

DIL Foundation

DIL Foundation

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 13 January 2016 and we gave the service 24 hours' notice to ensure there was someone in the office. At the last inspection there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to setting up systems to investigate potential abuse, consent, safe recruitment of staff, suitability of management and staff support. We saw that actions required of the service had been completed and improvements had been made in all of the above areas so there were no continuing breaches.

DIL Foundation Registered office is located on the first floor inside a newly renovated church, which is being used for the local community. The Church is located off one of the main roads of Bolton which is less than a mile away from Bolton Town Centre and Bolton Train Station.

DIL Foundation offer a range of domiciliary care services, including cooking, cleaning and personal care. On the day of the inspection there were 24 people using the service, although six of these were currently on long visits to Asia.

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

At our previous inspection we found that the provider had failed to establish systems and processes to investigate allegations of abuse. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that appropriate protocols were in place and staff were able to recognize issues and demonstrated knowledge of safeguarding procedures. We found that the previous breach of regulations had been addressed by the service.

At our previous inspection we found that staff had not been recruited safely and the provider had failed to ensure that fit and proper persons were employed. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff unsafely recruited had now ceased to work for the service. A new robust recruitment procedure had been implemented by the registered manager. The previous breach of regulations had been addressed and we found that people currently employed by the service had been recruited safely.

Staffing levels were appropriate and no missed or late visits were reported.

Care files included appropriate risk assessments. These included health and safety, moving and handling, trips out and road safety.

Medicines policies were in place, staff were appropriately trained and medicines were administered safely. Appropriate financial records were in place.

At the previous inspection we found that there was not a system in place of regular formal supervision meetings. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulations) 2014.

The registered manager had now implemented a robust supervision programme which was on-going for all staff. This had addressed the previous breach of regulations.

At the previous inspection we found that the service was not working within the principles of the MCA. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulations) 2014. At this inspection we found that this breach had been addressed via staff training and awareness raising.

There was evidence within the staff files we looked at that all staff had undertaken a comprehensive induction programme and training for all staff was on-going.

Care files included a range of health and personal information, including particular requirements and preferences.

We saw that consent was sought from people who used the service when appropriate.

Relatives of people who used the service that we spoke with told us the staff were kind and caring. People's dignity and privacy was respected.

There was an appropriate confidentiality policy in place and staff were aware of the importance of confidentiality within their work.

There was appropriate information produced to ensure people were aware of what to expect from the service.

Staff were aware of the importance of giving choice and were able to explain how they did this within their work.

There was an appropriate complaints policy in place and people who used the service were aware of how to make a complaint. No complaints had been received by the service.

We saw a number of thank you cards received by the service.

At the previous inspection we found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the registered manager had implemented a range of systems to assess the quality of the service. For example a customer satisfaction survey had recently been undertaken and this showed that 100% of the people who used the service were very satisfied with the care delivery. There was evidence of care plan reviews, monitoring and analysis of accidents and incidents and complaints and monitoring of staff competence.

These systems had addressed the previous breach of regulations.

People who used the service, their relatives and staff members at the service all described the management team as approachable and there was a member of the team on call at all times.

Staff meetings took place on a regular basis and provided a forum for staff to raise any issues or concerns. Minutes of the meetings were documented.

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.

The service had a robust recruitment procedure and there were enough staff to deliver the service effectively.

Safeguarding procedures and guidance were in place and staff had undertaken training and could demonstrate an awareness of safeguarding issues.

Care files included appropriate risk assessments.

Medicines were given safely.

Is the service effective?

Good ●

The service was effective.

The service had implemented a robust induction programme for all staff. Staff supervisions were undertaken regularly and training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (MCA).

Is the service caring?

Good ●

The service was caring.

People we spoke with told us the staff were kind and caring.

The dignity and privacy of people who used the service was respected by staff members.

People were given the choice of a male or female carer and to have someone who spoke their first language.

Information was available to everyone and was produced in three languages.

Is the service responsive?

Good ●

The service was responsive.

Visit times were flexible to suit the needs of the people who used the service.

Staff were matched up as far as possible with people who used the service to ensure compatibility. The service was reviewed regularly.

Care plans were person-centred and individual and people were given choices in relation to the care delivery.

There was an appropriate complaints policy in place.

Is the service well-led?

Good ●

The service was well-led.

A range of systems had been implemented to assess the quality of the service.

Care plans were reviewed regularly and accident and incident forms were analysed for patterns.

Management were on call at all times and people felt they were accessible and approachable.

Supervisions and staff meetings were held regularly and staff felt well supported.

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Detailed findings

Background to this inspection

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

The inspection took place on 13 January 2016. We gave the provider 24 hours' notice to ensure there was someone in the office on the day of the inspection.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

We did not ask the service to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, prior to the inspection. We reviewed information we held about the service in the form of notifications received from the service.

We did not speak to people who used the service as a number of them were away at the time of the inspection and others had difficulties with communication and language. However we did speak with four relatives of people who used the service. We spoke with four care staff, as well as the registered manager. We looked at records held by the service, including four care plans, four staff files, meeting minutes, training certificates and other records supplied by the provider.

Is the service safe?

Our findings

At our previous inspection we found that the provider had failed to establish systems and processes to investigate allegations of abuse. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that appropriate protocols were in place. We spoke with four care staff who had all undertaken safeguarding vulnerable adults training and were able to explain what would constitute a safeguarding concern and the procedure they would follow if they had a concern. All were confident that the registered manager would follow any concerns up appropriately.

We found that the previous breach of regulations had been addressed by the service.

At our previous inspection we found that staff had not been recruited safely and the provider had failed to ensure that fit and proper persons were employed. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff previously recruited had been re-interviewed and staff unsuitable for the position had now ceased to work for the service. A new recruitment procedure had been implemented by the registered manager and this included a recruitment check list, an application form, interview form, invite to interview and job description. We saw within the staff files that each potential employee who was invited for an interview was required to answer appropriate job related questions and interview notes were kept. They were required to undertake a spelling and grammar assessment, provide proof of identity and produce two written references. A disclosure and barring service (DBS) check was carried out for each potential employee. A DBS check helps a service to ensure people's suitability to work with vulnerable people.

The previous breach of regulations had been addressed and we found that people currently employed by the service had been recruited safely.

We spoke with four relatives of people who used the service. Every one of them told us they felt their relatives were looked after appropriately and kept safe when staff were with them. They felt there were enough staff as no visits had ever been missed and staff were always on time for visits and stayed longer than agreed if they needed to.

We looked at four care files and saw that appropriate risk assessments were kept within the files. These included moving and handling, trips out and road safety. The registered manager had implemented a hazards check list for every property that staff worked in to inform an environmental risk assessment. This helped ensure people's health and safety.

The service had an accident and incident log to ensure any accidents were recorded appropriately and followed up as required. No accidents or incidents had occurred at the time of the inspection.

Staff at the service had undertaken appropriate medication training and competency was checked regularly by the registered manager via observations of practice. We saw that there was an assessment tool for people who used the service who wished to self-medicate. This helped ensure they were able to do this safely.

New cash transactions guidance had been implemented and a cash transactions document was in place. We saw that these documents were completed appropriately. Staff we spoke with were able to explain how they dealt with and recorded people's finances. This helped ensure people's money was handled safely and accounted for appropriately.

Appropriate personal protective equipment (PPE), such as plastic aprons, and gloves, was supplied for staff and there was guidance for them on when this should be used. Shoe covers were also supplied for staff as some people who used the service required people to remove their footwear when entering their home.

Is the service effective?

Our findings

At the previous inspection we found that staff either did not have supervisions or these were informal and outside of the office, which was not appropriate. There was not a system in place of regular formal supervision meetings. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulations) 2014.

We saw that the registered manager had implemented a supervision agreement, that supervisions would be undertaken four times per year. There was also a staff supervision practice evaluation checklist to help ensure staff's practice remained competent and their knowledge current. We looked at four staff files and saw that supervision agreements had been signed by the employee and the manager. There was evidence of supervision sessions having taken place and a number of relevant topics had been discussed at each session. We also saw that staff satisfaction surveys had been completed and these included questions about whether the induction, training and management support were satisfactory. The ones we looked at were answered positively. Actions, issues and targets from the previous supervision session were recorded and signed.

These actions had addressed the previous breach of regulations.

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 authorized under the MCA. At the previous inspection we found that the service was not working within the principles of the MCA. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulations) 2014.

At this inspection we checked whether the service was working within the principles of the MCA. Appropriate policies and procedures were in place. We spoke with four staff members who were able to explain their roles and responsibilities, the training they had undertaken and their on-going professional development. All demonstrated an understanding of the principles of the MCA and were able to explain how they would support people who used the service with decision making.

This demonstrated that the previous breach had now been addressed by the service.

There was evidence within the staff files we looked at that all staff had undertaken a comprehensive induction programme, including mandatory training and reading policies and procedures and shadowing a more experienced staff member. They were issued with an employee handbook for reference and we saw that training and competency assessment were on-going throughout people's employment.

We looked at the training matrix and saw that staff were undertaking basic training via the care certificate

programme, which replaced the common induction standards and national minimum training standards in April 2015. This was being undertaken by all staff, even if they had completed a previous induction, to ensure their knowledge was current. Extra training courses, such as training in behaviour that challenges, diabetes awareness, dementia, end of life care and MCA and Deprivation of Liberty Safeguards (DoLS) were also being accessed out by staff via an e learning programme.

We looked at four care files and saw they included a range of relevant health and personal information. Details of people's medical conditions and medication required were recorded and it was noted if people were able to self-medicate. There was guidance for staff in the event of a medical emergency, for example an epileptic seizure. We saw that each file had a support plan with the level of assistance required and a list of tasks for staff to complete for each person. GP and family contact details were documented.

We saw that consent was obtained when appropriate. For example, all care files were signed either by the person who used the service or their relative if they were unable to sign. Where required, people who used the service, or their relatives where appropriate, had signed an authority form for staff to hold a key to their property. Staff we spoke with were able to tell us how they obtained consent to deliver care. As some of the people who used the service were unable to verbally communicate staff would ensure they appeared happy via facial expressions and gestures. Relatives we spoke with confirmed that staff delivered care according to the wishes of the people who used the service.

Is the service caring?

Our findings

The four relatives we spoke with all described the staff as kind and caring. One person said, "They [the staff] are very pleasant. I can tell [my relative] likes them. He's got a smile, he's always happy and that makes me happy". Another told us, "Since they [the staff] have been visiting it has changed [my relative's] whole mood. She's uplifted with the company. She's just so happy". A third relative said, "There is a good response when [my relative] comes back. Staff let you know how he has been".

All the people we spoke with told us their relatives were treated with respect and courtesy. They told us dignity and privacy was respected and that staff ensured they included the people who used the service and their relatives in all decisions about care. Relatives told us the management team visited regularly to ensure they continued to be happy with the service and this made them feel valued and included.

The registered manager and other members of the management team contacted and visited people who used the service and their relatives on a regular basis to ensure they were still happy with the service.

The service had appropriate policies in place, such as confidentiality. Staff we spoke with were aware of the need for confidentiality and could explain its importance in their relationships with people who used the service.

We saw that people were given the choice of having a male or female carer, which was important to many of the people who used the service because of their culture. It was also important to some people who used the service to have a carer who was able to converse in their own first language. We saw that the service endeavoured to supply appropriate carers to meet this requirement.

A service user guide was produced by the service and given to all those who used the service. This included aims and objectives of the company, care staff responsibilities and what people could expect of their care. There was also information about safeguarding and where to report any concerns, quality assurance systems, such as questionnaires and other, less formal, feedback methods. The leaflet was available in English and two other languages.

Staff we spoke with were highly motivated and committed to providing a good, caring service. When explaining their roles and responsibilities it was clear that they put the person who used the service at the heart of it. Staff demonstrated clear values relating to individuality, respect and care.

Is the service responsive?

Our findings

We asked relatives if the service was responsive to changing needs. One of the relatives we spoke with told us, "[The staff] are really helpful when [my relative] is not well. They are very understanding if you want to change the times of the visits". Another relative said, "The best thing is that they [the staff] have helped so much with the emotional side. They have affected [my relative] in a positive way". Another said, "They adapt to [my relative's] moods. Changes are needed day to day and they can relate to him and calm him down".

We saw that the service tried to match up staff with people who used the service to ensure they would be compatible. The service delivery was reviewed on a continuous basis via formal reviews, satisfaction surveys and informal telephone calls and visits. Satisfaction survey questions included times of visits, communication, respect of culture and traditions, feeling safe and knowing how to make a complaint. This helped to ensure care delivery continued to be satisfactory.

The four care files we looked at were person-centred and there was evidence of people having choices in relation to their care delivery. For example, we saw that one person required a Punjabi speaking staff member, another required a Gujarati speaker. These preferences had been respected, as had people's choice for a male or female carer. Dietary requirements were also recorded.

We saw that people's preferences about what they liked to do as activities and the clothes they preferred to wear were also documented. One person's file included details of the particular grocery store they wished staff to use when doing their shopping. This demonstrated that people's choices and preferences were taken into account when care and support was being delivered.

The four staff members we spoke with were able to explain how they gave choice to people who used the service. For example they asked what people wanted to eat, how they wanted their personal care to be delivered, for example whether they wanted a shower or body wash and if they wanted to go out. Staff tried to ensure that if people were taken out it was to a place of their choosing that they would enjoy.

There was an appropriate policy and procedure in place for complaints and people who used the service and their families were informed of this when they commenced using the service. No complaints had been made at the time of the inspection.

We saw some thank you cards received by the service. Comments included, "Thank you for all the help and support that the agency have provided for [my relative]"; "Thanks for all your understanding in the planning of my care"; "A great thanks for the wonderful service you have provided [my relative]".

Is the service well-led?

Our findings

At the previous inspection we found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the registered manager had implemented a range of systems to assess the quality of the service. For example, we saw the results of a recent customer satisfaction survey which had been undertaken. This demonstrated that 100% of the customers were extremely satisfied with the service being delivered.

There was evidence that care plans were reviewed on a six monthly basis. Accident and incident forms were collated and analysed and any complaints were to be audited to ensure the correct procedure had been followed. Staff were subject to regular practical evaluations to ensure their practice remained competent.

These systems had addressed the previous breach of regulations.

We saw that the current Care Quality Commission rating and the service's public liability certificate were displayed in the office. The results of the satisfaction survey, in the form of a graph, were also displayed.

The management team ensured that there was someone on call at all times. People who used the service and staff were aware of the number to ring for support or assistance.

People we spoke with told us the management of the service were approachable. One person said, "Management are approachable and I could call any hour of the day. I have no concerns whatsoever and would personally vouch for them". Another told us, "[The management] are always in touch to discuss any problems".

We saw that staff supervisions and appraisals were now undertaken on a regular basis. This helped ensure staff personal development progressed and management were aware of any issues or difficulties. Staff satisfaction surveys were to be sent out annually to help bring any issues or concerns to light so that the management were able to address them.

The registered manager had implemented regular team meetings for staff. They were given one week's notice of the meetings via letter and the registered manager ensured staff rotas allowed for full attendance. There was a meeting template to ensure all relevant topics were covered. We saw minutes of the meetings were documented.

Staff we spoke with felt they were well supported. One staff member said, "This is the best place I've ever worked – great support from the whole company". Another said, "Very supportive management team". A third commented, "[The registered manager] listens to any problems". All told us they felt recent changes

had improved the service.

The registered manager liaised with the local authority on a regular basis to ensure the service was aware of any changes locally that may affect their service delivery.