Care Quality Commission

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 - 20 Edward Road

20 Edward Road, Dorchester, DT1 2HL

Tel: 01305266813

Date of Inspection: 27 March 2013

Date of Publication: May 2013

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	✗ Action needed
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. Daniel Ling
Overview of the service	20, Edward Road is a large detached house which provides a home for three people in Dorchester with good local access to amenities and community facilities. 24 hour care and support is provided by 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 carers and / or family members. We 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 people using the service. This was because people had limited speech and difficulties with communication related to their disability. We met two of the three people who lived here observed one person in their day to day environment. We spoke to relatives, gathered evidence from the care records and discussions with staff.

The home was adapted to meet the needs of the individuals who lived there including one person who used a wheelchair. The care plans had been developed in a person centred way and we found that service users were respected. The involvement of relatives was supported and encouraged. Relatives told us they were satisfied with the care overall however would like greater involvement and regular progress reports.

There were systems and procedures for identifying and managing risk however due to the absence of up to date risk assessments, an effective and safe service could not be assured for each individual.

Staff had been trained in safeguarding and demonstrated knowledge and skills in this area. We saw that safeguarding incidents were investigated as part of the provider policy.

Staff received training and development, supervision and annual appraisals. Staff told us that they felt supported.

There were established systems for managing health and safety, individual reviews and learning from incidents.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 June 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Reasons for our judgement

Three people with learning disabilities including one person with high physical needs lived in accommodation extended and adapted over the years to give enough private space for each person. The house was based in a quiet residential area within easy walking/ vehicle or public transport access to local facilities and amenities. Staff told us that the house had over time been adapted to better accommodate individual needs. One relative told us that they were satisfied that improvements had been made in accommodation for their person over the last few years. Another relative told us they felt that more adaptation was required to improve the space available for the person they cared for. The service user guide set out details about the accommodation and what was included and the local area and facilities together with information about complaints and policies which guided the service.

We saw that care planning was person centred and detailed information was brought together in individual care plans in the provider's standard format known as an individual support plan (ISP). The plan was based on Information given by relatives, staff and other providers and included assessments by specialists such as psychologists, doctors or occupational therapists. We looked at two plans in detail and found they reflected individual interests and goals which helped staff to get to know the individual person, their likes and dislikes and how they liked to be treated. A member of staff told us they read the care plans, which were kept in the house, to help them to care properly for people who used the service. One member of staff was able to describe the needs of each person in detail, including their care plan and how they responded to different activities.

We observed one person interacting with and caring for someone with high needs. They demonstrated respect by communicating their actions and giving explanations. They demonstrated respect for the person's relative and told how the staff adapted their practice to take account of their veiws. Each person had regular contact from family members and the manager and member of staff were able to tell us about this for each person. Not all relatives lived locally and one relative told us that they were satisfied overall with the service and '----- has gained independence but I wish they (the staff) would get in touch a little more often'. Another relative told us that while they were very happy with the care their person received they would like to be more involved in reviewing, and to be kept

informed for example, if there were new staff working in the house. Another relative told us that while they were satisfied with many aspects of care 'lack of communication is the problem'.

We saw that staff had tried to put in place arrangements which improved communications with relatives. For example we saw one care record which gave instructions to staff about regular contact with a relative and about the need to keep them informed of key events or appointments.

We saw that opportunities were provided for independence and activities were offered inside and outside the service. Two people had regular holistic therapy where a specialist therapist visited the house, knew the service and had got to know individuals. We saw how they described individual responses to therapy which demonstrated a highly person centred approach.We observed one person with very limited mobility using a room in the house which was dedicated to sensory experiences through the use of music and special lighting effects.

Transport was available for the use of the people who lived in the house enabling involvement and participation in social events, attendance at medical appointments and transport to days out. One person was assisted to attend regular appointments outside the home to a local salon for hair and nail care. A relative told us that they had seen that the person they cared for experiencing a greater choice of activities and level of independence than when they lived at home.They told us they felt it was very important that a good range of activities remained on offer. We saw that staff tried to encourage the celebration of birthdays and special events and we saw a list was kept of family birthdays. From time to time we saw that people were supported by staff accompanied to eat meals out and socialise with others.

The Individual Support Plans included some guidance for staff on how they should encourage people who were able to carry out their own personal care and small domestic tasks. A relative told us they saw that this was encouraged.
The provider may like to note that relatives told us that they would like a greater opportunity to influence the service.

We found that the provider met this standard because they demonstrated respect for people, their diversity and promoted opportunities for autonomy and involvement as part of day to day life.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not fully meet this standard. We saw that there were effective procedures in place for care planning and for dealing with emergencies, however the absence of up to date risk assessments meant that we could not be sure that service users was protected from potential harm.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw that there were procedures in place for managing incidents which came from the provider policies for the whole organisation and were standardised for all the residential services. Templates were provided for risk assessments, incident reporting, health and safety. Care planning was based on the Individual Support Plans and reviews which contained evidence of joint work with other agencies. Two people were originally placed at the service from some distance away and the funding authority retained only minimal involvement; in one case the last review was in 2011.

One person had high personal care needs due to a physical healthcare condition which meant their need for physical care had gradually increased. Written guidance about the condition was found on the care records; however we could not find an up to date moving and handling assessment to identify this persons needs and guide staff on meeting these safely. We saw that the provider had arranged for ongoing physiotherapy involvement, the last treatment episode being in March 2013. A member of staff told us how the physiotherapist had demonstrated techniques to assist with specific aspects of care. We saw that a referral for a further specialist medical assessment had been made. We observed a member of staff giving food and drink to the person. They ensured it was prepared appropriately and the person was assisted to eat in a suitable environment. We saw that a daily record was kept by staff of care and support given which including daily meals/ drinks consumed. We were unable find any risk assessments for moving and handling or other aspects of care for the person which had taken place since February 2012. Due to the ongoing high level of physical healthcare , we could not be sure that the person was protected against the risk of receiving care that was inappropriate or unsafe.

A member of staff told us about an incident where there was a minor injury to them following an accident with a service user on the stairs in November 2012. We inspected

the incident record and saw that it was recorded appropriately and reported to the manager and head office. We could not find evidence of an updated risk assessment related to challenging behaviour or any guidance to staff which took account of the incident. The manager told us that an investigation had been carried out and we saw evidence of that this had taken place in February 2013. The absence of any definitive conclusion about this incident appeared to have resulted in a lack of action. Because there was no up to date risk assessment in place this meant that we could not be sure that the person was protected against the risk of receiving care that was inappropriate.

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.

The provider did not fully meet this standard. We saw that there were effective procedures in place for care planning and for dealing with emergencies, however the absence of up to date risk assessments meant that we could not be sure that service users was protected from potential harm.

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 how the service operated. We saw that the provider had a detailed safeguarding policy and the employee handbook included definitions on safeguarding alongside a summary of the policy. We saw evidence from records that the staff had all received training in safeguarding including refresher training at two yearly intervals depending on the length of service.

We discussed safeguarding with staff to check their understanding and awareness. A member of staff told us that they would identify or suspect possible abuse or poor care by observing the person and any changes in behaviour; noting any physical marks without explanation or noting any missing property. They would look for signs of neglect for example by seeing if the person was dehydrated. When asked how they would respond staff told us they would immediately discuss with a colleague to try to identify possible explanations and report to a manager.

We saw that there were procedures in place for handling people's money which included retention of receipts for purchasing from funds which belonged to service users , for example on going out or on leisure activities. A relative confirmed that they were appointed to act on behalf of their family member and they received regular reports from the staff about the spending, including copies of receipts. They told us they used this information to discuss with the manager how the money was spent and to make decisions. This meant that the provider acted transparently and carried out their policy to safeguard the money of people.

The manager had attended Mental Capacity Act training and Deprivation of Liberties training provided by Dorset County Council in May 2010 and was due to attend a refresher in 2013. This helped them to understand how and when to put in place an assessment of people's ability to make decisions and choices so that if they may lack capacity, proper accountable arrangements may be put in place to consider their best interests. We observed that safeguarding protocols were displayed in the house with contact numbers for the local safeguarding teams and an easy read version 'Keeping People Safe'. We saw that safeguarding procedures were followed. In one example one person appeared to have a minor injury and this was recorded and followed up appropriately.

We found that the provider met this standard as staff were trained and demonstrated awareness of safeguarding and understood their role in identifying or preventing abuse or poor care. Safeguarding procedures were in place and we found evidence which demonstrated that they were followed.

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 records at head office and observed practice in the home. The organisation kept detailed records of each course attended by each member of staff on a central database coordinated from the regional office. These included records of scheduled annual competency assessments based on observations of staff carrying out practice in core areas such as moving or handling or medication.

We spoke to members of staff who had been enabled to achieve progress in the national occupational qualification whilst with the service. We spoke to the manager and visited the head office and discussed the services with the senior manager. We spoke to relatives and inspected care records.

The evidence showed staff had all received an induction programme including components on working with people, safeguarding, health and safety, infection control, food hygiene, medication competency and moving and handling. We saw that most staff had been supported to achieve a level three in the national qualification awards. All staff had received additional training in different specific aspects of care, for example, some had attended courses in challenging behaviour or key working or epilepsy awareness. We could see that staff were supported to participate in the ongoing training programme from time to time and that the rotal was adapted accordingly.

We saw that that there were procedures for managing conduct, sickness and absence and evidence that these were implemented. We saw that the provider had a policy of staff appraisal and supervision by managers. We inspected records of supervisions and appraisals for three members of staff and saw that these had taken place every three months and were recorded. The approach to training, professional development and supervision helped to ensure staff were supported and that they were competent to deliver care to the appropriate standards. The manager told us they received support, supervision and appraisal and that there was opportunities for professional development.

A member of staff told us there was good communication between members of the staff team and between the different homes provided in the same locality allowing co working and trianing from time to time, and this felt supportive. We observed staff working in an empowering and respectful way with people and demonstrating skills in meeting their

needs.

The provider met this standard as they ensured staff received appropriate training and enabled them to receive supervision, 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 organisational head office in the region. Standard systems and procedures governed how the service operated, for example, there was a standard tool for assessing and managing risk, for compiling Individual Support Plans and for health action plans. There were policies and procedures governing all aspects of the service delivery which were used as the basis for training and ongoing communication with managers who cascaded this to all staff as appropriate.

Staff told us they held regular meetings where each individual was reviewed, information and observations were shared and actions were generated to guide the team's work with people in their home. The provider may like to note that although we saw evidence that peoples care was regularly reviewed from discussion with staff, this was not always recorded in the care plans.

We saw evidence that the home collaborated regularly with other professionals including the local specialist community learning disabilities team, GP or nurse. Each person had been assessed by either a specialist doctor or psychologist within the last one or two years. The manager and the staff team had access to appropriate advice and guidance generated from the local head office. This meant that the provider sought and received relevant professional advice as part of an effective system for identifying risk and managing quality.

From our inspection at head office we saw there was a shared system for recording incidents and errors which required the manager check that incident forms were completed and ensure copies were sent to the head office where they were placed on an electronic system and viewed by the senior manager. In discussion with the senior manager, they demonstrated knowledge of the people who used the service and their relatives. They were familiar with the issues and challenges of the service.

We saw examples of incident reporting on two individual records which demonstrated compliance with the organisations own procedures.We saw an example following an incident report where a new piece of equipment was put in place for someone designed to

minimise risk of harm. We inspected records at the head office and saw a system of monitoring coordinated by the training section for checking skills and 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 the service in other homes as well as their own.

The provider met this standard as they had an agreed approach to monitoring and review which was understood and implemented by the service. There was evidence that the provider learned from incidents. Arrangements were in place for the manager and staff to seek advice from each other and senior staff and decision making was accordingly well supported.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Because people did not have up to date risk assessments in place, protection against the risk of receiving inappropriate or unsafe care could not be be assured. Regulation 9.1 (a) and (b) (i) (ii).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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