Care Management Group Limited

Dyke Road Community Support Services

Inspection report

287 Dyke Road
Hove
East Sussex
BN3 6PD

Date of inspection visit:
30 January 2019
31 January 2019

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19 March 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Dyke Road Community Support Services is a domiciliary care agency that was providing personal care to 13 people living with a learning disability at the time of the inspection. All people receiving support from the agency lived in two supported living locations.

People's experience of using this service:

●The provider had not ensured that we were notified of all safeguarding incidents, which they are required by law to do.

●People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; however, the systems in the service did not always support this practice. People's capacity was not always assessed when in doubt, and people were not always involved in decisions about their capacity and in their best interests. However, people were involved in day to day decisions about their care.

●We have made a recommendation that the service refers to current guidance on the Mental Capacity Act and the involvement of people.

●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. People's support focussed on opportunities to gain new skills and maintain current independence and work toward more independence.

●People were safe. Risks to people were assessed and mitigated. Systems and processes safeguarded people from abuse. There were enough staff to keep people safe and meet their needs. People's medicines were managed safely and they were protected by the prevention and control of infection. People were supported to eat and drink, as appropriate.

●People were treated with kindness and compassion. The culture of the service was positive and person-centred. Staff knew people well and communicated with people according to their individual needs. People's independence was promoted and their dignity and privacy respected.

●People's needs were assessed and planned for. Staff checked regularly to ensure support plans reflected the support people needed. People had access to healthcare support, and staff worked with healthcare professionals to support people, including at the end of people's lives.

●Staff were supported with regular supervision, staff meetings and training. Staff told us they felt supported. New staff were recruited using safe procedures and supported with an induction to the service.

●Staff worked well together and with other professionals. They shared information when necessary, and were mindful of protecting people's confidentiality.

●People knew how to make complaints. When complaints were made these were responded to quickly and effectively. When things went wrong, lessons were learnt.

Rating at last inspection: The service registered with the Care Quality Commission on 8 February 2018 and this is their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Enforcement: There was a breach of the Care Quality Commission (Registration) Regulations 2009. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was completed by two inspectors.

Service and service type:
This service provides care and support to people living in two 'supported living' settings, 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:
We gave the service two days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 30 January and ended on 31 January 2019. We visited the office location on 31 January 2019 to see the registered manager and office.

What we did:

Before the inspection:

●We used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

●We looked at information we held about the service including notifications they had made to us about important events.

●We reviewed all other information sent to us from other stakeholders, for example, the local authority.

●We spoke to two health and social care professionals.

During the inspection:

●We spoke to two people receiving support, the registered manager, two home managers and four staff.

●We looked at four care records, four staff recruitment files, records of accidents, incidents and complaints, audits and quality assurance reports and other records relating to the running of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Staff talk about safety, in the kitchen, laundry and roads."
- Staff had training in safeguarding and understood the policies in place. Staff understood how to raise concerns about people safety and what action to take when they suspected abuse.
- Safeguarding concerns had been appropriately reported to the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored, with ways to reduce the risk identified and implemented.
- Staff worked with healthcare professionals to assess and mitigate complex risks, such as around the moving and handling of people. When there were risks of damage to people's skin through pressure, staff understood these and signs of concern. Equipment to help relieve pressure was in place to reduce the risk of skin breakdown, such as air flow mattresses.
- Risks around the environment were assessed and planned for. For example, ensuring there was sufficient space to support people with equipment as needed.
- People were supported to take positive risks. For example, one person attended church independently, with staff just supporting with them travelling to and from the church.
- Another person had been supported to use the nearby hydrotherapy pool. This person could not bear their own weight, but with the support of staff and a physiotherapist had been able to stand within the pool.
- People who could present with behaviour that challenges were supported. Staff could refer to plans which explained how to provide the person positive behaviour support. Staff told us about one person who in the past had been physically aggressive. This person had not shown this aggression since being supported by the service.

Staffing and recruitment

- There were sufficient staff available to meet people's needs. Staff had time to spend with people.
- One member of staff said, "Weekends are quieter, in the week there are lots of things to do and places to go, but at the weekends we can sit and have a chat."
- Staff were recruited using safe practices, such as ensuring references were received and criminal record checks through the Disclosure and Barring Service (DBS). These checks were completed before people started work at the service.
- People who used the service were involved in the recruitment of new staff. Staff told us how people would take part in the interview process and ask questions about how prospective staff would support them.

Using medicines safely

●People's prescribed medicines were given safely.
●People's level of independence with medicines had been assessed. One person was taking their medicines without staff support. They had agreed for staff to check they had taken these daily.
●Other people had staff support to give them their medicines. Easy read information about their medicines was available for people, as needed.
●Systems and process support the safe management of medicines. Staff had training on medicines and their competency to manage people's medicines safely assessed.
●When people were prescribed medicines 'as required' there was clear guidance about when these medicines should be given.
●When people were prescribed new medicines, or dosages or times were changed, a medication alert document drew staff attention to the change. Monthly audits checked that procedures were followed.

Preventing and controlling infection

●Risks around the prevention and control of infection were well managed.
●Staff used personal protective equipment, such as gloves and aprons, when supporting people and adequate stocks of these items were available.

Learning lessons when things go wrong

●Action was taken when things went wrong. Staff understood how to respond in the event of an accident or incident.
●Accidents and incidents were recorded when they happened and actions to prevent reoccurrence were identified. For example, one person had experienced a number of falls. Staff referred the person to the falls prevention service and to a physiotherapist and fitted handrails to reduce the likelihood of the person falling again.
●Learning from within the organisation, such as safeguarding enquiries which had happened at other services, was shared with the staff team.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.
●Assessments of people's capacity had not always been made when needed.
●For example, for one person had support plans which stated they lacked capacity to manage their medicines. This had not been tested through a capacity assessment, in line with the MCA.
●People were not always involved in the assessment of practices which were restrictive to them, such as the use of lap belts for people who used wheelchairs.
●Healthcare professionals were consulted, and decisions had been made in the person's best interest.
●Whilst some of the principles of the MCA were not always adhered to, this had a low impact on people as they were involved and consulted about day to day decisions.
●We recommend that the service refers to current guidance on the Mental Capacity Act and the involvement of people.
●People's choices were supported by staff in their day to day support.
●For example, people were offered the choice of taking part in activities and their decisions were respected.
●People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
●Some people receiving support from the service had applications which had been made to the Court of Protection. These had not yet been authorised and were awaiting a ruling by the court.

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

●People's needs were assessed before staff began to support them.
●One person had recently moved into one of the supported living houses and begun receiving support from staff. Assessments reflected that staff were still getting to know the person.
●People needs were assessed and planned for. This included people's likes and dislikes.
●Staff told us that people's keyworkers checked the assessments regularly to make sure they were accurate.

●Records showed that staff supported people in line with these assessments.
●Needs that could be met with technology were assessed.

●For example, assistive technology supported some people to take part in cooking activities. A large red button could be attached to a kitchen appliance to allow people with limited dexterity to control the appliance.
●We saw people using this to blend smoothies.

Staff support: induction, training, skills and experience

●Staff new to the service were supported with induction.
●Staff told us this included reading information, completing training and shadowing experienced staff.
●Some staff were in the process of completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
●Staff were trained in areas relevant to their roles. For example, staff were trained in awareness of learning disabilities, mental health and dementia.
●Some staff were trained to support people with postural care. The home manager explained how this training had helped her to advocate of behalf of a person when it became clear that their wheelchair was no longer suitable for them.
●Staff were supported to develop within the organisation.
●Some staff were undertaking Regulated Qualifications Framework (RQF) qualifications.
●Staff explained that support workers could attend a course about becoming a lead support worker to give them skills and knowledge to support their progression.
●Staff were supported with regular supervision and appraisals. Staff told us they could use supervision to discuss their work.
●One member of staff said, "I do use it to talk about things, but I can talk to [home manager] whenever." Another said, "If there are issues, it is a good way to speak about them."

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

●People were supported to eat and drink and maintain a balanced diet.
●One person told us, "I do lots of cooking, lay tables, get cups out and do the squashes."
●People told us that they often had theme nights around food and that they enjoyed these.
●People told us they could eat their meals where they preferred. One person explained they preferred to eat in the lounge as it was quieter. We saw people eating their meals together too.
●Some people had been assessed as needing specialist diets, for example needing food to be a specific consistency.
●Staff were knowledgeable about these needs and support documentation was informative.

Staff working with other agencies to provide consistent, effective, timely care

●Staff worked with other agencies to deliver effective care and support. For example, staff had sought the support of a health care professional when people were not receiving regular health care checks when they expected.
●Staff worked closely with other health and social care professionals to ensure people were supported effectively. For example, physiotherapists to ensure that people were support correctly with postural management.

Adapting service, design, decoration to meet people's needs

●Specialist equipment was in place for people who needed it.
●Staff had considered how to ensure people's restriction by this equipment could be reduced. For example, one person had a specialist bed which could restrict their view of their room. A mirror had been installed to assist them to see the whole of their room.

Supporting people to live healthier lives, access healthcare services and support

●People were supported to access healthcare support when they needed it.
●Records evidenced regular health appointments.
●A health and social care professional said, "[Home manager] is tenacious in her attitude to ensuring her service-users get fair access to treatment in health, and that they are not discriminated against by the health service."
●When people had specific health conditions, such as epilepsy, guidance was available to staff about how to respond the person and how and when to seek healthcare support in the event of a seizure.
●Staff had specific training in how to support people with a diagnosis of epilepsy.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff knew people well and people were at ease in their company.
- We saw people and staff laugh and joke together and talk about their days. One person told us, "Staff are amazing."
- Another person said, "They know me."
- People told us they could speak to staff when they needed to.
- Staff communicated well with people who did not express their communication verbally.
- One member of staff said, "Sometimes I talk to people and have a conversation, I forget they are not talking because I just know them well."

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

- Staff supported people to make decisions about their day to day care.
- One member of staff said, "I respect their choices, you've got to do what they want. I encourage them to make as many choices as they can."
- When people were not able to verbalise their choices, we saw that staff offered options to help them make decisions.
- One member of staff said, "We know them and do things the way they like it." They gave us an example of someone opening their mouth when staff offered to brush their teeth.
- People were offered opportunities and their wishes were respected.
- For example, one person enjoyed attending a church service weekly. When they moved home, staff supported them to try other churches more locally to see if they would like to change where they attended. They chose to continue attending the church near their previous home and this was respected and supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained.
- Staff explained how they would ensure doors were shut when supporting people with personal care.
- Staff knocked on people's doors and waited for them to respond before entering.
- One member of staff told us, "We always ask permission to enter room, even if the person is not in their room."
- People were supported to be independent.

●For example, preparing a shopping list using objects of reference or washing up items they had used in the kitchen.
●Staff were aware of supporting people in line with the Equality Act and any protected characteristics, such as sexual orientation and religion.
●Staff explained that they used inclusive language to ensure that people felt included.
●Staff understood how to keep people's information confidential and records were held securely.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs.
- Staff knew people well, including their interests and what made them happy.
- Support plans reflected people's preferences and personalities.
- People's personal histories and support networks were considered and documented.
- The service identified people's information and communication needs by assessing them.
- Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
- People's communication needs were identified, recorded and highlighted in care plans and communication passports. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, information about people's medicines were available in 'easy read' formats.
- People who communicated mainly through body language, facial expression and gesture, had communication passports which they kept with them, to assist staff and others to understand their communication methods.
- For example, one person's communication passport explained how they could mirror other people's emotions.
- People were supported to undertake a number of activities, both in their home and in the local community.
- For example, we saw people enjoying a musical entertainer during the inspection.
- People told us they also visited the local community to attend appointments and go shopping.
- People told us about the support they had to look into employment. They had met with the organisation's employment support lead and were looking at what types of employment they may be interested in.
- Staff showed us photographs of activities that people and staff had taken part in to raise money for charities, such as a memory walk. People had taken part in the organisation's athletics event and achieved medals.

Improving care quality in response to complaints or concerns

- People knew how to raise complaints and concerns.
- One person said they would, "talk to staff and [home manager]."
- Complaints were discussed as a topic within the weekly meeting of people living at one of the support

living locations.
●Complaints received had been responded to and resolved quickly, in line with the provider's complaints policy.

End of life care and support

●People were supported at the end of their life.
●One person was on palliative care at the time of the inspection.
●Staff were working with the palliative care team from the local hospice and other health care professionals to ensure they received the right support.
●One person had recently passed away after being unwell.
●Staff had offered people time to spend with the person, support to talk to staff, and had given them information in easy read formats to help their understanding.
●Another person had recently experienced the bereavement of a family member. Staff supported them emotionally and to make decisions about funeral arrangements. Staff had supported the person to attend the funeral.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had not ensured the correct notification of all incidents notifiable to us.
- Providers are required to notify us of any incident of abuse or allegation of abuse in relation to a service user. This enables us to monitor types and numbers of allegations of abuse at the location, and take appropriate action as needed.
- Four incidents had been raised by staff to the local authority as safeguarding, regarding alleged abuse. However, we had not been notified of these.
- One incident had been reported to the police. We had not been notified of this.
- This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.
- There was a registered manager in post.
- The day to day running of the two supported living locations were overseen by two home managers.
- Quality assurance audits were in place to assess and monitor the service provided to people, identifying areas for improvement. For example, the registered manager completed a quarterly audit which examined various aspects of the service provided. This had highlighted areas for improvement, such as work needed to ensure documentation for a person who had recently moved in was completed.

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

- The culture was positive and person-centred.
- Staff told us they felt supported by the organisation and spoke proudly of their roles.
- We saw that people's views and choices were important to staff and that these were respected and followed.
- Staff told us they could speak to their managers whenever they needed to. They also told us that they worked well with other members of the staff team.
- One member of staff said, "We are a good team together, we get on well." Another said, "We help each other very much, when we need to be a team."
- When things went wrong, information had been shared with people and their families, in line with duty of candour. Staff were able to learn from mistakes and use these lessons to improve the service.
- Successes were recognised by the provider organisation. For example, one person had been recognised as

an inspiring individual and one of the staff teams had come second for best team. They had attended an awards evening to celebrate.
●Staff stayed up to date with current guidance about the delivery of care and support. For example, the home managers regularly attended forums and training run by the local authority.

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

●People were engaged and involved in developing the service.
●One person told us, "On Sundays we have a service meeting every week. We write notes in the diary and decide what to do for the week."
●Records of these meeting showed that meals were planned and any concerns were also discussed and resolved.
●There were regular meetings with the staff team to discuss various aspects of the service such as people and training.
●Staff told us that their input was valued. One member of staff said, "We all have our input with suggestions. We communicate together."
●Staff worked together to ensure people received the right support.
●There was a handover discussion between each shift to ensure staff had up to date information about people and their day.
●Staff meetings were held regularly to discuss the running of the service and communication books helped staff to be up to date with the needs of people and any changes to the service.
●Staff had worked to build links with the local community.
●People were supported to attend local activities and events such as Brighton Pride the local Thai festival and enter local baking competitions.

Working in partnership with others

●Staff worked in partnership with other agencies. For example, the pharmacy had completed an audit and advice visit to ensure people received their medicines safely.
●We received positive feedback from health and social care professionals. One professional told us, "[Home manager] is knowledgeable, thorough, and caring toward staff and service-users alike." They confirmed that staff sought guidance as necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that we were notified of all safeguarding incidents.