

Disablement Association of Barking and Dagenham

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Disablement Association of Barking and Dagenham is a domiciliary care agency that also includes a supported living setting. The supported living service accommodates up to 16 people, not all of whom require support with personal care. The provider was supporting eight people there at the time of inspection and a further three people living in the community.

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

Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. Infection control and prevention measures had been put in place. There were enough staff working at the service to support people in a safe way, and pre employment checks were carried out on staff to check their suitability. Accidents and incidents were reviewed to reduce the risk of similar incidents re-occurring.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service. The service had links with other agencies to help develop best practice. There was a clear management structure in place and staff spoke positively about the support they received.

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 requires improvement (published 15 January 2020). 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

We carried out an announced comprehensive inspection of this service on 22 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Disablement Association of Barking and Dagenham on our website at www.cqc.org.uk.

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

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 the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any significant event the provider had sent us. 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 three people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, Care Quality Commission compliance officer, human resources administrator, finance officer, a team leader and two support workers.

We reviewed a range of records. This included multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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 five people's care records and reviewed various policies and procedures.

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 now improved to good. This meant people were safe and protected from avoidable harm.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found that risk assessments did not include important information about how to support people in a safe way. At this inspection we found this issue had been addressed.
- Risk assessments were in place for people which set out the individual risks they faced. These included information about how to mitigate those risks. Assessments covered risks including those associated with moving and handling, medicines, health conditions and personal care. Assessments were subject to regular review. This meant they were able to reflect the risks people faced as they changed over time.
- People told us they felt safe using the service. One person said, "Obviously I am safe with them, I am very safe." Another person told us they felt safe when supported to use a hoist, saying, "They (staff) have been trained how to use it."

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found that records were not always kept of support provided with taking medicines. At this inspection we found this issue had been addressed. Medicine administration records (MAR) were in place which included details of each medicine taken by a person. Staff signed these charts after each medicine had been given.
- Audits of MAR charts were carried out to check they had been completed correctly and that medicines had been given as prescribed.
- People told us they were supported to take medicines. One person said, "They (staff) are fully trained to

administer medicines." Records confirmed that staff undertook training about the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. There was a safeguarding policy in place which made clear the provider's responsibility to report any allegations of abuse to the local authority.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report it. One staff member told us, "If I get a safeguarding issue, I will report it to (registered manager)."
- Where the service spent money on behalf of people, records and receipts were kept of this. However, these were not audited or checked by a senior member of staff. We discussed this with the finance officer who told us they had identified this as a shortfall and that they planned to introduce checks in May 2021.

Staffing and recruitment

- The service had enough staff to meet people's needs. The registered manager told us there had not been any missed calls in the past 12 months and we found no evidence to contradict this. Where staff were late, this was addressed with them. Staff told us they had enough time to carry out their duties. One person told us some staff rushed them. We discussed this with the registered manager who said they would investigate the matter.
- Checks were carried out on prospective staff. These included criminal record checks, proof of identification, the right to work in the UK where applicable, and employment references. This helped to ensure that suitable staff were employed.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a policy about accidents and incidents. This stated any accidents or incidents should be reviewed to learn lessons and prevent similar occurrences.
- Records showed accidents and incidents had been reviewed in line with the policy.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality assurance and monitoring systems. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our previous inspection of this service, we found the provider did not have effective quality assurance and monitoring systems in place to improve care and safety. Poor practices in relation to medicines management and incomplete risk assessments had not been identified by the provider. At this inspection we found these issues had been addressed.
- Medicines audits had been introduced where a senior member of staff checked all completed medicines records. Risk assessments had also been audited and were subject to on-going regular review. Other audits were also carried out, for example of infection control practices and care plans.
- Staff received one to one supervision and training to help them improve in their roles. In addition, spot checks were carried out so the practices of individual staff could be monitored to identify any areas for improvement.

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

- Staff told us there was a positive working culture at the service and praised the registered manager and other senior staff. One staff member said of the registered manager, "They are very good, very understanding, organised and structured." Another staff member told us, "I love my job. The team I am in, we work so well. We work as a team."
- The service sought to provide person centred care to people. For example, people's records were about the needs and risks of the individual person. People told us they had access to senior staff. One person said of the registered manager, "They tell me about whatever I want to know."

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

- We saw where accidents and incidents had occurred these were dealt with appropriately. The registered

manager told us they had not received any complaints in the past year; however, systems were in place for dealing with complaints if required.

- Although people told us they were mostly happy with the service provided, they said they had regular contact with senior staff and felt confident if they had any concerns, these would be addressed.

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

- There was a clear management structure in place and staff knew who they were responsible to. Staff were provided with job descriptions, so they were clear about their individual roles and responsibilities.
- Staff were aware of the risks people faced through the reading of risk assessments and care plans. The registered manager was aware of their regulatory requirements, for example, in relationship to the regulator and the requirement to have appropriate insurance cover in place, which they did.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place for engaging with people using the service and staff. Regular surveys were carried out to seek the views of people. Records showed feedback from surveys was mostly positive.

- The provider considered people's and others equality characteristics. For example, care documentation covered needs related to equality and diversity and staff recruitment was carried out in line with good practice in this area.

- Staff told us regular team meetings were held where they could discuss matters of importance to them. One member of staff said, "We had one (team meeting) just recently. We talked about the clients. There might be some changes in the structure (of the organisation). We are asked if we need to discuss anything." Records confirmed team meetings took place.

- The provider worked in partnership with other agencies to gain knowledge and share best practice. For example, they had helped to set up a group of voluntary sector organisations working with the same London Borough, the aim of which was to improve relationships between the voluntary and statutory sector. The group had been working on how the management of safeguarding could be improved within the borough.