

Dillon Care Limited

# Dillan Care Pathway

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Dillan Care Pathway provides personal care to people across two supported living locations; one in Barnet and one in Harrow. At the time of the inspection, 15 young adults over the age of 18 with a learning disability, were using the service. Some people who used the service also had a physical and/or sensory disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The provider was working to ensure the service was working in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider had worked to make improvements throughout the service which had a positive outcome for people. People were supported to engage in more meaningful activities and outings which enhanced well-being and reduced social isolation.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

There were sufficient staff available to meet people's care needs, however we identified gaps in the recruitment process.

Care plans were detailed, and person centred and evidenced that people and their relatives were consulted around their care preferences.

People received their medicines as prescribed. Improved systems were in place to ensure that medicines were managed safely.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required. We will assess whether the improvements made have been sustained and embedded at a future inspection.

People and their relatives spoke positively about staff and the care they received. We observed caring interactions between staff and people in their care. Staff knew people well.

Staff received regular training and supervisions. However, we found that a process was not established to ensure that newly recruited staff were supported following the completion of their induction and that their competencies in the role had been assessed.

Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's wellbeing.

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.

At the last inspection in January 2019, we found that the service was not consistently applying the principles and values of registering the right support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. At this inspection, we found that improvements had been made in this area.

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 and update

The last rating for this service was requires improvement (published 4 April 2019) and there were three breaches of regulation. We issued a warning notice to the provider on 12 March 2019 in respect of a breach of Regulation 9 (Person Centred Care).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dillan Care Pathway

## 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 team comprised of two inspectors and one Expert by Experience who spoke with people and observed activities and care delivery in communal areas. 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 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 who was also the company director. 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 24 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 the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan submitted by the provider following the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications submitted by the provider to CQC.

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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two team leaders and four care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with two professionals involved with 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were enough staff on duty to meet people's care needs on the days of the inspection.
- We reviewed rotas and noted that some staff worked more than 70-80 hours per week. We also noted that some night staff worked six to seven concurrent nights per week on waking night shifts.
- We raised this as a concern with the registered manager who advised us that staff chose to work long hours and they were assured that this did not impact on the safety of people or the level of care they received. Staff told us they had no concerns with the hours worked and could take days off if they requested.
- Following the inspection, the registered manager submitted long working hours risk assessments for each of the supported living locations. They also told us they were actively recruiting for new staff which would impact on the hours existing staff worked. The provider also confirmed that having sought legal advice, the working pattern for one staff member was amended to comply with legislation.
- At the last inspection, we found that although pre-employment checks were carried out, employment gaps had not always been explored. At this inspection, concerns with exploring people's employment history were again found. We also noted that for one staff member, references on file did not match their declared employment history.
- We raised these concerns with the registered manager who admitted that they had not explored employment gaps for recently recruited staff members. Following the inspection, they submitted a recruitment checklist to enable better oversight of recruitment.

### Using medicines safely

- At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
- Medicines were stored and administered safely.
- Medicines Administration Records (MAR's) were completed without errors or omissions. The application and administration of prescribed creams was documented appropriately.
- Documentation around the use of per required needs (PRN) medicines had improved. Protocols were in place providing guidance to staff on when to offer or administer PRN medicines were in place. We noted that since the last inspection, the use of PRN medicines relating to people's anxiety or distress had reduced significantly.
- We noted in one supported living house that due to the reduction in the use of PRN medicines, quantities

had built up. We spoke to the team leader and registered manager about ordering and stock management to ensure quantities of medicines not required did not build up.

- Senior staff administered medicines. They had been trained and had their competencies assessed.
- Regular audits were carried out by team leaders and the registered manager to ensure that medicines were administered as prescribed.

#### Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
- Risks associated with people's health and care were assessed and detailed guidance was in place for staff to keep people safe. Risks assessed included, accessing the community and travel, eating and drinking, falls and difficulties with sight.
- Staff understood the individualised support required to reduce the risk of avoidable harm and tried to ensure people's safety was maintained in the least restrictive way possible.
- In June 2019, the provider had been issued with an enforcement notice from London Fire Brigade which detailed several required actions to achieve compliance with regulations. At the time of the inspection, the provider was acting to achieve compliance with the enforcement notice.

#### Systems and processes to safeguard people from the risk of abuse

- Feedback from people and relatives was that they felt safe using the service. A relative told us, "They provide a very good service. I have no concerns regarding [person's] wellbeing."
- Staff were knowledgeable around how to safeguard people from abuse and where to report concerns about people's safety.
- The registered manager was pro-active in raising any safeguarding concerns. The registered manager communicated with local authority safeguarding teams.

#### Preventing and controlling infection

- The supported living locations we visited were clean and well maintained. Staff had access to personal protective equipment.

#### Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the service.
- Records were kept of accidents and incidents. The registered manager analysed these records monthly to check for trends or areas for improvement.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- No new people had started using the service since the last inspection and as such no pre-admission assessments had been carried out.
- Following the last inspection, the registered manager reviewed people's care plans to ensure people's needs and preferences were consistently addressed.
- The registered manager was keeping themselves up to date with current legal requirements and best practice through attending training in areas such as the Mental Capacity Act (MCA) and person-centred care planning delivered by the local authority.

Staff support: induction, training, skills and experience

- The registered manager maintained an oversight of staff training needs and arranged for staff to receive training and regular refreshers in areas such as safeguarding adults, health and safety, infection control and medicines administration. A relative told us, "Staff know how to handle situations."
- Newly recruited staff completed an induction at the service and following that were booked to attend mandatory training, which was not always on starting their role.
- We noted that where staff with no prior care experience were employed, no documented period of shadowing or competency check was completed prior to them delivering care which was also prior to any training completed. We spoke to the registered manager about this who advised that they would develop post induction programme to monitor newly recruited staff. Evidence of this was submitted following the inspection.
- Staff had received a recent supervision and the registered manager had maintained an oversight of when staff supervisions and yearly appraisals were due. Staff told us they felt supported in their roles and found the registered manager approachable if they needed support.

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

- People and relatives were positive around support received to have a healthy diet. People told us they were given choice. People's relatives confirmed their loved ones had the staff support they needed to eat and drink safely and comfortably. A relative told us, "Staff monitor [person's] food and drink. They make sure they eat healthy."
- People were offered choices around their meal preferences and we saw staff prepare a range of meals at lunchtime to cater for people's preferences.
- Care records detailed the support people needed with eating and drinking and we saw meals prepared, use of utensils and staff support was delivered in accordance with people's assessed needs.

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

- Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.
- People and their relatives told us staff helped people to seek professional medical advice if they were unwell, to attend routine health appointments and check-ups. A relative told us, "They take the lead on the appointments and are regular."
- We saw a recent instance of where staff made a referral for a person they were concerned about. Following advice from professionals, a risk management plan was put in place.
- Detailed records were kept of outcomes from health appointments, reviews and guidance.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had made applications for DoLS authorisations to the local authority based upon an individual assessment of people's capacity and care arrangements.
- Records confirmed that mental capacity assessments had been carried out by the service in areas such as personal care, accessing the community and taking part in activities. Care plans detailed where people could make decisions for themselves.
- We saw people were offered choices throughout the days of the inspection with regards to day to day decisions such as food choices and activities.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 and relatives provided consistently positive feedback about the caring nature of staff. Feedback from people included, "I like living here. The staff are kind and caring" and "The staff are kind."
- Staff were observed to be kind and caring on inspection and supported people in a compassionate way. One relative spoke of the close relationship a person had with a staff member and how they always looked forward to seeing them.
- People's cultural and religious needs were noted in their care records and we saw that people were encouraged to attend places of worship if they chose.
- Staff showed us they were aware of people's needs, including those related to protected equality characteristics such as age, disability, race and gender. Staff prepared meals for one person based a diet associated with their religion and culture.

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

- People's preferences and choices were clearly documented in their care records. Care plans and risk assessments were individualised to the specific needs of the person.
- Staff encouraged people's family and friends to visit the home and supported people to stay in touch with family and friends. Relatives told us they could visit whenever they wanted and were always made to feel welcome.
- Care plans detailed how people communicated. Where people were unable to verbally communicate their preferences, staff understood their cues. On inspection, we observed that one person did not want to take part in a group activity, which staff understood from how the person vocalised. They supported this person to another area of the home and spent time with them on a one to one basis.

Respecting and promoting people's privacy, dignity and independence

- We observed people carrying out tasks independently, such as eating and drinking, and getting dressed. However, staff were on hand to assist if required.
- Since the last inspection, supporting people with working towards independence had been included in the care planning process. Staff had been provided with guidance on how to support people in this area. For one person, that was to water the plants. The registered manager told us this would be reviewed regularly, and additional goals would be identified.
- People's dignity was maintained when staff provided personal care in privacy.
- People's personal information was stored securely.

# 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 Requires Improvement At this inspection this key question has now improved to 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

- At our last inspection the provider had failed to ensure people were receiving person centred care based on their needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider because of our findings. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.
- Following the last inspection, people's care plans had been reviewed and updated. This resulted in care and support plans which were detailed, and person centred and adequately addressed people's care needs.
- Care plans detailed how staff should support people in areas of care including; personal care and dressing, eating and drinking, communicating, medicines, mobility, accessing the community and activities. This meant staff had the information they needed to provide consistent support for people in the way they wanted.
- Following the last inspection, the provider and staff worked to improve access to activities and reduce social isolation. We observed group activities taking place and people were supported to regularly access the community and socialise.
- Feedback from relatives noted improvements in this regard. Feedback included, "You know what? Hats off to them. They are cooking, gardening and really doing things. I have seen the stuff they are doing. I'm happy and [Person] is making progress" and "I did think they weren't taken out much. Now they are out more. There is more going on. They take them bowling. There are more social events."
- Photos detailed people enjoying a range of activities and outings. Regular residents' meetings demonstrated that people were supported to choose activities and outings. Because of feedback received, a trip to a theme park had been arranged. A person told us, "I am going to Chessington next week."
- The process for recording people's daily care and support had recently been revised and as a result, daily care records were more detailed and included descriptions of activities and people's well-being. The records were also read and monitored by the team leader and provider to check if there were any concerns with the person's care.

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 had produced easy read information for people who required this style of format. People's communication needs were identified and recorded in their assessment and support plan.

#### Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure were displayed in the home in both written and pictorial versions to make it accessible to people and visitors.
- One formal complaint had been received since we last inspected. This was investigated and responded to. As a result, the handover process between services had been clarified which had a positive outcome for the person involved.

#### End of life care and support

- No-one using the service was receiving end of life care at the time of our inspection.

# Is the service well-led?

## 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection the provider had failed to ensure that enough governance systems were operating to ensure people received person-centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
- Following the last inspection, the provider submitted an action plan to CQC to detail how they would make and sustain the improvements needed to ensure people received person-centred care. As cited throughout this inspection report, the management team had made improvements to how care was delivered. Concerns found at the last inspection had been rectified. A staff member told us, "Overall, we are coming to a good place. I know there was a lot of recommendations. We have made improvements."
- We will assess at a future inspection how the improvements have been sustained and embedded.
- The provider fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.
- The provider has made improvements to how they monitor, and quality assess care delivery. In addition to regular health and safety and medicines checks completed by team leaders, new quality monitoring measures implemented included oversight of daily recording, analysis of accidents, incidents and complaints. Care plans were reviewed monthly by the provider.
- Where areas for improvement had been identified, a clear action plan was in place which was signed off when the issue had been rectified.
- The provider updated all policies and procedures to ensure that they were reflective of current guidance and best practice. At the time of inspection, they were implementing a system to ensure staff read and understood the new policies.
- Throughout and following the inspection, we found the provider and management team to be open and transparent with the inspection team and promptly acted to address any minor areas of feedback given.
- Since we last inspected, a sensory room had been created off the lounge area. A Sensory Room is a specially designed room which combines a range of stimuli to help individuals develop and engage their senses. These can include lights, colours, sounds and sensory soft play objects. We saw people freely access this room throughout the inspection.

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

- People and relatives spoke positively of the overall standard of care at Dillon Care Pathway. Feedback from people included, "I like living here" and "I like the staff." Relatives told us, "We are quite happy with everything at the moment" and "Everyone seems friendly. I know the [provider] quite well."
- Staff spoke positively of the support they received from the management team. They told us they felt comfortable raising concerns and felt these would be addressed. One staff member told us, "The staff team is friendly. Staff work together. It's team work" and "Yes, we can raise concerns. Staff work well together compared to previously."
- The provider understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

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

- Residents meetings took place monthly and were used to assist people to make decisions about topics such as trips, activities and aspects of choosing the décor. Staff assisted people to make informed decisions by showing photographs of venues and activities. Following the meeting, agreed actions were documented. For example, we saw people had been to the local garden centre to choose plants and people went bowling as that is what they had decided to do.
- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People, relatives and staff had been invited to give feedback through a yearly questionnaire. The latest survey was completed in February 2019. Feedback received from one relative read as, 'Provision at Dillon Care has exceeded all expectations. Accommodation is spacious, clean and well-equipped. [Person] seems happier and healthier and personal grooming is excellent.'
- Following the completion of the staff survey, the provider implemented an action plan as some staff felt that they would benefit from more frequent supervisions and specific training.

Working in partnership with others

- The provider and staff worked with local authority commissioners, healthcare professionals, and the safeguarding authority to ensure the service provided a high standard of care and people remained safe.