacting with people with learning disabilities who do not find it easy to communicate or socialise. A staff member who had attended the Intensive Interaction training told us, "I learned a low voice didn't work so well with [name]. I now use a higher voice and also know how to defuse agitation and behaviours."

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

● People's dietary needs were known and supported by staff. Where people chose to, and were able to, they were actively involved in choosing their meals and preparing them. We observed that people could choose to have their meals with other people or on the own should they wish. One person set the table for lunch which enabled them to develop their daily living skills.

• People were encouraged to make healthy eating choices but were also supported to have foods that they enjoyed. One person said, "I can choose my dinners. My favourite meal here is gammon, egg and lots of chips."

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

• The home was split across two levels and was adapted to help ensure people could access all areas safely and as independently as possible. There was an open plan kitchen dining area, communal lounge, activities room and large enclosed garden.

• The home and furnishings were in a good state of repair. The service had two maintenance workers who helped ensure that repairs were identified and resolved in a timely way.

• People's art work and certificates were displayed on walls and shelving which made the environment feel homely and celebrated people's skills and achievements. People's rooms were spacious and personalised. One person told us, "I like my room. I chose the carpet."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• People were supported to access health care services as and when required. This included visits to the dentist to maintain people's oral hygiene, eye tests, and GP health reviews. People's relatives told us this was done in a timely way and records confirmed this. Visits from health professionals were noted in people's files which recorded the reason for the visit, follow up actions required and the outcome. A relative said, "[Name's] health has improved beyond all recognition. With [name's particular health condition] they refer in a timely way." A health professional commented, "They keep me up to date with [name]."

• People received an annual health check as per best practice for people with a learning disability.

• The service worked in partnership with local health professionals to regularly review people's medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

• Each person had a hospital passport that they took with them when accessing other services. The passports included information on people's communication needs, family and GP contact details, support needs, and signs of anxiety and pain.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People at 3 Cranford Avenue were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff demonstrated a good understanding of the principles of the MCA 2005 and how to apply this when supporting people.

• Staff were observed asking people for their consent before supporting them and providing them with information that helped them to make more meaningful choices and decisions. A staff member said, "We always assume people have capacity as a starting point and treat capacity as decision specific." Another staff member told us, "We always need to make sure people have choice."

• Mental capacity assessments and best interest decision paperwork was in place for areas such as medicines, personal care and managing finances. The registered manager had updated the paperwork to ensure that each assessment and any best interest decision it related to was recorded on a separate form to reflect and reinforce the fact that capacity assessments were decision specific. Best interest decisions were reviewed with involvement from people, where they were able to contribute, relatives, familiar staff and relevant health and social care professionals.

• Best interest decision paperwork had been completed for each person in relation to the proposed transition from a care home to supported living accommodation. This was completed by local authority professionals in consultation with people, their relatives, health professionals, keyworkers and the service manager.

• 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 Safeguards (DoLS). Each person had a DoLS application with assessment pending from the local authority. There was evidence of the service liaising with the local authority to follow up the applications they had made.

Good

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.

Good; People were supported and treated with dignity and respect; and involved as partners in their care.

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

• People were supported by staff who interacted with them in a respectful and caring way. One person told us, "Staff are kind. I have good days. I like staying here." There was a calm and friendly atmosphere in the home. One relative commented, "Staff are excellent; they always seem interested. They value people and demonstrate soundness and honesty." A social care professional said, "The staff are kind and caring. [Name] is happy."

• Staff understood how to support people when they were feeling upset or anxious. For example, a staff member told us how they had provided reassurance to a person when they had an appointment with a new GP due to the previous surgery closing.

• People were encouraged to maintain contact with their friends and family. Relatives told us they were free to visit at any time and that their family members often came home for short breaks. Relative comments included: "They support [name] to come home to me every Sunday and bring [name] back. [Name] is happy there. [Name] is looked after well. I'm very happy with Cranford", "I'm absolutely free to visit. I can go anytime day or night, [Name's] terribly happy there." Another relative told us they felt their family member "generally seems very happy."

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

●People were supported to live their lives how they wanted to live them. For example, one person told us, "I go to bed whenever I want to. I say goodnight to all the staff and they say goodnight to me." One person's care plan noted, "[Name] will take [self] to bed when [name] is ready." Another person's daily record detailed, 'Due to the rainy, windy weather [name] didn't want to go out and took walk off [symbol] the [activities] board.'

Respecting and promoting people's privacy, dignity and independence

●People were supported by staff who understood and respected people's right to live as independently as possible. One person said, "I shower myself, shave and go for a walk." People's care plans detailed what people needed support with and what they were able, and wanted, to do themselves. For example, one person's plan stated, "[Name] is able to wash, rinse and dry [self] support staff can help after [name] has tried." Another person's plan noted, '[Name] has cream applied to [name's body]. It is good for [name] to do

this as much as [name] can by themselves.'

Good

Is the service responsive?

Our findings

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

Good; People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People's care plans were detailed, personalised and had been regularly reviewed. They were written from the person's point of view and captured information such as; 'Things other people like and admire about me', 'What is important to me' and, 'Things you need to know and do to support me.' This enabled people to receive care and support that was responsive to their current and emerging needs. A health professional told us, "They know [name] really well. All plans are up to date and good. They work and interact well with [name] and [name's] family are very happy." A social care professional expressed, "They (staff) understand [name] and have adapted the service to meet [name's] needs."

• People were enabled to take part in meaningful, personalised activities that took account of their likes, dislikes and preferences. People were supported to change their mind and do alternative activities if they expressed a wish to do so. Activities included pottery classes, a disco for people with learning disabilities, horse riding, community litter picks at a local RSPB reserve, and gardening. A relative said, "They take [name] out everywhere." One person was particularly fond of trains and had been supported by staff to view a steam train at a local station. The station master had become aware of this person's passion and had kept the home updated whenever steam trains were due to pass through the area.

• People had choice and control over how they spent their time. They were supported to take part in activities of their choosing both in the home and the local community. Staff also understood the importance and benefits of giving people opportunity to spend time alone. A person told us, "I like to relax." Another person's plan advised staff, '[Name] enjoys having quiet time after lunch.' We observed that staff supported the person to do this.

●People's communication needs were being consistently met. Information was presented to them in a way which enabled them to make informed choices. Communication tools such as picture cards and symbols were used to help promote their independence. The home had recently produced a wider variety of picture cards which were tailored to reflect each person's interests, preference and emotions. People had individual activity boards which helped them plan, influence and visualise the day ahead. Staff understood the importance of people living with autism having structure to their day.

Improving care quality in response to complaints or concerns

● The home had a complaints policy which had been produced in two formats; one an easy read version for people in the service that was placed prominently in reception. When we asked a person who they would speak to if they were unhappy about something they responded, "I would say to [name of registered

manager]." Relatives told us they knew how to make a complaint or raise concerns.

End of life care and support

● Although at the time of our inspection there were no people at the home receiving end of life care the service had tried exploring with people and their families what their end of life wishes were. Two people's plans contained basic information including their choice of burial or cremation, and funeral arrangements. This meant people's final wishes could be respected and followed. Staff had respected that one person had chosen not to discuss their future wishes as talking about ageing and dying made them feel anxious.

Good

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.

Good; The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• The registered manager and provider's senior managers completed regular checks and quality audits which helped ensure that people were safe and that the service met their needs. Quality audits were based on the CQC's five domains. Environmental audits also took place. This had identified some of the home's garden security lights were not working. The registered manager had ensured these were fixed immediately as the lights enabled staff to monitor people's safety when using the outside space to calm or when using the trampoline.

• The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm and that they would use it as an opportunity to apologise and consult with those affected.

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

• Management and staff demonstrated a clear understanding of their roles and responsibilities. The registered manager had an open-door policy where people and staff were free to discuss concerns or ideas freely. A staff member's supervision record advised, 'My door is always open. Please come and chat if you need to. You don't need to wait for your next supervision.'

• The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. This is a legal requirement.

• Staff told us they enjoyed working at the home and they got on well with their colleagues. Staff comments included, "I do enjoy working here" and "I absolutely love working at Cranford." A health professional said that they felt there was a "good atmosphere" at the home.

• Staff received praise and constructive feedback which helped them recognise what they were doing well and where they could improve. We observed a message from the registered manager to the staff team in the home's communication book which read: 'Happy New Year! Here's to a great 2019. Thank you for your support and great care you give to [names] at Cranford.' The registered manager told us, "I buy cakes to thank staff. One staff member is vegan, so I got them an alternative – vegan chocolate coins." Staff

members' comments included: "I feel valued 100%" and, "I feel valued and rewarded – there was always pleases and thank yous."

• Staff told us they respected the registered manager and felt supported by them. One staff member said, "[Name of registered manager] is probably the best manager I've had. You can trust her. [Name of registered manager] is an incredible listener and makes times for you." A relative expressed, "The management are very good. The registered manager is reliable."

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

• The service conducted annual surveys to obtain views that were then used to make improvements to the service. A relative told us, "They keep me up to date. I feel listened to." Another relative reiterated this feeling when speaking with us. A staff member told us the team had suggested to management that people at the home could benefit from a sensory area being created in the garden and that this idea had been approved.

• At the time of the inspection the provider was in the process of applying to de-register the residential home and re-register it as a supported living service. The CQC was considering the provider's application. We saw evidence that transition meetings had been held with people's relatives and staff with presentations given on the proposed changes. The local authority had recently chaired best interest decision meetings for each of the people at the home in relation to the proposed transition.

• Team meetings were held every two months. The registered manager scheduled these in a way that encouraged and supported attendance by day and night staff and those with flexible work patterns. One staff member said, "You can raise anything."

Continuous learning and improving care

• The registered manager had a level five diploma in health and social care and looked to improve their skills and knowledge by attending conferences and reading care industry publications. They told us they had recently attended a mental capacity act conference which had helped them improve their understanding about assessment documentation.

● Staff attended training sessions delivered by the local authority and kept up to date with Health and Safety Executive (HSE) alerts covering areas such as stress at work, hot weather guidance, control of hazardous substances and scalding risks from hot water systems.

• The registered manager carried out a programme of practice observations with the information then used to identify staff support needs and areas where they could further develop their practice. These observations covered areas such as: respecting people's right to have choice, ability to work well with other team members and person-centred communication.

Working in partnership with others

• The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff had worked closely with social services, a local authority intensive support team, speech and language therapists and GPs to meet and review people's needs. For example, staff had worked closely with a health professional to develop pictorial cards which had helped to reduce agitation a person experienced at times. Two health and social professionals commented that the registered manager was,

"Receptive", "Good and knowledgeable. [Name of registered manager] is good to work with."