Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dorset Learning Disability Service - 3 Cranford Avenue

3 Cranford Avenue, Weymouth, DT4 7TN

Tel: 01305839318

Date of Inspection: 27 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leonard Cheshire Disability
Registered Manager	Mr. Keith James Brown
Overview of the service	Cranford Avenue is home in the middle of Weymouth for four people who receive 24 hour care and support from Leonard Cheshire Disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We used a number of different methods to help us understand the experiences of four people who used this service because they difficulties with communication related to their disability. We observed people in their day to day environment. We gathered evidence from the care records and talking to the manager and staff.

There were spacious areas for the kitchen, living and dining room where people could share and each person had a dedicated bedroom and living room. This allowed people to have privacy and to interact with each other and staff if they chose.

We saw that care plans were highly individualised and observed how staff used this information to guide their involvements with each person and develop the overall service offered to people. We saw evidence that relatives' views were valued and encouraged and influenced how the service was provided.

People were encouraged to be involved in regular activity inside and outside the home and that community involvement was strongly promoted. One person told us 'I like it here and I get help to cook'.

Staff demonstrated that they worked as a team to support people. Staff received training and were supported to develop professionally. There was a system of supervision and peer support.

We saw evidence of understanding and awareness of safeguarding and that procedures were followed for incidents.

There were processes in place for the service to self monitor and evaluate and learn from incidents.

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You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The service opened four years ago and supported four people who had learning disabilities related to autistic spectrum disorder, to live as independently as possible. We met people and talked to staff including the manager, gathered evidence from observation and inspection of care records and relevant policies. We observed communication and interaction between people and staff in the day to day environment.

We saw that each person had a care plan known as an Individual Support Plan (ISP) which contained detailed information about individual needs, their likes and dislikes and included assessments from professionals such as nurses and doctors together with information about next of kin and other contacts who were important to the person.

In each plan we saw an emphasis on scheduled daily and weekly activity inside and outside the home. We saw that staffing levels reflected how many staff were needed to support people to be involved in activities. The routine of the household was developed around the individual needs of people to have a clear structure and this was built in to the staffing rota. There was guidance on each activity and how each person needed to be supported to participate and get the most from this. We inspected two ISPs in detail and saw they included a behaviour support section and communication support plan to guide staff. One member of staff told us that time was given for meaningful interaction with people. This meant that the service was arranged around the needs of people.

We saw that the kitchen was organised to encourage people to shop and prepare their own menus with easy read menus and recipes available as well as individual storage. There were step by step easy read guides for the preparation of meals and snacks on display. Staff told us that each person was assisted for example to prepare food. One person told us 'I like it here' and that a member of staff helped them cook.

A comprehensive programme of activity had been developed with people. Examples

included visits to gardens including one where some people took part in gardening activity as part of a college placement, pubs, Swanage railway, walks, bird watching, parks and arts venues. We saw one person being encouraged to prepare for going swimming. A vehicle was available for the sole use of people who used the service and we saw that there were risk assessments and a seating plan based on individual needs, which enabled the transport to be used safely and comfortably. We saw that each person had a bus pass and that public transport was used where possible. One person was supported to attend a work based placement and another person was supported to attend college. This meant that people were encouraged to be involved and participate in community life.

We observed how one person's interests were reflected in their bedroom and living area with relevant pictures and activities and saw them being given time to be engaged with this. We saw one member of staff interacting with someone on a one to one basis to play a game which reflected the person's ability and interests. Another person had facilities for use of email and internet access which reflected their ability to communicate. We saw that diversity and respect for individuals was promoted.

We saw that staff had devised a way of commentating and monitoring on how each activity worked for different people. Comments on and reactions to events or trips, both negative and positive were recorded alongside suggestions for any improvements This demonstrated how staff took account of people's experience, evaluated their own approach and learned from this.

We saw that family members were engaged and involved in the service and staff tried to encourage this. We saw evidence showing regular meetings between staff and family to review the care plan and discuss progress being made for their person. A staff member demonstrated awareness and sensitivity and told us how the staff had recently supported someone through a family bereavement.

We found that the provider met this standard because they demonstrated respect for people, promoted opportunities for autonomy and placed the needs of people at the centre of the service.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found detailed Individual Support Plans (ISPs), in place for each person including components on nutrition and dietary needs; health needs and conditions which required treatment or monitoring; daily routine and behaviour; and communication support.

Each ISP contained a detailed behavioural support plan, elements of which we observed being put into practice. We found detailed step by step guidance about how to support each person with their behaviour, reflecting specific needs related to communication and at times, agitation or physical outbursts. We saw an example of how levels of agitation or disturbance were closely monitored and recorded. Staff told us they used this information to try to work out triggers or detect trends and understand how to reduce disturbances. The data showed that over time there had been a gradual reduction in the number of incidents.

Staff also used visual aids to support communication with people, using a library of pictures. One person had a mobile phone application to support the use of pictures. We inspected two ISPs and found risk assessments were in place giving detail on how people could be supported to take informed risks. For example these related to activity around the home, transport and specific activities with which the person was involved. We saw that safety issues were well documented and that each routine was described in detail, including in ne example pictures of walks, map of routes to be taken and images taken from Google earth.

We saw strong evidence of multi-agency and multi disciplinary coordination to ensure appropriate care, treatment and support. We saw that staff regularly referred to the local community learning disability team and medical practitioners who carried out assessments and advised staff. In accordance with this advice and their own observations the manager and staff had developed way of supporting people which was based on providing structure. One member of staff told us that people seemed more relaxed and they had seen a gradual improvement in behaviour since they had developed this approach.

We found recent reviews of care and support which included members of the family and other relevant professionals such as social workers. Views of others were fully recorded and issues appeared to be were picked up and addressed before they became a problem.

The manager told us that they had tried to identify the best way to work with different families in order that their involvement could be promoted. This meant that the care and support was subject to regular monitoring and people's needs were reviewed and acted upon.

One member of staff told us that they had tried to offer choice within the structure of the care plans and support people to do as much for themselves as possible. They had observed people over time becoming more independent.

We found that the provider had arrangements in place for emergencies, using the staff team and staff allocated to other homes locally or bank staff, to cover vacant shifts. We saw that the home was supported by head office in being prepared for other emergencies, having in place a health and safety audit and a site maintenance programme. We saw that the home had a folder with up to date contact telephone numbers for emergency services and an emergency plan which gave information about utilities for the house.

The provider met this standard as people had safe and effective care which was personalised and they were supported to take risks. The provider coordinated guidance and support from family, other professionals and their own observations and monitoring to maintain and improve the planning and delivery of care. They were prepared to cope with foreseeable emergencies.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at care and training records, spoke to staff and observed the service. We saw that the provider had a detailed safeguarding policy and that each ISP had an easy read version along with a complaints form 'Have your say'. The employee handbook included definitions on safeguarding alongside a summary of the policy.

Training records showed that staff had received regular training in safeguarding which was coordinated from head office. We spoke to two members of staff who showed they understood how to identify signs and symptoms of abuse and that they knew what to do if they had a concern.

We saw that staff were trained in dealing with challenging behaviour and there was a policy relating to risk of harm by people to themselves or others. One member of staff was able to tell us in detail how the staff dealt with physical outbursts to prevent a situation from escalating which involved using a safe place and avoided the use of restraint.

We saw examples of safeguarding incidents which had been reported and found that safeguarding procedures were followed. The ISPs contained detailed guidance on how to support people who posed a risk of self harm or outbursts. We inspected documentation about incidents related to behaviour and found that action were compliant with the provider's procedures. For example as well as daily report logs staff completed incident forms which were logged in the individual care plan and with the head office. This information was shared as appropriate with to appropriate senior staff or other statutory agencies.

We saw that the provider put in place positive preventative measures which avoided escalation and therefore any use of restraint. We saw that the each member of staff was asked in supervision meetings if they had observed anything of concern. This standard approach meant that staff were encouraged to report their concerns. The manager involved the senior manager and other professionals and relatives as appropriate.

We found that the provider met this standard as they used training and guidance to ensure implementation of the safeguarding policy including staff awareness and were compliant

with procedures. They worked collaboratively with other services and teams to identify possible abuse and where possible, prevent occurrence.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We inspected training and three staff records, spoke to staff and observed practice in the home. We saw that the provider had a policy of annual appraisal for members of staff and saw examples of these in the staff records we inspected. We saw that most of the staff team had been involved with the service since it started and had got to know people well over this time. However, we observed that there was still a focus within the team on continuing to learn and improve how the team worked together to support people and support to achieve best practice particularly in the area of challenging behaviour.

As part of the offer of support from the wider organisation, we saw that an induction programme was in place including core elements on medication, communication, health and safety, safeguarding and moving and handling. A probationary period of up to six months allowed staff and managers to closely evaluate the performance of staff through extra supervision and observations. This period allowed staff time to become familiar with the policies and procedures of the organisation, such as how to deal with individual and to become familiar with the individual history of people and learn how best they could support them.

The training records showed that all staff had received induction. We saw that there was a system in place which prompted managers when refresher training was due, for example in moving and handling or medication. We saw records of individual observations which were used to test competency in the core areas and develop the appropriate levels of knowledge and skills.

We spoke to a member of staff who told us they felt supported through regular supervision and support from their colleagues and manager. They told us that the training was regularly offered and they felt supported and that 'the organisation is open to help you progress'. They had achieved level 3 of the national qualification awards since being in employment. We saw an example of where additional learning needs had been identified for a member of staff these were met by the provider.

We saw that there clear polices followed for managing performance and absence. We saw that staff had access to a staff association which gave staff representatives' opportunities to have direct discussions with manager about decisions which affected them and seek

further understanding and clarification.

Staff had access to a high quality of written material in the home about each person, including guidance about health conditions, medication and procedures as well as risk assessments and behaviour support plans. One member of staff told us they supported independence, for example by encouraging someone to make choices about how they spent their money, prompting them to take their wallet out and helping them to count money for purchases. They gave us a number of examples of how they used their knowledge of people and the relationship to promote people's independence.

The provider met this standard as they ensured staff received appropriate training and enabled them to receive supervision and professional development and appraisal.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service was subject to an overall management and quality assurance approach which came from the wider organisation regional head office. Standard systems and procedures governed how the service operated, for example, there was a standard tool for assessing and managing risk, for health action plans and for the implementation of policies and procedures governing all aspects of the service delivery. This meant that the manager and staff team had ready access to appropriate advice and support generated from the local head office.

From our inspection at head office we saw there was a shared system for recording incidents and errors which required the staff to log incidents which were then reviewed by the registered manager and copies were forwarded to head office. Incidents were then recorded on an electronic system as well as on an individual form. The senior manager told us this allowed analysis of trends and patterns. We saw evidence that the manager at the home had completed incident forms and ensured copies went to head office.

The service had a specialised focus which came from the nature of disability experienced by the people who lived in the house. This was reflected in the structure and routines of the household which were designed to meet people's needs. The manager told us they encouraged a process of self monitoring and evaluation through reviews and communication at team meetings. We saw this was supported by staff recording their observations and peoples reactions to different activities and for example, monitoring levels of agitation. This meant that the provider had established a process for staff to observe and monitor their practice. We saw one example of information displayed in graph format to assist in analysis of incidents and trends. This helped to ensure the service was continually monitored to improve the standard. We saw that risk assessments were up to date and reveiwed according to changes in the person or in their activities.

We saw evidence of regular reviews of care plans including collaboration with other professionals, for example members of the specialist community learning disabilities team. Each person had been assessed or reviewed by either a specialist within the last year. The manager encouraged and promoted the involvement of relatives and we saw one

example where the senior manager had supported the positive involvement of family by taking time to meet them and listen to their views. We saw examples where staff adapted their way of working to reflect professional guidance to meet the needs of individuals.

Records at the head office showed there was a system for monitoring and checking reviews of competency in moving and handling, medication and health and safety. This required annual observations of staff practice and recording of this by managers to check that staff were compliant with policy. Each manager took the lead locally for the organisation in particular areas which meant that they monitored in other homes as well as their own. We observed a manual handling refresher refresher course taking place for staff on site.

The provider met this standard as they had an approach to monitoring the service, some processes for self audit and methods for detecting errors and they learned from incidents. Arrangements were in place for the manager and staff to seek advice and decision making was accordingly well supported.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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