

Dignity In Life Ltd

Dignity in Life- Bury

Inspection report

Unit 4
Brenton Business Centre, Bond Street
Bury
BL9 7BE

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10 November 2021

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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

About the service

Dignity in life Bury is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 28 people at the time of the inspection, including older people and some of whom were living with dementia.

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

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

Safe staff recruitment processes were in place to ensure staff were trained, experienced and safe to provide personal care. There were enough staff at the service and the management team ensured staff were supported to deliver effective care. People and relatives felt staff were kind and compassionate.

Staff treated people with respect and upheld their privacy and dignity. People described staff as kind and caring and relatives were satisfied their family members were in safe hands. One person told us, "I'm very content with my care staff, they never let me down."

Care plans contained detailed risk assessments. Risks to people's health and wellbeing were assessed and risks mitigated. Environmental assessments were also in place, which identified and reduced any environmental risks to people and staff.

People told us they felt safe. Staff understood how to recognise signs of abuse and understood the actions needed to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

Medicines were appropriately stored and disposed of safely. Staff followed current best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

Staff and relatives told us the service was well managed. The service worked in partnership with other organisations to improve outcomes for people where this was needed. The registered manager had oversight of staff performance. Spot checks were undertaken to ensure staff were following correct procedures and practices.

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

Rating at last inspection

This service was registered with us on 12 September 2020 and this was their first inspection.

Why we inspected

This was a planned inspection for this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Dignity in Life- Bury

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 10 November 2021 and ended on 17 November 2021.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We looked at four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and medicines audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed and managed. People's care plans contained risk assessments linked to their support needs. Staff spoken with understood how to keep people safe and reduce the risk of avoidable harm. For example, how to mitigate the risk of people developing sore skin and how to transfer people safely using specialised equipment.
- Potential environmental risks and hazards such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in assessments and controlled.
- Policies and systems were in place to ensure incidents were recorded, including late or missed calls.
- The provider had processes in place to record, investigate and monitor safeguarding incidents or accidents. We saw one incident had been appropriately referred to the local authority and investigated.

Using medicines safely

- Medicines were safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Yearly medicine administration competency checks forms were in place for medicine administration reviews.
- Medicine audits were completed monthly. These were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. Medication administration records (MARs) and body maps were checked for any gaps and omissions.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. Staff were trained in safeguarding and knew how to protect people from harm and who to go to if they had any concerns about their well-being.
- One person told us, "I feel safe with my carers, they are good people."
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of when they would need to escalate safeguarding concerns externally where appropriate.

Staffing and recruitment.

- There were enough staff to support people safely; people told us staff were reliable and they had not experienced any missed calls. One person told us, "On some occasions staff can be running slightly late, but they always phone to tell me. I can rely on the carers."
- Staffing levels were determined by the number of people using the service and their needs. Our observations were there were enough staff to meet people's needs, this was reflected in the staff rota and

feedback from people and staff.

- We saw staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Disclosure and barring service (DBS) checks, obtaining up to date information about staffs conduct in previous employment and investigating any gaps in employment, were completed prior to staff starting work in the service.

Preventing and controlling infection

- Policies and practices were in line with the latest government infection, prevention and control guidance.
- Staff had completed infection, prevention and control training and demonstrated a good knowledge of safe practices. Spot checks were carried out to check competencies and provide any additional support.
- Personal protective equipment (PPE), such as gloves, aprons and masks, were in good supply. Staff had completed additional training during the COVID-19 pandemic, such as how to safely put on and take off PPE.
- Staff were participating in the COVID-19 testing and vaccination programmes.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by well-trained and experienced staff. Training records showed staff completed essential and other training. Staff training was updated as necessary to ensure staff were aware of developments in health and social care.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the care certificate. The care certificate is the nationally recognised induction standard for staff working in care settings.
- Staff spoken with told us they felt supported, had supervisions and attended meetings. One staff member commented, "I am new to care, but I have been provided with all of the necessary support I need."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed which provided information about the care and support people needed and reflected their cultural and lifestyle choices. This information had been used to create person centred care plans.
- Assessments were done in person and recorded. People and their significant others were involved in the process which was explained to them.

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

- People received appropriate support to ensure their nutritional requirements were met. Staff would ensure choices are offered to people. One staff member told us, "I enjoy cooking for my clients and if I can involve the person I always try."
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. This ensured people were supported to maintain their nutritional intake.

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

- The provider and staff worked in partnership with people, relatives and health and social care professionals to monitor and maintain people's health. Staff worked collaboratively with other agencies, such as district nurses, ensuring positive outcomes for people. Examples included catheter and wound management.
- Care plans showed that healthcare formed part of people's initial assessments, which were taken into consideration before care provision started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals,

such as GPs. We saw evidence of this in people's care records.

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.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- People's mental capacity was assessed by the service at the initial assessment and reviewed where required. The registered manager understood the principles of the MCA and described where this would be used in practice, for example to presume capacity, and to make best interest decisions in the least restrictive way.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by caring staff who were respectful of their equality and diverse needs. Staff had received equality and diversity training which was reflected in their practice. For example, staff respectfully documented people's feelings as well as the care delivered.
- Staff knew people well and described people's routines and personal preferences. Staff explained how their approach differed to suit people. One person told us, "I haven't had the carers long, but already they have built a lovely relationship with me and my husband."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported. This included information about specific cultural, religious or personal needs.

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

- The provider made sure people were, as much as practicably possible, fully involved in their care. For example, the provider would regularly visit and meet with people in their homes to make sure the support being delivered continued to meet their individual care needs.
- Staff were trained and supported to provide compassionate, personalised care. The provider worked alongside them to ensure the quality of care was consistent across the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People provided examples of how staff respected their privacy and dignity whilst providing personal care. Staff knew the importance of treating people with dignity. One staff member told us, "I believe it's essential we built the trust with people. We have a nice team, and everyone is friendly."
- Staff and people developed routines for personal care that suited people and enabled them to carry out some tasks themselves with support and encouragement.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to meet their needs and wishes. Care plans were person-centred and provided a clear indication of the person's needs and wishes. Records included specific ways the person wished to be supported and detailed the person's life story.
- The provider recently changed people's daily records to electronic records. A small number of people did not like the new system, due to waiting for a month to view the communication records. We shared this feedback to the registered manager, who confirmed they would review this process to ensure people and their families could access the daily notes.
- People were encouraged to follow their interests, take part in activities, and maintain relationships with those who mattered to them. Support plans were flexible, due to people's changing needs, and reviewed once a month or more frequently if necessary.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the initial assessment stage. Care plans were developed to guide staff on people's preferred ways of communicating. For example, using gestures and the written word for people who had hearing difficulties.
- Staff recorded any communication needs people had such as speech, hearing or sight impairments. For example, care plans guided staff to support people to wear glasses, for the glasses to be clean and accessible.
- The registered manager advised all documentation could be produced in large print, easy read and Braille if needed.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to in a timely way. The complaints procedure included information on how to appeal to external organisations if not happy with the complaint outcome.
- People and their families told us they felt able to raise a complaint with the office, should they need, and that it would be dealt with appropriately.

End of life care and support

- At the time of our inspection the service was not providing this type of support. The provider told us that should this change they would work with health and social care professionals to ensure people received the

care and support they needed at the end of their lives.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager who was supported by an office manager and coordinators. People, relatives and staff had access to an on-call duty manager, out of office hours.
- The provider had systems in place to monitor and review the quality of the service. Audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- The management team had conducted spot checks on the support provided by staff until the onset of COVID-19 when oversight by the provider was maintained through regular telephone calls to people and relatives. Relatives and staff confirmed the checks had been completed.
- Staff we spoke with were positive about working for the service. One staff member told us, "My last job in care wasn't good. So, I am delighted to be working here."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider understood their legal responsibilities, including following the requirements of their registration, and submitting notifications and other important information to CQC as necessary.
- Data was kept securely, and the provider and staff understood the Data Protection Act and how to maintain confidentiality in line with data protection standards.

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

- Staff spoke positively about the service and their work. A member of staff told us, "I enjoy working for Dignity, it's a place where I feel valued."
- Staff told us they felt able to share ideas or concerns and would be listened to. A member of staff explained, "I feel we can share ideas and give our thoughts on the rotas."

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

- The management team worked to continually improve the service. The management team completed audits and checks to monitor the quality of the service provided and to identify any shortfalls so these could be addressed. This included checks of care records and care call times and durations.
- People and relatives were encouraged to provide feedback about the service and were confident their

views would be listened to. One relative told us, "They seem a friendly service and always receptive when I have feedback to share."

Continuous learning and improving care

- The service had developed links with other agencies in developing best practice guidance. This included CQC, Public Health England and Skills for Care.