

DALO Living & Travel Limited

DALO

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

DALO provides respite and holidays to young people with a learning disability. The respite service is provided at two properties in Hertfordshire that are owned and maintained by the provider. The service forms part of DALO Travel Limited who provide day opportunities and transport to support young people who are vulnerable to continue to develop their independent living skills after compulsory education. At the time of our inspection there were 33 people using the service.

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

Right Support

People's needs, preferences and wishes were met by a dedicated care staff team who knew the people they cared for well. People were supported in a way which promoted safety. Risk assessments were in place and reflected people's current needs.

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.

Right Care

Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People received their medicines as prescribed and medicines were managed safely. Staff understood people's different communication support needs. Staff demonstrated an awareness and understanding of people's needs. Staff ensured people's privacy and dignity was respected and their independence promoted.

Right Culture

People and those important to them were involved in planning their care and managers evaluated the quality of care provided to people. The registered manager and staff promoted a caring culture, where providing person centred care was the focus of the service. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People were asked to provide feedback on the care provided and they had confidence in the registered manager to deal with concerns appropriately. Care staff felt supported in their roles and were provided with the opportunity to discuss any issues which they

may have in an open and inclusive way.

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 for this service was good (published 30 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DALO on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 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 provider has made an application to add accommodation to their service type to correctly reflect the service they provide. This will be looked at when the service is next inspected.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service a short period notice of the inspection. we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 December and ended on 22 December 2022. We visited the location's office 19 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and 3 support workers. We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. After the inspection visit, we spoke to 7 relatives of people who used the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same, This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been managed effectively. People's medical conditions were fully assessed, and records included the level of detail needed to ensure safe care
- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutritional needs, personal hygiene, medicines management, epilepsy and behaviour to keep people safe. The assessments and plans were regularly reviewed and updated.
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their lives.
- Environmental risks and potential hazards within people's homes had been identified.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers and they knew their relatives well.
- Most staff had worked with the provider for many years thus ensuring continuity in care.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. Comments included "Yes they do what they say they will I'm always telling people that they are absolutely gold dust they really are."
- Relatives told us they knew the staff well and had built good working relationships with them.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place to help protect people from the risk of abuse. Care staff understood their responsibilities to identify and report any concerns and they had confidence in the registered manager to deal with any issues appropriately.
- Safeguarding training was provided to care staff which included refresher training, when needed.
- Care staff we spoke with were able to tell us about different types of abuse and what actions they would take if they identified someone was at risk. This included reporting their concerns to the registered manager or local safeguarding team.
- Relatives we spoke with said, "Oh yes he's very safe very well looked after" and "yes they do very well they always treat him well and he is very safe."

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading.
- The service had systems in place to make sure staff undertook regular COVID-19 tests. They recorded information about these and took appropriate action following positive test results.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 they started using the service.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. These plans reflected people's needs, including aspects of their life, which were important to them.
- People and their relatives were involved in their care planning, which was reviewed at regular intervals or when people's needs changed.
- The service was flexible and responded to people's changing needs. For example, the service accommodated increases to care packages when people required additional support.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people who they looked after.
- Staff told us they received the training they needed to support people effectively. There was a training plan which showed what training staff had completed and where updates were required.
- Staff received regular supervision and spot checks were undertaken. Senior staff would attend a visit, unannounced with the staff member. This included observations of care staff supporting people. Staff told us they felt supported by the registered manager and could discuss their learning and support needs with them at any time.

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

- Some people managed their food and nutrition independently or had support from their relatives. Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. This included preparing and assisting people to eat.
- Staff had completed relevant training to ensure they handled and prepared food safely.
- Any concerns regarding weight loss or excessive weight gain was monitored and discussed with the person, their relatives and other healthcare professionals.
- Staff had a good knowledge of the dietary support people needed and supported them in a personalised way. Relatives told us they were happy with the support they received with their nutrition and hydration.
- Comments included, "He eats and drinks well, generally has a good diet there." And "they respect his choices and give him what he wants but also try encourage him to eat well."

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

- People's health needs were managed effectively.
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.
- Relatives confirmed care staff sought medical advice and implemented their training and knowledge when this was 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 MCA 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 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.

- Care staff worked in-line with the MCA. They ensured people's rights were respected, consent was gained, and people were supported to live their lives independently.
- The registered manager and care staff we spoke with demonstrated a good understanding of issues around consent and capacity.
- Staff actively supported people to make their own decisions. 1 care staff said, "I always ask them and give them choices."
- A relative said, "They always tell him what they're going to do and then they're good with his privacy and independence and very kind and caring with it I love them all to bits."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives expressed confidence that the service was well run. We received comments such as, "They are quite responsive they will change things if that's what he needs we've had lots of changes over the years we get lots of family meetings." And "I think it is probably well managed all the time."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Staff told us they felt well supported and praised the managers of the service one staff member told us, "She is a very good manager; she is hands on and gives you the right support at the right time."
- Staff consistently described a positive, supportive and inclusive culture within the service.
- Results from audits, investigations, spot checks and surveys were used to improve the quality of care at the service.
- A feedback system was in place and formed part of the review process. This meant they were continually checking to ensure that people received the best possible care and support.
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- Relatives told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions for improvements.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with their religious needs.

Continuous learning and improving care

- The provider improved care through continuous learning.
- There were quality assurance processes in place. Various audits were carried out by the registered manager including audits of medicine records, daily notes and infection control practices, while care plans and risk assessments were subject to regular review.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and were implemented.
- Team and management meetings were used to share good practice ideas and problem solve.

Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.