

Dignity In Life Ltd

# Dignity in Life Ltd

## Inspection report

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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good**



Is the service well-led?

**Requires Improvement**



# Summary of findings

## Overall summary

### About the service

Dignity in Life Ltd provides accommodation and support for up to six young people with mental health issues. At the time of the inspection there were five people using the service.

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

There were some minor issues which needed improvement, with the leadership of the service. For example, systems to manage medicines, specifically controlled drugs (CDs), did not comply with current guidance. This was rectified immediately but we have made a recommendation that the management refer to National Institute for Health and Care Excellence (NICE) guidance with regard to all aspects of medicines management.

Policies and procedures needed to be updated to be service specific. The management team had not been aware of which notifications, of issues such as serious injuries, allegations of abuse and deaths, should be submitted to Care Quality Commission (CQC). This was discussed at the site visit.

There were general environmental risk assessments in place. All safety checks were undertaken regularly and actions taken to address any issues identified. The service adhered to all infection control guidance to help keep people safe. Staff we spoke with had completed safeguarding training and were confident to recognize and report any issues.

Staff files included appropriate documentation to help ensure employees were suitable to work with vulnerable people. Staff rotas demonstrated staffing levels were sufficient to meet the needs of the people who used the service.

Care plans were person-centred and included a range of health and personal information. There was a comfortable, open culture within the home and staff worked in a non-discriminatory way.

Complaints were addressed appropriately and accidents and incidents were recorded and followed up as needed. Audits and checks were completed to ensure any issues were identified and addressed.

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

This service was registered with CQC on 27 June 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to Covid-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas, safe and well-led. We do not look

at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

#### 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?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Dignity in Life Ltd

## 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

Dignity in Life Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. A variety of records relating to the management of the service, including policies and procedures were sent to us and reviewed. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and the deputy manager.

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

#### After the inspection

We spoke with two members of care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Some systems for the managements of medicines were not managed appropriately in line with current guidance. Administration of controlled drugs was recorded but not witnessed in line with current guidance. However, this had not impacted in any negative way on people who used the service. We have dealt with this under the well-led domain.
- Staff had completed medicines administration training and their competence was checked regularly to ensure their skills remained appropriate.

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

- A safeguarding policy and procedure was in place and staff we spoke with had completed training. Staff were confident to recognize and report any concerns. Staff were confident to use the whistle blowing procedure if they witnessed any poor practice.

### Assessing risk, safety monitoring and management

- There were general environmental risk assessments in place. These were reviewed and updated as required.
- Safety checks were undertaken regularly and actions taken to address any issues identified.
- Individual risk assessments were in place within care plans and techniques to minimize risks outlined. Risk assessments were reviewed and updated as required.

### Staffing and recruitment

- Staff files we looked at included all appropriate documentation to help ensure employees were suitable to work with vulnerable people.
- Staff rotas and observations on the day demonstrated staffing levels were sufficient to meet the needs of the people who used the service.

### Preventing and controlling infection

- The service had an infection control policy in place. There was a Covid-19 file with guidance for staff in the office. There were general risk assessments within home relating to Covid-19.
- Staff we spoke with told us they had adequate supplies of suitable personal protective equipment and were supported to use this in line with the guidance to help stop the spread of any potential outbreak.
- A risk assessment had been completed for people who used the service and vulnerable employees.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and appropriate actions put in place to minimize the risk of further

similar incidents.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Systems to manage medicines, specifically controlled drugs (CDs) , did not comply with current guidance. There was no CDs register and records of administration of these medicines had been signed by one staff member and not witnessed by a second member of staff as required. We discussed this with the registered manager and the deputy manager. They immediately ordered a register to be used in the future.

We recommend the management team consult current National Institute for Health and Care Excellence (NICE) guidance with regard to all aspects of medicines management.

- Policies and procedures were in place but related to the company's other service type and did not have service specific guidance and information. The provider was in the process of completing this task.

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

- The management team were a little unclear about which notifications needed to be sent to CQC with regard to injuries and hospital admissions. This was discussed at the site visit and the management team agreed to ring for advice if they were unsure of whether to notify CQC about something.
- A statement of purpose was in place outlining the aims and values of the service.

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

- Care plans were person-centred and included a range of health and personal information.
- It was clear that people who used the service were fully involved in their own care planning and led discussions around their goals and wishes. One person said, "They are looking after me well. We had a meeting, I think I will settle here nicely."

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

- There was a comfortable, open culture within the home and people who used the service, and staff, felt confident to discuss any issues without risking discrimination. One person said, "It is really good here. The staff are really easy to talk to. They are there to support me when I am feeling really rubbish."
- Staff told us they were well supported. One staff member said, "Can't fault the support from management."

Any issues with people who use the service are dealt with immediately." Another staff member told us, "It is a really good, well managed company. Anything raised is taken on board and sorted straight away."

#### Continuous learning and improving care

- Complaints were addressed appropriately and learning taken from any issues identified.
- Audits and checks were completed to ensure any issues were identified and addressed.

#### Working in partnership with others

- The service had a good working relationship with the social work teams placing people in the home.
- The management team were in regular contact with the local authority quality monitoring officer.