

Care Management Group Limited

Dyke Road Community

Support Services

Inspection report

287 Dyke Road
Hove
East Sussex
BN3 6PD

Website: www.achievetogether.co.uk

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18 February 2020

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12 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dyke Road Community Support Services provides personal care to 13 adults at the time of the inspection

All people receiving care had a learning disability and additional needs such as dementia, mental health needs, sensory impairment, learning disability, autistic spectrum disorder, physical disability, Multiple Sclerosis or conditions related to old age and frailty.

People who use the service lived in two supported living houses. At the time of our inspection, 13 people lived across the two houses. The Care Quality Commission inspects the care and support the service provides to adults but does not inspect the accommodation they live in. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. 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 lived in supported living houses where seven people or less lived. 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

People told us that staff supported them and that staff were caring, a person said, "I have lots of support here, that's good". A relative said, "It's super here, the care is excellent, [Person] is safe, I can't fault the care." Another relative told us, "They (staff) put the resident first."

People's support focused on promoting choice and control, independence and inclusion. 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.

We observed positive, friendly interactions between people and staff. Staff respected people and treated them with dignity and kindness. The culture of the service was positive, and person centred. People's independence was promoted and privacy respected.

People's needs were assessed before moving in and planned for. People had access to health and social care support, and staff worked with external professionals to support people. A relative told us, "She sees a physiotherapist and goes to hydrotherapy, she's seen a dentist, she sees [specialist nurse]."

People received personalised care that was tailored to meet their individual needs, preferences and choices.

Person centred support plans were detailed and guided staff about people's needs and how to meet them. People's rooms were personalised to reflect people's interests and decoration choices. People had access to communal lounges, dining rooms and a sensory room.

People's risks were identified and assessed appropriately such as accessing the community, money management and meeting strangers and staying safe. People were supported to take positive risks and staff had a value to not let identified risks to restrict people's lives, a support worker told us, "They [people] have the choice to make poor choices or choose something we do not agree with, they have the right to do that".

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare.

There were sufficient staff to meet people's needs. People were supported by staff whose suitability to work in the care sector was checked. Staff completed training that reflected people's varied needs and ensured effective care to people. Staff received regular supervisions and told us they felt supported.

People and relatives knew how to make complaints and raise concerns and told us they felt listened to by staff. A person said, "If I'm unhappy about anything I can tell any of the staff or manager." A relative said, "I have no concerns, if there is anything I speak to the staff and they see to it immediately."

When things went wrong such as accidents and incidents, lessons were learnt. People were asked for their feedback about the service through house meetings, reviews, annual surveys and a suggestion box.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 19 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dyke Road Community Support Services

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

One inspector visited supported living houses to see records, meet staff and people.

Service and service type

This service provides care and support to people living in two supported living settings, comprising of two houses, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

A comprehensive inspection took place on 18 February 2020 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available for us to speak with and to arrange for us to visit people with their permission.

What we did before the inspection

We reviewed the previous inspection report and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by

law. On this occasion we did not ask the provider to complete a Provider Information Return. 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 arranged a visit to the supported living houses, so we could meet staff and people, we were able to observe staff and people interacting during our visit. We spoke with three people and a visiting relative.

We spoke with five members of staff, including the registered manager, manager and support workers.

We reviewed a range of records. This included three people's support records and one medication record. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection, we spoke to a relative by telephone. We reviewed records for staff training and staffing.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, we observed people were comfortable in the presence of staff and relatives also felt their loved one was safe.
- Staff were trained annually in safeguarding adults and knew what to do if they had concerns. Staff understood how, and felt confident, to notify the local authority or the CQC about any safeguarding concerns. A support worker said, "Safeguarding is important because we need to make the conditions that keep them safe but also independent at the same time."

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Risk assessments were person-centred and individualised to each person. Assessments included accessing the community, cooking, road or traffic safety, stranger danger and money management.
- For example, in one person's care plan there was a risk assessment for managing finances, this assessed the person as being able to manage a weekly allowance and to manage a weekly and monthly budget with some support and to visit the bank or make large purchases with more support.
- People were supported to take positive risks and staff valued not letting identified risks restrict people's lives.

Staffing and recruitment

- From records, such as rotas, and by observing support, we saw there was sufficient staff to meet people's needs. Staff we spoke with did not raise any concerns about staffing numbers.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting and followed equal opportunity and competency-based protocols. Staff files showed that checks had been made with the Disclosure and Barring Service (DBS) which considered the person's character to provide care.

Using medicines safely

- People had varying needs with their medicine, from full to minimal support. Where people had minimal support such as prompting, maintaining records or only supporting with occasional medicines rather than daily medicines, this had been risk assessed. Staff were trained in giving people medicines, and staff competency was checked, annually.
- We saw medicine administration records for one person, these were accurate and complete. Where people had 'as and when needed' (PRN) medicine for example for pain relief, epilepsy or anxiety, protocols were in place to inform staff.
- Regular auditing of medicine procedures took place, including checks on accurately recording

administered medicines. Staff had worked with pharmacists to review medicines to reduce the amount of medicines people were taking, for one person this had had a positive outcome.

Preventing and controlling infection

- Support workers were trained in infection control and food safety. Staff and people had access to hand washing facilities. Both houses were clean and well-presented. Where possible people cleaned their own rooms and were given any support needed to do this.

Learning lessons when things go wrong

- Incidents and accidents were recorded. Records showed that help from health and social care professionals had been sought immediately where needed. The manager and registered manager reviewed incidents and looked at measures to prevent future incidents from happening.
- Staff told us that incidents or issues were dealt with promptly, records of actions following accidents and incidents confirmed this.

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 Requires Improvement. At this inspection this key question improved 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; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the time of our inspection people were subject to Deprivation of Liberty Safeguards made by the Court of Protection. We checked whether the service was working within the principles of the MCA.

- At the last inspection, we recommended that the service refers to current guidance on the Mental Capacity Act and the involvement of people. Records now showed that people, appropriate relatives or professionals were involved in developing a person's support plan, reviewing a support plan or making specific decisions.
- We saw decision specific capacity assessments. Where a person did not have capacity to make a decision there was recorded involvement of the person, appropriate relatives and professionals. A relative told us, "I'm involved in reviews, we have reviews with the manager, [person's] key worker and his social worker."
- All staff received training in MCA, and we observed staff supporting people to make decisions and choices throughout the inspection. Staff assessed needs comprehensively and care and support were planned and delivered in line with current evidence-based guidance, standards and best practice.
- Staff also recognised that people might need additional support to be involved in their care such as the assistance of an independent advocate for specific decisions. An advocate is someone who can offer support to enable a person to express their views, access information, explore choices and options and defend and promote their rights.

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

- People were supported to be involved in food shopping, menu planning and cooking. We saw one person

cooking lunch for their housemates with support workers, they told us, "I love baking and cooking, I made lunch for everyone today."

- People told us they enjoyed the food. A person said, "Food's lovely, today we're having sausages, onions, salad and sauce, lovely." A relative told us, "Food is good, always something healthy."
- We observed three people being supported to cut up fruit to make smoothies, they did this with hand on hand support from a support worker and people used a switch button to turn on the smoothie maker. The switch/touch button had been purchased to aid independence such as turning on kitchen equipment or items like hair dryers.
- We observed people coming home from food shopping trips with staff and saw people using the kitchen freely. Staff were aware of any dietary requirements such as allergies. Staff were trained in food safety.

Staff support: induction, training, skills and experience

- Staff told us they had access to the training they needed to meet people's needs and felt well supported at work through frequent supervision and teamwork. A support worker told us, "I like how the team work is organised, I have supervisions with one of the lead support workers monthly and I can go to the manager with any issues."
- Staff were encouraged to study for vocational qualifications in health and social care and to continue their professional development. Staff had access to a range of training considered mandatory by the provider such as food safety, working safely, safeguarding, medication and first aid. Staff had additional training that reflected people's needs including epilepsy, autism and dementia.
- A support worker said, "When I transferred to this service (from another of the providers services) I did some new training relevant for people in this service. When a person has a new PBS plan we will do special training days on the person's plan for all staff members supporting that person from a PBS practitioner."
- Positive Behaviour Support (PBS) is a holistic, person-centred approach to supporting people with a learning disability and/or autism and supporting people who may display or be at risk of displaying behaviours that challenge. PBS promotes preventative and positive interventions from staff to help avoid the need for using reactive and restrictive practices.

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

- Health and social care appointments were co-ordinated by their support workers. Records showed that people had access to healthcare such as GP, community mental health and learning disability services, opticians and dentist. A relative told us, "She gets to see a physio who's amazing, hydrotherapy, she has seen a dentist, she sees the MS nurse and specialists."
- Support workers told us they accompanied people to health appointments if the person wanted this, or a relative. A relative said, "I'll sometimes go to appointments with him, I have had a phone call when something's happened or he's unwell and they let me know if they take him to the doctors."

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 Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff adapted to the level of support people needed in different aspects of their lives. For example, some people did not need support with personal care such as washing and grooming but had support to access the community or to manage their finances. One person was independent in taking their daily medicine, but staff supported the person with 'as and when needed' medicines and going to the pharmacist.
- Within each person's care plan there was a personalised guide for staff called, "Supporting my independence". This described what support a person needed, if at all, with accessing the community, making meals, making shopping lists, laundry or cleaning their room. A person told us, "Today's my housework day, I've cleaned my room and I'm doing my laundry now."
- Staff told us they encouraged people to maintain their independence, a support worker said, "I give them space when we're out, we're there to keep them safe but also give them space to be themselves." Another support worker told us, "We can do lots of things and involve them. [Person] cooked lunch with me for everyone today, it's very good that we don't do everything for them, they help each other and do things around the house for themselves like any other shared house."
- People had goals such as doing voluntary work and increasing their social activity. One person had achieved their goal of having a voluntary job, they told us about this new job with pride and said they were enjoying it. Staff told us they encouraged people to try new things, for example, two people who were friends went out on a day trip to London to go the zoo and Camden town.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring approach that focussed on people having full and varied lives. Staff knew people well and adapted their approach to meet peoples' needs and preferences. We observed that people were relaxed in the presence of staff.
- People gave us positive feedback about staff. People had an allocated key worker who, where possible, was someone they had a good rapport with. A person said, "[Support worker] is very nice, he and I get on well and [another Support worker] is my key worker, me and [manager] meet up to sort my finances."
- Staff offered support that was person-centered, and respectful of individuality. People's rights were protected, and staff respected people's choices and diverse needs. The provider celebrated the diversity of its staff, for example staff held a Spanish night with food and music to share with people.
- Religious, cultural and spiritual needs were recorded for people. People were supported to access places of worship. One person said they liked going to church and another person said, "I go to two different churches, I like [name of church], it's full of joy and I have a coffee there."

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

- People and appropriate relatives were involved in making decisions about their care and developing the support plans. Records confirmed this.
- We observed that staff provided people with choice and control in the way their care was delivered and in how they spent their day and planned their time. People were empowered to make their own decisions, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were supported to transition from another service to this provider's service. A relative said, "[Support worker] really cared for [Person], really helped him to settle, before he moved in. [Person] visited one day for lunch, then another day for supper and then another day we both came together to have tea."
- People's grooming preferences were recorded. Some people enjoyed fashion and beauty treatments and had their nails painted. A relative told us that their relative has their own hairdresser who visited, and a person enjoyed fashion, during our visit they changed their outfit and came in to show the manager.

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 Good. At this inspection this key question remained the same. 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;

- Each person had a care plan that was comprehensive with a part of their care plan called "How I like to live my life", this detailed their social history and their current interests and activities and any support they needed to pursue these. People were supported to access the community such as going shopping, going out for meals or for trips to the cinema or theatre. People had access to a varied programme of activities at home.
- Managerial staff showed pride that staff were outgoing and keen to try new things with people. A relative also said this was a positive attribute of the staff, they told us, "The staff are good fun, they're young and outgoing, that's good." A support worker told us, "I really like that people are active here, we can do lots of things with them and they are open to try new things, that's true for both the residents and staff. We try out new things, we keep doing what's working."
- Where people had needs around their mental health and emotional wellbeing, staff were supported by a care plan and people had input from community mental health professionals where appropriate. During our visit we observed staff reassuring people or using distraction where they saw the person was anxious. A relative said, "Staff are definitely well trained, they (staff) understand he gets emotional, they are very caring, for example [Person] always likes to know who's on duty, staff always let him know when they'll be around, they always tell him."
- People had positive behaviour support (PBS) plans developed with the support of external professionals that were reviewed when needed. Where people had behaviours that challenge, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Positive behaviour support was used, and staff understood why people might become upset or anxious.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community, such as baking, yoga, going to an allotment, cinema, day centre, shopping and trips out. Some people responded well to sensory activities such as pets' therapy, drama or music therapy and massage.
- A person told us, "I do really like it here, I go out with staff to go shopping, do my banking, we do good things here like karaoke, trips, do cooking and baking, we have lots of parties, we did a valentine's one on the weekend next door, we had nibbles and food." Another person said, "I go to allotment, bring vegetables and fruit back, I love painting and baking."
- People were encouraged to maintain relationships with people that matter to them, to socialise and make new friends. The manager told us, "People are encouraged to socialise with people from other houses

(providers other services), it's important to maintain friendships, meet new people and have varied social lives. People are going clubbing next week, this will be good for [Person] who is younger and wants to go out to meet new people."

- A relative told us, "I can visit whenever I like, I call beforehand to make sure he's in, he has a mobile phone and we speak three times a week." People were supported to have regular exercise such as yoga, health walks, gentle exercise at home and hydrotherapy. People were supported to go on holiday if they wished.

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 the staff that support them.

- People's communication needs were assessed and accommodated. Each person had a plan called "My communication", for one person this guided staff to "use real objects of reference, be patient, use photos to help me communicate." These plans also covered whether the person could express independently if they were in pain or unwell, or what the person might need help expressing.
- People had access to mobile phones or tablet devices to maintain relationships with people that were important to them, aid communication and maintain their independence. A person said, "I go to visit my sister and I have my phone and my laptop to call her too." We observed a person using their tablet device to research a topic that interested them.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. People had access to the local Speak Out advocacy network or accessed an advocate when appropriate.
- People and relatives told us they knew how to make a complaint or who to speak to if they were worried. A relative said "They listen to me, I can speak to any of the staff." Another relative said, "The care there is excellent, I have no concerns, if there is anything wrong, I speak to the staff and they see to it immediately."

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. Where people agreed to speak to staff about their wishes and preferences, this was recorded so this information was available if needed in an end of life care plan. Their wishes were recorded such as religious or cultural needs, who they would like involved such as relatives or friends and burial preference, for some people this was comprehensive and described a dress code and music they would like to have played.
- People had recently been supported during a bereavement. People were supported to attend the person's funeral, to hold an event to remember the person and staff supported people to make a memorial wall in their lounge. A person showed us the wall and said, "This wall remembers [Person], celebrates his life."

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 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.

At the last inspection, the provider had not notified us of all incidents such as police incidents or safeguarding that had been shared with the local authority. This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009. Following that inspection, the provider had sent us an action plan and had made improvements to notify the CQC of all notifiable incidents. At this inspection, the breach has now been met.

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

- Notifications that the registered manager was required to send to CQC by law had been completed. Information had been shared following incidents with the local authority. Incident records showed that staff demonstrated duty of candour by informing relevant health and social care and appropriate relatives.
- Staff were clear about the expectations and responsibilities of their roles, and the structure of their team and organisation. People and relatives knew the staff and the managerial staff.

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

- The provider sought feedback from staff, visitors, relatives and people. People had many opportunities to give feedback such as surveys, meeting their key worker and house meetings. Surveys of people and relatives informed a service development plan that managerial staff worked on annually to make improvements.
- In responses to the latest annual 'people and relatives' questionnaire a relative wrote, "they listen to our suggestions and act on them" and another relative responded, "[Person] has help with whatever he needs, staff and manager are caring." There was a version for people in an accessible format, with pictures to aid understanding.
- Staff attended team meetings. A support worker told us, "There are staff meetings monthly, I can raise any issues there or in supervision or I can speak to [Manager] about any support or training we might need. We discuss the people we support, any safeguarding issues, share things like policy updates or improvements we can make to our practice."
- Staff told us they felt listened to and enjoyed their work. The provider celebrated successes and achievements through staff awards, awards for people they supported and team awards.

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

outcomes for people

- There was a positive culture that was person-centred, people were supported to have opportunities to live a full and varied life, ensuring the support needed was led by the person. Staff demonstrated these person-centered values and took pride in supporting people to achieve good outcomes.
- People and staff took part in fundraising for causes that they all agreed to raise funds for such as dementia and epilepsy. People took part in a dementia walk and held a party for Epilepsy UK. People and staff showed us pictures of these events with pride.

Continuous learning and improving care;

- A range of audits continued to measure and monitor the service overall. Audits were effective in identifying issues and improving care. Audits informed an overarching action plan which managerial staff and the provider worked towards.
- The manager told us the service benefitted from having audit visits from the providers quality assurance team and audits carried out by a local pharmacist.
- The provider assessed the service against a 'wheel of engagement' model, the registered manager described this as encouraging staff to support people to be involved in work opportunities and meaningful activities.

Working in partnership with others

- Records showed that people had access to a range of health and social care professionals as and when they wanted or needed and were supported to access regular appointments for long term conditions and reviews.
- The manager attended quarterly special interest groups in health and safety, profound and multiple learning difficulties and epilepsy and manager's forums led by the local authority.