Dillon Care Limited

Dillan Care Pathway

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection which took place on 4 May 2016. We gave the provider 24 hours' notice of our intended inspection to ensure the registered manager was available in the office to meet us. We last inspected the home on 26 April 2014 to review the changes made by the home following our concerns regarding environment within the home under 'safety and suitability of premises' essential standards. This was an unannounced inspection. At this inspection, we found all areas that were poorly maintained had been rectified.

Dillan Care Pathway is registered to provide domiciliary care and a supported living service. At the time of the inspection, they did not have any people receiving domiciliary care services. Dillan Care Pathway provided supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. A supported living service is one where people receive care and support to enable people to live independently.

At the time of our inspection, the service was providing 24 hour supported living services to eight people, majority of people using the service were under the age of 30 and this service was provided from one address. The provider also operated a residential care service from the same address. The same staff team and policies covered both services. As the residential care service was inspected within the same month, we have utilised information from both inspections for each report.

The service was located in two adjoining terraced houses and there was access to a back garden. The exit from the connected house was via a main door at 24 Talbot Crescent. Bedrooms were located on the ground floor and the first floor. Bedrooms had toilet and shower facilities. There was no lift at the premises and hence, people using wheelchair resided on the ground floor.

The service had a registered manager who has been registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they found staff caring, friendly and helpful. People and relatives told us staff listened to them and their individual health and care needs were met. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared, for example we could see staff provided care that maintained people's privacy and dignity.

The service supported people to attend a wide range of activities in the community, including college.

We checked medicines administration charts and found that clear and accurate records were being kept of medicines administered by staff. Care plans and risk assessments supported the safe handling of people's

medicines. Care plans were personalised and detailed life histories, individual needs and likes and dislikes were recorded. Risk assessments were detailed and individualised, and care records were maintained efficiently.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in make safeguarding alerts and raising concerns. Staff had a good understanding of the threshold of safeguarding and the role of external agencies.

Staff told us they were supported well; we evidenced records of staff supervision. Staff told us they attended induction training and additional training and training records evidenced this.

Staff files had records of application form, interview assessment notes, criminal record checks and reference checks. Up until September 2015, references were not always from previous employers nor validated by company stamp or headed paper. Since September 2015 the provider had been adopting a more rigorous check of references.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The service had good systems and process in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of the quality and safety of the service.

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. People told us they felt safe.

Staff understood principles of safeguarding and knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of trained staff to meet with people's individual care needs.

The service kept accurate records of care delivery, medicines administered and accidents or incidents. People received medicines on time by staff who were appropriately trained.

Is the service effective?

Good

The service was effective. Staff received suitable induction training. Staff told us they received regular supervision and felt very well supported.

The service liaised with relevant agencies to request mental capacity assessments and complied with deprivation of liberty safeguards.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People told us their nutrition and hydration needs were met. People were referred to health and care professionals as required.

Is the service caring?

Good

The service was caring.

People and their relatives found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect. Staff were able to describe the people they supported needs and preferences.

The service identified people's religious, spiritual, cultural needs and their life histories.

People and their relatives told us they were involved in planning and making decisions about their care.

People told us the best thing about the service was the staff team.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, personalised and had necessary information about their individualised health and care needs. Care plans were in an easy read layout.

Staff understood people's needs. Staff reported any concerns to management and recorded them in people's care plans.

People participated in various individual and group activities.

There was a complaints procedure in place and complaints' log were maintained. People and their relatives felt they were asked for their feedback. People's concerns and complaints were responded promptly by management.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us they found management friendly and approachable. They told us the services had improved and were open to suggestions.

There were records of audits and checks to monitor the quality of the service. The information gathered from the feedback was analysed and used to improve the services.

Staff felt well supported and there was a positive culture within the staff team.

The registered manager had quality assurance processes in place.

Dillan Care Pathway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 May 2016 and it was announced. The provider was given 24 hours' notice because the location provided a domiciliary care and supported living service; we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one adult social care inspector.

We spoke with two people, the registered manager, assistant manager and two care staff. Following our inspection, we contacted four relatives.

We looked at three people's care records, medicines administration records and four staff files including their recruitment and training records.

We looked at service's statement of purpose, policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, handover records and communication book, quality audits and monitoring checks.

We contacted health and social care professionals, commissioners and safeguarding teams.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes, I feel safe." One relative said, "my relative is very safe with the staff." People and their relatives told us they felt the staff team knew how to support them.

Care staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse; they explained they would report any concerns to the registered manager and if they were not available then they would report it to the assistant manager. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the registered manager and the family, and the role of external agencies. The service maintained effective operations to prevent abuse of people using the service.

One staff member explained how they had supported a person with a safeguarding matter and participated in their multi-disciplinary meetings. The staff and the registered manager were able to explain the triggers they had identified, the measures they were going to implement to reduce the triggers, and support the person to lead healthy life.

We looked at the whistleblowing policy. Staff we spoke to told us they had received training in Whistleblowing, they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact CQC.

We looked at incidents records. The service recorded incidents and maintained body charts for people. The registered manager told us they discussed the incidents with their staff team and introduced measures to prevent incidents from reoccurring. We spoke to staff and they were able to tell us how they ensured accidents and incidents were prevented by learning from previous incidents, for example, we saw an updated and reviewed risk assessment and guidance sheet on managing a person's behaviour following an incident.

There were up-to-date risk assessments in place that were person-centred to meet people's individual health and care needs. Risk assessments were for areas such as accessing the community, personal care, premises, accessing hoist, and activities. The risk assessments also had detailed and personalised emergency fire evacuation plans. Staff were able to describe how they would support people in case of a fire emergency. The risk assessments were reviewed every year and when there were any changes to people's needs.

The service had sufficient numbers of staff. Staff rotas showed morning and afternoon shifts had six staff members, and the service had two waking staff at night. The registered manager was able to explain how they planned staff allocations, for example some days of the week where people were visiting community venues required more staff numbers. The registered manager told us they maintained a pool of bank staff who they would contact if staff were absent. The registered manager told us they did not use agency staff.

The registered manager told us they had a good staff team and were not recruiting new staff.

We reviewed the service's recruitment and selection policy and procedures; it was signed and dated, that meant the policies and procedures were reviewed on annual basis. However, the policy did not mention how many references were required as part of the recruitment procedure. The recruitment policy also did not clarify on how they ensured that the references were verified.

Staff recruitment files had copies of Disclosure and Barring Service (DBS) checks, copies of passports to confirm people's right to work and references on file. We found two references on one staff file that were neither on headed paper nor appeared to be from a previous employer. The registered manager told us that since September 2015 the provider had started to verify staff references, and had revised their reference request form to request references are given on headed paper or similar. This staff member had been employed prior to September 2015. Following the inspection the registered manager had been able to confirm that one reference was from a previous employer. The provider has revised their recruitment policy to stipulate they now need two references.

We looked at the medicines policy. Medicines were stored in a lockable cupboard that had individual shelves labelled with people's names to minimise errors. Controlled drugs were safely stored. We saw the medicines room temperature record sheet showed the temperature was maintained as per the requirements. Only trained staff members administered medicines. Staff told us they had received training and so felt equipped to administer medicines. People's rooms had lockable medicines cabinets. People were encouraged and supported to self-administer medicines wherever possible. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder.

We looked at medicines administration record (MAR) sheets, they were easy to follow and staff were able to explain how they maintained it. We noticed one of the MAR sheets had a staff signature against a medicine that was supposed to be administered in the evening. The registered manager and staff told us it was an error and the medicine had not been administered. We were able to verify this by counting the remaining tablets.

We were told by the registered manager that usual practice was that if an error had been made on the MAR sheet, the staff recorded and signed this at the back of the MAR sheet. The registered manager was then informed of the error, they would investigate the matter and record any comments and sign to demonstrate that the procedure had been actioned. The registered manager provided us a copy of the actions they had taken regarding the error on the MAR sheet.

The registered manager further told us medicines audit sheets were completed on a weekly basis by the trained staff and the registered manager carried out a medicines audit every quarter. Any errors would be picked up on a weekly basis.

The registered manager told us medicines errors were immediately reported to the registered manger and were investigated by them. If an error was confirmed then they would seek help from the pharmacy and the doctor alongside reporting to all concerned professionals. The registered manager also told us they would consider if the staff member needed refresher training for medicines administration.

As part of the inspection we looked at the kitchen area. Suitable procedures were in place to minimise the spread of infection. For example, food in the fridge was suitably stored, sealed and dated and the area was kept clean. There were different chopping boards for specific foods to minimise the risk of cross

contamination and there was a guide on the wall to prompt staff as to usage. There were gloves and aprons available for use when providing care.

Staff told us the temperature they washed clothes and bed linen at so as to ensure they were following the requirements. There were colour coded mops and mop buckets to minimise risk of infection. Staff were able to tell us which bucket and mop were for each area and there was a guidance displayed on the wall.

We looked at fire drill records, cleaning schedule and records, and maintenance and equipment testing records. They were all up-to-date.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their health and care needs and were able to provide the right support. People told us "staff provides me with good support"; "staff gives me medicines" and "my health and care needs are met".

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

Staff told us they were very well supported by management, and they received regular supervision. We looked at the supervision matrix and staff supervision records. We saw some gaps in supervision records. The assistant manager told us they were behind with formal supervision sessions however; they had planned supervision dates and were gradually making progress. We checked the staff supervision policy, it stated staff to have a nominated supervisor and receive a formal supervision session every three months. Staff we spoke to were able to confirm their supervisor's name. Following the inspection the registered manager provided us with the missing supervision records.

Staff told us they received a detailed induction and relevant additional training sessions. They gave examples of the training they had completed and how it had helped them in carrying out their responsibilities. They felt the training was very helpful.

Staff attended a week of in-house induction training followed by three days common induction standards course approved by Skills for Care delivered by a training agency. Staff went through induction as soon as they were selected for the role and before they started work. The induction included training around care plans, communication, safeguarding and moving and lifting. Staff also received additional training in medicines administration, nutrition and well-being, and the principles of the person-centred approach. We saw the staff induction-training programme and additional training records.

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.

The service had signed consent forms for people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

Supported living services must make Deprivation of Liberty Safeguards (DoLS) applications to the Court of Protection where appropriate. This was undertaken by making a DoLS request to the local authority as the statutory body. We saw DoLS application forms made to the local authority however; we noticed one

person's DoLS certificate had expired and the service had not reapplied. The registered manager told us that they would apply for their DoLS application within one week of the inspection and undertook to develop a system to prompt them in the future.

There were records of staff receiving Mental Capacity Act (MCA) and DoLS training. Staff we spoke to were able to demonstrate the principles of MCA and DoLS.

People told us they loved food and were given choices. People told us their specific food and drinks needs were met. We looked at the service's menu, they have individualised food and drinks menus for people as per their personal and cultural needs. The care records detailed information on people's needs in relation to nutrition and hydration and efficiently recorded what people had eaten and drunk. The care records detailed people's likes and dislikes in food and drinks and that meant staff were informed of people's preferences.

We looked at food temperature logs; they were maintained for lunch and dinner meals. However, the service did not record temperature for cooked breakfast meals. The registered manager was unaware they were required to record temperature for cooked breakfast meals and undertook to start recording food temperature for cooked breakfast meals.

People told us their health and care needs were met .People and relatives told us staff and management contacted health and care professionals as necessary. Staff sometimes accompanied people at their appointments. We saw records of the correspondences and referrals to occupational therapist, speech and language therapist, dentist and optician. Health and social care professionals told us that the service implemented their recommendations and we could see from records in people's files of the changes implemented to the persons' needs after health and care professionals' intervention.

The service consisted of two lounge areas, two dining areas, a laundry room, an accessible kitchen, balcony and garden overlooking a park. People had individual bedrooms with accessible toilet and shower facilities. Some people who prefer have a television in their bedroom. The service owned an accessible mini bus, used for people to access community venues. People told us that the facilities met their needs. We observed people access their bedrooms, kitchen and dining areas with ease.

Good

Is the service caring?

Our findings

People and their relatives spoke very highly of staff's caring and kind approach. They told us, "I like living here and like my staff." and "I like staff here, they give me choices, respect my wishes and privacy."

We observed staff interacting positively with people throughout the inspection. People were supported and encouraged to join-in in activities. All the staff seemed calm, were not rushed providing care and showed a caring attitude towards people. The registered manager and staff had time to chat with people and there was good eye contact and relaxed conversations. Staff listened to people's requests attentively.

There was a happy atmosphere in the home, with people involved with various activities in groups and individually. People were chatting with staff, some were doing college homework, some were playing games, some were listening to music and some were watching television. In the afternoon, we saw people supported by staff in preparing fruits for their choice of smoothies. We also saw some people outside on the balcony enjoying the sunny weather and the garden.

People and their relatives told us they found staff caring and friendly. People were happy with the staff team and said they treated them with respect, dignity and compassion. Staff were able to describe the importance of preserving people's dignity when providing care to people. One staff member told us they closed bathroom and bedroom doors when supporting people with personal care to maintain their privacy. One relative told us, "Staff are friendly, approachable, they always cooperate, they are very good with my relative and they really like the staff." Another relative told us, "Staff are very caring and courteous; they recognise the importance of providing person-centred care, treat people like they are a family." Relatives told us they felt welcomed by staff and found their approach warm and friendly

People felt they were involved in planning and making decisions about their care. People's relatives were also involved in care planning and care reviews. One relative said, "I am invited during care review and consulted on various matters that affects my relative's care."

Staff and the management told us they recognised people's individual needs and preferences and tried their best to meet them. For example, we were told one person preferred peace and quiet and so chose to have their lunch in their bedroom. We saw this person was supported by a staff with their lunch in their bedroom. We saw people's culturally specific food needs were met for example a person with a vegetarian diet was offered several vegetarian options.

Some people like listening to their culture specific music in their bedroom and some liked watching foreign movies. Staff told us arrangements were made to support them with their choices. We asked people and they confirmed they were able to carry out their interests. People's religious and spiritual needs were met, for example, a person was being supported to visit temple and it was included in their care plan.

We noticed some bedroom doors had decorative name plaques. Staff told us they were working with people to make their own name plaque. People were encouraged to be as independent as they were able to be.

We saw people's personal information was stored securely which meant that their information was kept confidentially.

Good

Is the service responsive?

Our findings

People and relatives told us staff were responsive to people's individual health and care needs and understood the importance of person-centred care. One person told us, "the staff understand me and gives me choices, support me to get to places in the community." One relative said, "the staff try their best to meet people's individual needs, they help them stay active, my relative's skills have developed greatly since joining this service."

We looked at three people's care plans, the care plans were easy to follow, were in an easy read layout, well organised and person-centred. Care plans were detailed and consisted of people's life-style plan that included their personal information, family, life and medical history, health care professionals' details including doctor, optician, dentist and chiropodist, health matters, eating and drinking routine, night routine, hobbies and interests, cultural and spiritual needs, weekly activities, record of achievements and health related information and correspondences.

We saw some people's bedrooms had service user handbook on their pin board that detailed information people receiving care needed to have. We also saw in people's bedrooms, certificate of achievements displayed on their pin board. The certificate of achievement was given to people when they achieved a target they have been working towards for example, able to put dirty laundry in the laundry basket, able to put washing machine on or preparing lunch.

The registered manager told us they held weekly meetings where people were encouraged to say how they felt about the service, if they had any concerns or specific wishes. We saw meeting notes; people had made requests to change days for certain activities, staffing arrangements and birthday arrangements.

We looked at the activities schedule in people's care plans and they were as per individual's needs and preferences. In addition to individual activities, people had opportunities to join-in in group activities. For example, people were supported to go to the local pub on a weekly basis. People told us they enjoyed going to the pub and socialising. People were supported to attend college and go swimming. People were encouraged to be as independent as they were able to be. People were encouraged to support in preparing their meals, organising their room and gardening. People told us they enjoyed those activities and were developing their skills.

Staff understood people's needs, reported any concerns to management, and recorded them in people's care plans.

We saw the complaints and compliments policy. We also looked at the complaints log and there were clear records of complaints that were made and actions taken. People and their relatives told us in the past communication between staff, people and their relatives was poor and they had complained about this to the management. However, they felt that the communication since the complaints were made had improved. However, one relative felt, "although communication had improved there were still gaps, they could improve in organising appointments and activities." The registered manager told us they would

contact relatives via telephone to identify if there were any matters that needed urgent addressing.

The registered manager told us they listened to people and their relatives' complaints and implemented various communication tools that enabled staff to communicate with people and their relatives efficiently. We looked at people's individual communication books where staff recorded any relevant communication with the relatives. Staff also maintained staff communication/log book to aid better sharing of information between staff on different shifts and they maintained a diary where they recorded important dates and appointments.

People and their relatives felt their complaints were listened to and acted upon in a prompt manner. One relative told us, "The registered manager listened to us and implemented changes in a timely manner."

Good

Is the service well-led?

Our findings

The service had a registered manager in post. People and their relatives told us they were happy with the staff. One person said, "staff are very good" and one relative said, "the staff are very flexible, similar age to the people and hence, able to relate with them". People and relatives told us they were able to speak to the registered manager, and their messages and calls were always returned. Relatives told us if the registered manager was not there they could speak to the assistant manager. One relative said, "The manager was very good at implementing suggested actions in a timely manner".

Staff told us they felt well informed on the various matters affecting the service and their role. Staff told us they had an informal team briefing before starting the shift. The registered manager told us they had staff team meetings four to five times a year. We looked at staff team meeting minutes. Staff told us they were listened to and their suggestions were taken on board. They felt they were consulted by management on matters related to people they were supporting. The service had an open and positive culture that encouraged people to raise concerns and make suggestions.

There were clear records of audits and spot checks to monitor the quality of the service including a monthly bedroom inspection, health and safety checks, care plan audits and service inspection checks. Following the inspection the registered manager provided us with quality assurance evaluation results that were positive.

The service maintained a system to monitor staff attendance and their timekeeping, safety and quality of the service. People told us they found staff were always available and willing to help.

The registered manager told us they were introducing an electronic customer relationship database system that would have details on people's care plans, care records, activities, and staff information including absences, rotas and tasks. We looked at the first draft of the system. The registered manager told us they were aiming to implement the system by end of June.

The registered manager told us they were updating the company website to make it user friendly and interactive. The website would consist of training resources to enable to staff deliver services; staff would be able to access them by their secured login details. We were able to view the work in progress model of the website. The registered manager told us the new website would be launched very soon.

People and their relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw completed people's, staff's and relatives feedback questionnaires. They were generally very positive. The registered manager told us they were working with a quality assurance consultant to ensure continuous improvement of the service.

The registered manager sought feedback in a formal manner once a year. We saw completed questionnaires and their analysis. The feedback was [overall] positive

The registered manager was a member of the local authority's integrated quality forum; we saw their

certificate of attendance at the integrated quality team meeting.