

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: 09 September 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✘ Action needed
Care and welfare of people who use services	✘ Action needed
Management of medicines	✔ Met this standard
Requirements relating to workers	✔ Met this standard
Complaints	✔ 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 registered to provide accommodation and personal care for up to 4 people.
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'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Dorset Learning Disability Service - 20 Edward Road had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Complaints

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 9 September 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

The registered manager told us that mental capacity assessments and best interest meetings had not taken place for the care that the three people received. However we saw that some meetings had been held for people regarding consent about other decisions, such as finances and medication.

We looked at two people's care plans, and saw that care plans included detailed information about their needs, identified risks and how they preferred to be supported. However not all risks had been assessed. We saw for one person with swallowing difficulties that advice had not been sought from a speech and language therapist to provide advice to manage this risk.

Medicines were prescribed and appropriate arrangements were in place in relation to the recording of medicines . All staff told us that all staff received training on the administration of medicines.

There were effective recruitment and selection processes in place. Staff told us that two references were obtained and checks were made whether they had any criminal convictions or cautions before they started work.

We spoke with three relatives who all told us that they had not had to make a complaint but were able to raise any concerns with the registered manager. One person told us, "Generally speaking I am asked at the review meeting if there are any issues or concerns to raise."

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 15 October 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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

People's consent was not always sought for their care.

Where people did not have the capacity to consent, the provider did not have arrangements in place to act in accordance with legal requirements.

We have judged that this has a minor 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 spoke with the registered manager about how people gave consent to their care. The registered manager told us that all people that used the service were unable to give consent for the care that they received because they lacked mental capacity. The provider did not have arrangements in place to act in accordance with legal requirements in line with the Mental Capacity Act 2005. This law provides a system of assessment and decision making to protect people who do not have capacity to give consent themselves. For example we saw that a person who had a diagnosis of epilepsy was bathing independently. The person lacked capacity to understand the risks of having a seizure in the bath. There was no evidence that this decision and plan of their care had involved other people in making a best interest decision. This meant that there was a risk that decisions made were not in the person's best interest. The registered manager told us that mental capacity assessments and best interest meetings had not taken place for the care that the three people received. However we saw that some meetings had been held for people regarding consent about other decisions, such as finances and medication. These meetings had involved other people in the person's best interest.

We spoke with three relatives of people who used the service who all told us that they had not been part of any best interest discussions about the day to day care that their relative received. One person told us, "I have never been asked about their day to day care."

We asked the registered manager about when staff had received training on the Mental Capacity Act 2005. The registered manager sent us details that showed that the majority of staff attended training on the Mental Capacity Act 2005 over three years ago.

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 had not taken proper steps to ensure that each service user was protected from the risk of receiving inappropriate care as they had failed to plan the delivery of care to ensure the welfare and safety of each service user.

We have judged that this has a minor 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

At our previous inspection visit on 27 March 2013 we found that there was an absence of up to date risk assessments. This meant that service users were not protected against the risks of receiving care that was inappropriate or unsafe. The provider sent us an action plan to address the concerns raised.

We looked at two people's care plans, and saw that the home had made some improvements in identifying and managing risks. We saw for one person that their plans now included images and photographs to help staff understand how to move them safely. We also saw for one person that there were clear guidelines in place for how to safely support them to eat and drink with the input from a speech and language therapist. However for another person with swallowing difficulties we saw they had not contacted a speech and language therapist for advice on how to manage this risk. We spoke with three staff and the registered manager during our inspection. Staff told us that they were aware of the choking risks for this person and that they always ensured that their food was chopped up and that they had a soft diet. We looked at the assessment of the risk of the person choking. The guidance for staff was not clear and staff we spoke with were not consistently clear about what to do in the event of this person choking. This meant that not all service users were protected against the risks of receiving care that is inappropriate or unsafe. We raised our concerns about this on the day of the inspection with the registered manager. The registered manager told us following the inspection that they had made arrangements that week to seek the advice from a speech and language therapist to manage this risk.

We also saw that one person, with a diagnosis of epilepsy, was bathing independently. There were no risk assessments in place to identify and manage any risks. This meant that not all service users were protected from the risk of receiving inappropriate care as the provider had failed to plan the delivery of care to ensure the welfare and safety of the service user.

We spoke with three relatives who all told us that they were happy with the care that their relative received. One relative told us, "I am more than happy with the care that they receive." They also told us that they had to prompt the service when a review of their relative's care needs was due. They said, "I wonder what happens if someone doesn't chase." Another relative told us that they were happy with the staff and that communication had improved over the last couple of weeks. They told us, "They contacted me and told me the outcome, which is better."

We saw that the provider sought advice from professionals, such as psychologists for people who lived in the home and that reviews of their care had taken place. We saw that all three people had attended appointments with medical professionals, including specialist doctors in response to their changing needs and to identify their future care and treatment plans.

We checked a care record for someone with an identified risk of developing a pressure ulcer and saw that preventative measures were in place, such as a pressure relieving mattress and the application of cream to their skin. A member of staff told us that the district nurse had visited recently and the service user's skin had now healed. Staff told us that they discussed each person's needs every fortnight and handed over information at the start of a new shift. One member of staff told us, "I had a handover this morning."

We saw that care plans contained information about what people liked to do and emphasised that for one person their routine was particularly important to them. We saw that an individual weekly plan had been developed detailing their routine and where they wanted to go outside of the home. We looked at daily records for July to September for one person and saw that this routine was not followed each week. We spoke with three relatives about how people were supported to take part in their chosen activities. One person told us, "There is not much on a one to one. There are no activities at the moment." The registered manager told us that they were working on improving the opportunities for people to be supported on a one to one basis by staff with activities.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and appropriate arrangements were in place in relation to the recording of medicines. We saw that Medicine Administration Records were up to date, with no gaps in recording and that entries had been signed by staff.

Medicines were stored in appropriate storage. There were photos of each person on the front of their individual lockable medication cabinet to reduce the risk of a medicine being given to the wrong person.

All staff told us that all staff received training on the administration of medicines. This included obtaining, recording, handling, dispensing and disposal of medicine. We checked training records and saw that the majority of staff had received training within the last 12 months and that their competency in the administration of medication had also been assessed in the last year. We checked a recent competency assessment and saw that the member of staff had been assessed as being competent in the administration and handling of medicines. We saw that the provider had produced a guide for the management of medicines which included aspects such as obtaining, recording and the storage of medicines. Staff told us that this guidance was clear and easy to follow.

We saw that there were records for 'as required' medicines prescribed for specific symptoms for each person. The manager told us that these records were going to be updated to be more clearly linked with care plans.

There were no controlled drugs prescribed for anyone that lived in the home. There were no medicines prescribed on the day of the inspection that were required to be stored in a fridge. The manager told us that if there were any medicines that a locked medicine box would be located and used to store the medicine in the normal fridge.

Medicines were disposed of appropriately. We checked the records relating to the disposal of medicines and saw that medicines had been accounted for and recorded in a disposal book which was signed by the pharmacist.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the recruitment records for two staff. Each member of staff had completed an application form detailing their employment history and this had been discussed at their interview to ensure that applicants had the skills and experience required for the job.

Appropriate checks were undertaken before staff began work. Two references had been obtained for each person before each applicant started work and there was a clear administrative process to record when they had been requested and received. We saw that the provider had obtained details of whether people had any criminal convictions or cautions, and confirmation that they were not on the list of people barred from working with vulnerable people from the Disclosure and Barring Service. In each staff file that we looked at we could see that checks were undertaken before staff began work to ensure that they were of good character and had the skills and experience necessary for their role.

We spoke with two members of staff about how they had been recruited and what checks were made and what induction they were given. Staff told us that two references were obtained and checks were made whether they had any criminal convictions or cautions before they started work. They also told us that the provider had carried out checks that they were not on the list of people barred from working with vulnerable people.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider had suitable arrangements in place for identifying, receiving and responding to complaints and comments made by persons acting on their behalf.

Reasons for our judgement

The service had a complaints procedure that was provided to everyone who used the service and their representatives. The procedure was available in an easy read format. The procedure was also accessible through the provider's website. The procedure provided details of who to complain to and how complaints are responded to. The procedure also sets out what external agencies people can contact if they were not satisfied with the response to their complaint, including the Local Government Ombudsman.

We spoke with three relatives who all told us that they had not had to make a complaint but were able to raise any concerns with the manager. One relative told us, "Generally speaking I am asked at the review meeting if there are any issues or concerns to raise." The two other relatives told us that communication with the home had improved recently and they felt their concerns or comments were responded to.

We asked the manager about any complaints that the service had received and saw that there had been one complaint in the last 12 months. We saw that this complaint had been responded to by the provider and action had been taken to resolve the complaint. The manager told us about another concern that a relative had raised that they had resolved. We spoke to this relative about any concerns that they had raised and they told us that this issue had been resolved satisfactorily.

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	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Consent to care and treatment</p>
	<p>How the regulation was not being met:</p> <p>The provider did not suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. (Regulation 18.)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care that is inappropriate or unsafe by the assessment of needs of each service user and in the delivery of care. Regulation 9 (1) (b) (ii).</p>

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 15 October 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

This section is primarily information for the provider

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.

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