

Dedicated Life Care Limited

Dedicated Life Care

Inspection report

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Date of inspection visit:
09 December 2021

Date of publication:
30 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dedicated Life Care is a supported living service providing personal care to six people at the time of the inspection, in three separate sites. The service specialises in supporting young adults with learning disabilities and/or on the autistic spectrum. The three sites are all regular houses in residential areas. One home has three people living there, one has two and the third has only one current person. All provide 24-hour staff support including sleeping staff during the night.

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

Relatives expressed great satisfaction with the service. This was summed up by one who said, "They are doing a great job, I would recommend them highly."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs. Medicines were managed in a safe way. Steps had been taken to help prevent the spread of infections. Accidents and incidents were investigated so lessons could be learnt.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. The provider worked with other agencies to meet people's health care needs. People were supported to eat a healthy diet and were able to make choices about what they ate and drank.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. The service used different ways to help communicate with people, depending on their individual needs. People were supported to engage in a variety of social and leisure activities. Relatives told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service which meant people, relatives and staff could express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

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 able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- People were supported to live as independently as possible through the promotion of independent living skills. People were in a supported living service which provided choice over who their care provider was.

Right care

- Care was person-centred, based around the needs of individuals and was planned with their input as much as possible. The provider worked with people to support their privacy and human rights, for example, in relation to family life.

Right culture

- The provider encouraged an open and inclusive culture and people were supported to take part in meaningful community based activities.

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

Rating at the last inspection

This service was registered with us on 10/08/2018 and this is the first inspection.

Why we inspected

We had not previously inspected this service, and we wanted to check that care and support provided was safe.

Follow up

We will continue to monitor information we receive about the service until we return to visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

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.

Dedicated Life 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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the managing director, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We looked at care records relating to three people. We were unable to speak with people who used the service due to their complex needs. However, we spoke with three relatives and two staff, one of whom was a support worker, the other an activities coordinator who also worked some care shifts.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Policies were in place about whistle blowing and safeguarding adults that provided guidance about this issue. The policies made clear the provider's responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One staff member told us, "I would go to my manager [if abuse was suspected]." The registered manager told us there had not been any allegations of abuse since the service became operational.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These were person-centred and set out the risks individuals faced and included information about how to mitigate those risks. Assessments covered risks including harm to self, harm to others, accessing various community based facilities, behaviours that challenged the service and COVID-19. Assessments were subject to regular review, which meant they were able to reflect the risks people faced if they changed over time.

Staffing and recruitment

- There were enough staff working at the service to support people in a safe way. The registered manager told us staffing levels were agreed with the relevant commissioning local authority for each person, based on their assessed needs.
- Staff and relatives told us there were enough staff. A staff member told us, "We are doing very well with that [staffing levels]", while a relative said, "There's one to one support. I've never gone there and not seen [person] been given support diligently."
- Steps had been taken to help ensure that only suitable staff were recruited to work at the service. Various checks were carried out on prospective staff, including obtaining proof of identity, past employment history and criminal records checks.
- Two references were obtained for staff, a least one of which was from a previous employer. However, these references did not ask for details of which organisation they were from, merely asking for the name of the person giving the reference and their position within the organisation. We discussed this with the registered manager who told us they would amend the reference request form, so it makes clear who the reference is from.

Using medicines safely

- Medicines were managed safely. Electronic medicines administration records [MARs] were used to record

each time a medicine was administered. The system alerted both staff and the registered manager if a medicine was overdue, which reduced the risk of medicines not been given.

- The registered manager checked MARs each day to make sure no errors had occurred. We checked a sample of MARs and found they were accurately completed and up to date.
- Two medicines were prescribed on a PRN [as required] basis. Both of these had guidelines in place about when to administer them. However, one of the guidelines merely repeated the prescriber's instruction about the dosage to be given, they did not set out under what circumstances the medicine should be administered. We discussed this with the registered manager who told us they would update the guidance accordingly.
- Relatives told us the service was supportive with people's medicines needs. One relative said, "[Person] has had their medicines reduced and they have been supportive with that."

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. A policy was in place to provide guidance to staff and staff had undertaken training on infection control and prevention.
- Staff received regular testing to check if they had COVID-19. The provider ensured that staff had a plentiful supply of personal protective equipment for use when providing support to people with personal care.

Learning lessons when things go wrong

- The provider took action to learn lessons when things went wrong. They had a policy on accidents and incidents which detailed the steps to be taken in the event of an accident or incident.
- We saw accidents were recorded and analysed to see what action could be taken to reduce the risk of a similar accident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the provision of care. This was to determine what the person's needs were, and if the provider was able to meet those needs. The provider told us on occasions they had been unable to meet the person's needs and consequently not been able to offer support.
- Records confirmed that assessments were carried out in line with guidance and legislation. For example, they were person-centred, looking at the needs of the individual and considering what was important to them. They covered a variety of needs, including those related to equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff were provided with support to help them in their role. This include training, supervision and an induction on commencing work at the service.
- Staff told us they received appropriate training to carry out their roles. One member of staff said, "There is plenty of training." Records showed training covered autism awareness, equality and diversity, positive behaviour support and health and safety.
- Care staff completed the Skills for Care Common Induction Standards. This is a training programme designed specifically for people who work in a care setting.
- Records showed staff had regular one to one supervision with a senior member of staff. Supervision covered topics including standard of working, teamwork and issues related to people who used the service. Staff told us they found supervision meetings useful.

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

- People were supported to eat a balanced diet and to have enough to eat and drink. A relative told us, "Yes, [person] is well fed." People were supported to learn cooking skills, we saw a video of a person helping to prepare their meal and the were clearly enjoying the experience.
- People were supported to have a choice about what they ate, and this was facilitated through the use of picture cards. People were encouraged to generally eat healthy options, although takeaways were also included in people's diet.

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

- People were supported to access relevant healthcare professionals to help meet their healthcare needs. These included GPs, occupational therapists and the community learning disabilities team.
- Relatives confirmed that staff supported people with medical appointments. One relative said, "They [staff] know if there is an appointment with the doctor they have to ring me, so I can discuss my concerns."

Another relative said, "They go with [person] on their medical appointments. I go as well, they make sure I don't miss it."

- Healthy lifestyles were promoted, for example, through diet and exercise. Care plans included information about supporting people to live healthy lifestyles. Relative told us, "[Person] likes to go for walks and they do that a lot."
- Hospital Passports were in place for people. These provided information about the person for hospital staff in the event of the person being admitted to hospital. However, we noted some sections of these documents had not been completed, such as details of the person's GPs or a section titled 'How to take my blood, glucose and blood pressure'. We discussed this with the registered manager who told us they would ensure all Hospital Passports were updated to include all relevant information.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions over their daily lives where they could, for example, about what they ate and activities they took part in.
- Where people lacked capacity to make decisions, the provider carried out mental capacity assessments which involved input from family members. Assessments covered areas including taking medicines, managing money and accessing the community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service sought to meet people's needs in relation to equality and diversity issues. These were covered in initial assessments and care plans. Staff undertook relevant training and were able to demonstrate a good understanding of people's equality and diversity needs. For example, people were supported to eat food that reflected their culture and to celebrate relevant religious festivals. The provider had a range of policies and procedures covering equality and diversity which provided guidance to staff.
- Relatives told us people were treated with kindness by staff. One relative said, "I honestly am very happy. I think they are caring. They know individual needs."

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

- People were supported to be involved in making decisions about their care as much as possible. For example, people were able to express if they liked something or not through the use of body language. However, they were unable to make all decisions due to mental capacity issues. Where this was the case family members were involved in making decisions. Care plans included information about people's likes and dislikes to help staff understand people's preferences.
- Staff told us they always offered people choices, for example, about what people ate or wore. One staff member said, "I show them pictures so they can choose an activity."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Staff told us how they supported people's privacy and independence when providing support with personal care. For example, one staff member said, "I encourage them [people] to wash themselves, I close the door." Another member of staff said, "As they are washing themselves, I mimic washing myself so they can copy me."
- People were supported to develop independent living skills, for example, with cooking and cleaning. A relative told us, "They have their programmes that they do with [person], they do life skills. They showed me a picture of [person] cleaning the windows, they put things in the washing machine." Another relative said, "They teach [person] to cook and bake."
- Staff understood the importance of maintaining confidentiality, and there were policies in place to provide guidance about this. Confidential information about people was stored on electronic devices that were password protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people which set out their assessed needs and included information about how to meet those needs. Plans were person-centred, based around the needs of individuals. Where people lacked the capacity to plan their care, relatives were involved in developing care plans. One relative said, "They consulted me about what I would like [person] to do."
- Plans covered needs including those related to personal care, social interests and activities, emotional support and spiritual and cultural wellbeing. Plans were subject to regular reviews which meant they were able to reflect people's needs as they changed over time.
- Relatives told us the service was responsive. One relative said, "They [staff] listen, and they respond straight away if I have any issues."

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.

- People had communication passports in place which provided information and guidance to staff about how to communicate with people. Staff had a good understanding of people's communication needs and told us how they communicated with people. This included through the use of pictures, and some simple sign language and objects of reference. For example, a staff member told us they showed a person a towel to indicate it was time for a shower, or a toothbrush to show they should brush their teeth.
- Picture book stories had been created and used by the provider to help communicate important information to people. For example, to help explain why they could not see relatives in their homes or go on their usual activities during lockdown.
- Relatives told us staff understood people's communication needs. One relative said, "They do communicate with [person] well. They know what [person] likes."

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

- During lockdown people were restricted in how much they could see their families. Families were able to visit and see people through the windows. A relative told us, "They send me pictures [of person], which was really good during lockdown." The registered manager told us some people found this hard, and that was not surprising, COVID-19 was a difficult time for everyone. However, at the time of inspection, relatives were once again allowed to visit as they wished. A relative told us, "I can go anytime."

- The provider employed an activities coordinator to help plan and arrange fun and meaningful things for people to do. People were supported to do things they enjoyed in the community, such as bowling, going to the cinema, pub trips and horse riding. A relative said, "They take [person] to the pub on a Thursday, they like that."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints. However, it also included incorrect details about who people could complain to other than the provider. We discussed this with the registered manager who told us they would amend the procedure accordingly.
- Relatives told us they had not had to make a complaint, but had faith that if they did it would be investigated. The registered manager told us there had not been any complaints received since the service became operational, and we saw no evidence to contradict this.
- Records were kept of compliments received. For example, a professional working with the service had commented, "The staff are very friendly, accommodating and caring. The residents all seem very happy and comfortable."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted an open and positive culture. The registered manager told us they had an open door policy and staff told us they found senior staff to be approachable and supportive. One member of staff said, "If you have a problem, they [senior staff] will help." Another member of staff told us, "It's a good place to work. Management listen to us with our concerns."
- Care was person-centred, which helped to achieve good outcomes for people. Staff understood people's needs and relatives were involved to help ensure care reflected people's wishes and preferences.

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 provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address shortfalls. For example, accidents and incidents were reviewed and there was a complaints procedure in place to respond to concerns raised by people.

Continuous learning and improving care

- Various quality assurance and monitoring systems were in place to help drive improvements at the service. Audits were carried out, for example, in relation to medicine records and infection control practices. Care plans and risk assessments were subject to regular review.
- Monthly team meetings were held so issues could be shared and discussed across relevant people. Records showed they included discussions about record keeping, COVID-19 and issues related to people's health and wellbeing. A member of staff told us, "We have team meeting roughly every month, but if there is an important issue then we will have a meeting to discuss it [without waiting for the next scheduled meeting date]."
- Senior staff carried out spot checks to monitor staff performance. Records showed spot checks looked at how well staff communicated with people, if they were following policies and procedures and their knowledge and skills.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their roles.

- Managers understood their regulatory responsibilities as a provider of adult social care services. For example, they knew what incidents they had a legal duty to report to the Care Quality Commission, and employer's liability insurance cover was in place.

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

- The provider carried out surveys with relatives and staff. Completed surveys we saw contained positive feedback. For example, a relative had written, "My family are very happy and satisfied with the service provided. Our [relative] is well looked after and their needs are met." Another relative wrote, "To see how much my [relative] has benefited from the service, all I can say is keep up the good work."
- Relatives told us they found the management to be accessible and helpful. One relative told us, "If I say to [registered manager] I have a concern, then straight away they are on it."
- People's equality characteristics were considered. For example, equality and diversity needs were covered in people's care plans. Staff recruitment was carried out in line with good practice in relation to equality and diversity.

Working in partnership with others

- The registered manager told us they had good relations with others who had a shared responsibility for people's care, including GPs and the commissioning local authority.
- The provider was involved with various organisations who were able to provide support, including Skills for Care and the British Institute of Learning Disabilities. They told us they planned to go for the Investors in People award in the future. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.