

Derbyshire County Council

# Dales Community Living Project

## Inspection report

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Date of inspection visit:  
13 April 2021  
16 April 2021

Date of publication:  
24 May 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

Dales Community Living Project is a supported living service for people with a learning disability. There were four people receiving a service in their own home within Derbyshire.

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

There were enough staff working in the service to meet people's needs and supporting them to do the things they wanted to do. Additional support had been provided during the COVID-19 pandemic as some work and day services had been closed. Risk assessments helped ensure people received care and support safely with minimum risk to themselves or others. People received their medicines safely and were supported to have responsibility for their own medicines.

Staff were knowledgeable and had the skills necessary to effectively support people. People's healthcare needs were monitored by the staff and additional health care was provided where needed. Staff quickly identified changes to people's well being to ensure any further support was sought promptly.

Staff were caring and provided people with care that promoted their rights to live an ordinary life. 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. People were supported to make decisions about the care they received and how they spent their time.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The culture of the home had been improved and reflected the principles in relation to Right support, right care, right culture. 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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

There was a person-centred approach to care and the staff were responsive to people's needs. People were supported to do the things they wanted to do in their home and when out. The staff demonstrated a clear understanding of the importance of supporting people rights and promoting their independence. Prior to COVID-19 community links had been established and these will be returned to once the restrictions allow.

The service was very well managed and put people at the heart of all they did. The provider had quality assurance systems in place to monitor the service and the quality of the care being delivered. There was an open and transparent culture and it was evident the staff strived to provide the best experience for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 1 October 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the when the service was registered with us..

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 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.

# Dales Community Living Project

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

This service provides care and support to people living in two '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 a short period 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 and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and two relatives on the telephone about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and medicine records. We looked at three staff files in relation to training and a variety of records relating to the management of the service.

# 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

- Staff had receiving training and understood the types of potential abuse that could happen. They knew how to recognise the signs and symptoms if people had been abused or were at risk of harm.
- Staff understood the provider's safeguarding policy and information was available for staff to report their concerns and act promptly to keep people safe.
- Where safeguarding concerns had been identified, the staff had raised these with the safeguarding team and supported any investigation.

Assessing risk, safety monitoring and management

- People felt safe and staff provided guidance and support in the home and when out. One person told us, "I have my mobile phone, so I have a way of keeping in touch. If there any problems the staff will always help me sort it out."
- Care plans had been developed and recorded people's needs, preferences and interests. Staff knew people well and understood how they wanted to receive support and respected their decisions.
- Staff felt the care plans provided the information necessary to keep people and themselves safe. Staff knew the risks associated with people's care and told us they worked well together to ensure people were supported safely.
- Risk assessments were completed for people's health and care needs and recorded how to mitigate risks.

Staffing and recruitment

- People were supported by sufficient numbers of staff. The care support had been organised to provide support when people needed it.
- Where there were any vacancies due to annual leave or sickness, the staff team provided additional cover to ensure people continued to receive consistent care. One member of staff told us, "We have a small core group of staff and we work really well together and will cover any extra hours; it's important that people are comfortable and feel safe."
- Staff had worked for the provider prior to the service becoming registered and recruitment procedures were in place to ensure new staff were suitable to work with people who used the service.

Using medicines safely

- People were supported to take responsibility for their own medicines. Individual lockable storage facilities were used.
- Where people administered their own medicines, staff carried out some checks to ensure medicines were taken as prescribed. One person told us, "I do my own medicines and show the staff the empty pack, so they

know."

- Medicine records were completed and recorded when people had taken medicines. Audits were completed to ensure medicine systems remained safe and medicines stored on the premises were recorded.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and shielding and social distancing rules were followed.
- We were assured that the provider was using PPE effectively and safely and people confirmed they were encouraged to wear their masks when out to help keep themselves safe.
- People using the service and staff participated in weekly testing for COVID-19.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager reviewed how the service was managed to ensure any improvements could be made.
- The registered manager reviewed accidents and incidents and staff took necessary action to reduce the risk of reoccurrence. Staff understood their responsibility to report incidents and protect people from the risk of harm.



# 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 had lived together before the service was registered and a care plan had been developed with them to record how they wanted to be supported.
- Care records were reviewed with people to ensure these reflected any changes and their choices.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people effectively and had worked together since the service was registered. Staff accessed training to develop and update their knowledge to keep people safe.
- Staff had opportunities for support through formal supervision and felt able to speak with the registered manager or deputy about any concerns or training needs.
- Meetings were held in the home for people and staff to share ideas, concerns and any news so they could work together to make any improvements.

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

- People chose their meals and were supported to prepare and cook meals safely.
- Some people needed a specific diet to remain healthy and staff knew people well and when they were showing signs of distress or discomfort and needed to change their diet. Staff were sensitive about any changes and encouraged different choices to relieve any discomfort.

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

- The staff worked with other agencies to provide guidance and support where needed. People retained responsibility for managing their health care.
- Where people wanted support, staff accompanied them and provided advice, and helped them to understand information to make suitable decisions.
- People accessed health service such as opticians, dental services and specialist appointments where needed.

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.

- Staff supported people to make informed decisions and be in control of making decisions about their life and care.
- Staff recognised where people may lack capacity and followed the principles to ensure decisions were made in people's best interests. Care records evidenced where capacity assessments were needed.
- Staff understood the role of the Court of Protection to ensure people's rights were protected.

# 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

- People knew staff well. There was a small team of staff who had supported people for many years to live independently in their home. Each person had their own room and staff ensured that privacy was respected and maintained at all times.
- Staff provided guidance and support to stay safe in their home and when going out. Staff knew how to understand a person's wellbeing or mood and what they enjoyed.
- The staff and registered manager were passionate about people having a quality of life and feeling valued. People told us they were supported to manage their independence. One person told us, "The staff help me manage my money and budget too as I have bills to pay and this really helps me."
- People were supported by staff who were skilled in delivering care and support and had a good understanding of their needs. Relationships were friendly and positive between staff and people.
- People maintained relationships with family and friends and visited people socially. People understood the current restrictions in relation to the COVID-19 pandemic and had changed how they met others to keep safe. One relative told us, "The staff know [Name] so well, it is clear to see how happy they are. The staff are absolutely marvellous and join in our family celebrations with us. I know [Name] is happy as they are able to be their self with staff."

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

- Staff ensured that people's independence was encouraged and supported people's preferred routines. One member of staff told us, "It's really important that we are here for people, but to support them and not take over."
- People were encouraged to share their views about how the service was managed and joint meetings were held with people and staff to discuss their support and the management arrangements.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- People maintained their independence. Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed additional support.
- People had control over their lives and enjoyed varying levels of independence to remain safe. They were encouraged to take the lead role in the planning of their care and management of their home.
- People and staff described how they encouraged people to develop their daily living skills by helping them

to take part in household tasks such as shopping, meal preparation, and knowing how to reduce risks when going out.

- People's personal records were kept secured electronically from the office and people had a copy of their records in their home. Staff understood the need to maintain all records confidential and to respect people's privacy including information held about them.

# 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

- Staff knew people well and understood how they wanted to be supported. People felt they had choice and control.
- People knew they had a care plan and told us this recorded how they wanted to be supported. Where risks were identified, we saw there were assessments in place which recorded how to mitigate these risks.
- The care plans were reviewed with people and those who were important to them to ensure it continued to reflect what they wanted.

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.

- Where required, information was available in different formats to ensure people understood necessary information. Easy read information had been used to support people to understand COVID-19 and national restrictions.
- Staff knew people well and explained how they discussed topics and themes to ensure people were not anxious and could make necessary decisions.

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

- Due to the COVID-19 pandemic, people had limited opportunities to continue with their preferred activities, work and education. Additional support had been organised in people's home to enable them to participate in activities they enjoyed. People told us they understood the national guidelines to help them to stay safe.
- Prior to COVID-19 restrictions, people told us they had enjoyed working in local shops, seeing friends and going out. Arrangements were in place to restart these activities as restrictions eased. One person told us they had booked an outside table at a local pub and was looking forward to having a drink in the pub garden.

Improving care quality in response to complaints or concerns

- People were encouraged to discuss their care and challenge any practices they felt were unfair. People told us the staff listened to what they said, and they could discuss any concerns. One person told us, "I'd talk with the staff; they'd sort it out; I can talk with them any time."

- Where complaints had been received, these were responded to and people received a response. One member of staff told us, "Any concerns, as a team, we reflect on these. We are very receptive and want to keep improving."

# 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

- People and relatives were positive regarding the management of the service. One relative told us, "I can't give higher praise for the manager and the staff team. I'm blown away by the support they provide."
- The staff felt the registered manager gave clear direction to them and were supported and valued. Staff said they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care.

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; Continuous learning and improving care

- People knew who to speak with if they had any concerns and felt the home was managed well.
- Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.
- Where things went wrong, the registered manager reviewed how improvements could be made with people and understood their responsibility to offer an apology.

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

- Relatives were confident with how the service was managed and the support provided. One relative told us, "The manager is so in touch with care. They are a brilliant leader and know people and staff so well."
- Systems were in place to monitor the quality and safety of the service provided.
- Medicines were audited to ensure people received their prescribed medicines and there was an accurate record of medicines kept in the home. Where improvements were identified, an action plan was developed to monitor how improvements were made.
- Environmental audits were carried out in agreement with people and any health and safety concerns were identified.
- Accident and incidents were reviewed, and learning points were discussed with people and staff to reduce the risk of reoccurrence.
- When required, notifications had been completed to inform us of events and incidents that happened in the home. This helped us to monitor the action the provider had taken.

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

#### characteristics

- People had meetings regularly to discuss the service and make any suggestions in relation to how the home was managed.
- People and their relatives were involved with reviewing their care and felt decisions made, respected their views.

#### Working in partnership with others

- Staff knew people well and where it was identified they needed additional support; referrals were made to health professionals. Staff felt there were good relationships and people could maintain control and independence and choose when to work with others.
- The staff worked in partnership with health and care professionals and the local community.