Leonard Cheshire Disability

# Dorset Learning Disability Service - Domiciliary Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Dorset Learning Disability Service - Domiciliary Care is a care at home service that currently supports five people with learning disabilities and autism who live in shared supported living. The people living in the home share communal areas and have their own bedrooms.

People's experience of using this service and what we found

People sought out and received support that was relaxed and natural. Care and respect was evident between people living and staff working in the home.

People were supported by staff who cared about them and were committed to supporting them to live fulfilled lives. Staff were sometimes cautious about how changes in individual's support plans might impact on both the individuals and the dynamic of group living. They felt able to express any concerns they had.

Whilst the staff team had remained consistent, there had been a sustained period of management change. This had led to some lack of clarity around a shared vision both within the organisation and externally with professionals and relatives. The provider and manager were aware of this and had plans in place to improve understanding. Staff felt supported by their new manager and each other.

The systems in place to monitor the quality and safety of the service were mostly robust and action plans were in place to improve the quality and safety of the support people received.

The manager was aware of tensions between some views held by the team and external professionals. Professionals expressed frustrations about the responsiveness of the team. The manager was working to improve relationships for the benefit of people living in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. There was work ongoing to address this.

Right support:
• The layout of the home largely supported people to live independently and make decisions about their lives. There was work scheduled for an independent professional to support the tenants of the property to make agreements about how they used the shared spaces. Care and support plans did not focus on

supporting people's tenancies. Managers told us they would address this.

Right care:
• The care provided was person-centred and promoted people's dignity, privacy and upheld their human rights.

Right culture:
• The values, attitudes and resultant behaviours of senior staff and the staff supporting people ensured people living in the home were leading more empowered lives within their communities. There was work required to ensure support reflected the legal framework of supported living. Managers told us this work would be carried out. We have made a recommendation about this.

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

Rating at last inspection and update
The last rating of the service was Good (published November 2018).

Why we inspected
We undertook this targeted inspection to follow up on changes that the provider told us they were making across the Leonard Cheshire Disability Dorset Learning Disability Service. The inspection was prompted in part due to concerns received about culture and working in partnership. A decision was made for us to undertake a targeted inspection to examine those risks.

During the inspection we received feedback that identified concerns about whether people were receiving personalised care that is responsive to their needs. We widened the scope of the inspection to become a focused inspection which included the key questions of responsive and well-led. We found people mostly received personalised care and the provider was working to further personalise the support people received.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# Dorset Learning Disability Service - Domiciliary Care

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. A manager had been appointed and was in the process of applying to become registered. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We wanted to check that the people supported by the service gave permission to us visiting their home.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service and from the provider since our last inspection.

During the inspection-
We spent time with people who used the service and observed the support they received. We spoke with four members of staff, the manager and the provider's service manager who had been overseeing the service.

We reviewed a range of records. This included two people's care records and records relating to the management of the service such as team meeting minutes, audits and service development plans.

After the inspection.
We spoke with or received feedback from relatives of three of the people receiving support and three social care professional who worked with people who lived in the home. We sought to clarify some information related to one person's prescribed medicines and this information was made available quickly and an error was addressed. This error had not had any impact on the person.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider was meeting these standards.

- Information was made available in accessible formats. People had boards that they used to indicate what they were doing each day and to provide information such as what food was planned for shared meals. Accessible formats had also been used to assist people to plan how they spent their time in their house, what they wanted to eat and where they wanted to go.
- Records were kept of meetings that were supported with communication aids. These provided information about how effective these had been at supporting people's understanding and ability to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.
- People planned their activities with staff. Some of these activities were regular and staff were also looking to encourage people to try out new opportunities. Staffing was planned to support people with these activities.
- There was mixed feedback from families and professionals about people's access to support with meaningful activities, with some frustration expressed about the 'obstacles' that were put in the way of proposals. We also received feedback from staff who were cautious about implementing some changes due to the potential impact on all the people sharing the accommodation. We spoke with the manager about this and they explained they were aware of these differing perspectives and they were working to address them. Plans were in place to improve communication, review care and support plans and provide ongoing training and support.
- People's care and support plans did not reflect that people were tenants in their own home. Care and support plans also described household tasks such as laundry and cooking as activities people may help with. This was reflected in our observations. For example, a person was asked if they wanted to help staff to load the dishwasher after the person had eaten a meal rather than the staff member offering support to the person as they did the task. This use of language matters because it encourages a shift in thinking about the rights and responsibilities of people living in their own home. We spoke with the manager and provider representative about this and they told us care and support plans would be reviewed to reflect that the people being supported were tenants.

We recommend the provider considers current good practice guidance related to supported living.

● Records related to people's relationships did not reflect any friendships or associations beyond other tenants or staff paid to provide support. This indicated that people's participation in their communities was not supporting people to build new relationships or acknowledging relationships people may have developed before moving into the shared house. The manager told us they would review this.
● People were supported to maintain relationships with each other and their families. Feedback from families was used to improve this support. This meant people had support to maintain strong and important relationships beyond the service. One relative told us: "(staff) work hard to ensure that the residents have meaningful contact with their families."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People made choices about how they spent their time during our visits.
● Care and support plans reflected people's needs and aspirations. Things that mattered to people such as being healthy, and active, maintaining their relationships and making decisions about how they spent their time were covered.
● Staff spoke positively about how they valued supporting people in ways that led to them feeling a sense of achievement.
● Relatives and professionals gave mixed feedback about people's needs being met. Everyone felt people were cared for and were safe and happy. Professionals told us they felt that opportunities for people to develop their skills and control over their lives were sometimes missed. Relatives were mostly confident in the support people received, although observations about missed opportunities were also made by relatives. One relative said: "My (relative) is very well looked after by dedicated and professional staff who really care."

Improving care quality in response to complaints or concerns,
● A complaints policy was available, however there had not been any formal complaints. This information was also available to people living in the home, and their relatives, in an accessible format.
● Relatives felt able to raise their concerns.
● People sought out staff for reassurance and explanation during our visits.

End of life care and support
● There was nobody receiving end of life care at the time of the inspection.
● People and their families had been approached about end of life care plans and these had been completed if appropriate for the people involved.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they were creating promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, relatives and professionals all reflected a goal for people to be living fulfilled lives with opportunities for development and achievement. There were mixed expectations about how this should happen.
- The outcomes people wanted to achieve were recorded and these were reviewed regularly to check they were still relevant and that actions had been taken to support the person. One relative commented: "Annual reviews also allow us all something to work towards to ensure his needs are met, which we as a family feel they are."
- Staff were open about their views on the changes the service had been through. Not all staff were confident that changes that were being implemented were for the benefit of all the people the service supported.
- The manager and senior manager for the provider were aware of these differences in expectation and concerns. They described their intention to support the team to continue to develop the supported living model in an equitable way for the benefit of the tenants they supported.

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

- People had been afforded the opportunity to contribute to decisions about how some rooms were used and what meals were planned. These decisions had not been revisited regularly so people's opportunities to influence and plan had been reduced. There were plans to involve people more with regular individual and personalised meetings planned. These were informed by nationally recognised good practice tools such as the REACH standards for supported living and the Real Tenancy Test.
- Independent professional support to help people express their views regarding the use of communal living areas of their tenancy was scheduled.
- Relatives all felt able to speak with the staff about their loved one. One relative commented that they were well informed and appreciated the feedback they received. Another relative commented: " (The service) is well managed and all matters are dealt with speedily and efficiently and with compassion."

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

- The provider had continued to asses quality and had used their service improvement plan effectively. Some actions had not been addressed as the new manager had needed to set some of their own priorities. Audits were mostly effective with any issues identified leading to actions.

● The service had not had a registered manager since May 2021. Prior to May 2021 the named registered manager had not always been directly overseeing the service. Staff reflected on this time and described how different managers had brought different expectations and this had not been easy for the staff team. A new manager had been in post since March 2021.
● Staff felt supported in their roles with the new manager. One member of staff reflected on this: "(manager) is very supportive. I trust them." Another member of staff reflected how the new manager always followed things through.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
●The senior manager understood the requirements of duty of candour, that is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The provider had a policy and guidance in place to ensure this duty was met.

Continuous learning and improving care
● There was a commitment to continue to improve. This was evident in the feedback from both the senior manager and manager. They were both committed to improving knowledge and skills to ensure people had the best lives possible.
● The manager was joining regular support calls with local care home managers. They had plans to also join the calls between supported living managers in a different geographical region. They anticipated this would help improve people's experience of supported living in their shared home.

Working in partnership with others
● The team worked with a variety of other organisations in securing opportunities for the people they supported.
● The manager explained relationships with professionals were developing with more regular meetings between staff and social care and health professionals.