

DALO Travel Limited

DALO

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

We inspected DALO on 11 April 2017. This was the first inspection since the service was registered in February 2016. DALO provides respite and holidays to young people with learning disabilities in a supported living environment. The respite service is provided at a property in Hertfordshire that is also owned and maintained by the provider. The service forms part of DALO Travel Limited who provide day opportunities and transport to support young people who are vulnerable to continue to develop their independent living skills after compulsory education. At the time of our inspection there were twenty one people using the service.

People experienced good care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff we spoke with demonstrated knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns

Staff told us they really enjoyed working for the organisation and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager had been in post since the service opened in 2016. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

People participated in a wide range of different social activities and were supported to access the local community. The registered manager and staff ensured everyone was supported to maintain good health. They took a very proactive approach to ensuring people's complex health needs were always met, and

consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were caring and always ensured they treated people with dignity and respect. They had a good understanding of the care and support needs of people using the service.

Staff were well supported with training, supervision and appraisal which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint. Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and administrator regularly visited the unit, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported with training, supervision and appraisal.

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Mental Capacity Act 2005

Is the service caring?

Good ●

The service was caring

People were well cared for by staff who treated them with kindness and compassion.

People and their relatives were consulted and felt involved in the care planning and decision making process.

People's preferences for the way in which they preferred to be supported by staff were clearly recorded. People were supported to maintain their independence as appropriate

Is the service responsive?

Good ●

The service was responsive

People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them.

All the staff demonstrated a commitment to supporting people to live as full a life as possible and were flexible with the hours they worked to enable this to happen.

Is the service well-led?

The service was well led. People and their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home.

There was sound leadership and the staff were given the support and encouragement they needed to support people.

There were robust systems in place for monitoring the quality of the service.

Good ●

DALO

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 of DALO took place on 11 April 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we went to the service's office and spoke with the registered manager, the service administrator and two facilitators (support workers). We looked at four care records and four staff records; we also looked at various records relating to the management of the service. After the inspection visit we spoke to seven relatives and one person using the service.

Is the service safe?

Our findings

People told us how they felt safe within the service. One person said "all staff are nice, yeah I feel safe." A relative told us "I feel that my son is safe. I had a situation with another [person living at the service] and DALO took the necessary steps seriously."

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. One support worker told us some people who used the service were not able to verbalise. They ensured they were observant of any changes in behaviour which could mean the person was being abused. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "You have to make sure everybody is safe. I would become alert if a service user's behaviour changed, I can tell from their facial expressions" and another told us "You can tell if something is wrong, they can become withdrawn and act differently, we understand their behaviour triggers." They explained that if they saw something of concern they would report it to the registered manager immediately. A support worker told us "you get to know people well; if they are non-verbal you can tell from their behaviour if something is not right. It is our job to protect them and raise any concerns." We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults to guide their practice in this area. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority. The provider had managed one safeguarding alert in the past year. We were able to confirm when reading records how the manager had worked effectively with the local authority, the person and their representative and co-operated fully with the safeguarding process. We saw that safeguarding was discussed regularly at team meetings.

Staff understood how to whistle blow and told us the different pathways through which they would report their concerns, depending on who their concerns were about.

There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual. Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. The registered manager said; "We promote people to be as independent as possible."

Staff knew what they should do to keep people safe when supporting them both in and out of the service. For example, one person had not cooperated in wearing a seatbelt; there were detailed plans in place to help staff support the person to manage this in. We also saw another risk assessment had been updated for one person following a hospital admission. If people's risk assessments and management plans were changed, staff were always updated with those changes, to ensure people remained safe. Risks assessments also included a behaviour support plan which identified risks and triggers for people using the service. Staff told us the registered manager discussed with them any changes at handovers and staff meetings. Support

workers then had to confirm they had read the new plans and understood what changes to the person's care delivery they needed to make.

Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers when in and out of the home and that there was always enough staff on duty.

Recruitment practices were robust. All of the relevant checks had been completed before staff began work. This included Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

People's medicines were safely managed. All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. All staff had a detailed knowledge of each person's medicines and how they preferred to receive them. Staff supported to prompt and administer medicines to people using the service and we were told by managers and support staff that this was recorded on Medication Administration Records (MAR) sheets. We looked at MAR sheets that had been returned to the office from the respite unit saw that there were no gaps and entries had been signed by support staff and audited by managers.

Is the service effective?

Our findings

People received effective care because staff were supported with induction, training, supervision and appraisal. Staff were highly motivated and talked in an enthusiastic way about their training and supervision. Support staff received a suitable induction in line with the Care Standard certificate when they started working at the service. They had been given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. The registered manager told us that she was an approved assessor for The Care Standard Certificate. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene.

Most staff had been supported to complete a national qualification in care. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, autism and behaviour that may challenge people and others.

It was clear the training had been very effective as staff were able to discuss in detail individual's care and behavioural needs and how to manage them properly. People's behavioural triggers were identified in their care plans and we saw action was taken to prevent any escalation in anxiety.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. A support worker told us "I feel supported, it's a good team"

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One support worker said; "it must be an assumption that people have mental capacity and given choice, we must empower people to make a choice."

Support staff gave us examples of how they communicated with people who were non-verbal by using a range of pictures, sign language and gestures. A relative told us "they will ask what activities does he want to do, they give a choice."

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food

they wanted and were supported with shopping and cooking for themselves. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. One relative told us "They must have a choice they normally write a food diary log about what food she has eaten." And another "he has breakfast, lunch, and dinner, and eats healthy. Put it this way, he isn't under nourished." Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. Staff knew about each person's dietary needs including special diets. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be.

The service supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would refer this to their line manager who would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the person's representatives when required. There was evidence in care support files which confirmed the provider was pro-active in referring to associated health and social care professionals and that staff sometimes accompanied them to their healthcare appointments.

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare. The service helped people to develop and maintain strong links with healthcare professionals such as the, occupational therapy (OT) and speech and language therapy (SALT).

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, occupational therapists and psychiatrists

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was some positive feedback such as "I would say they are caring, when (relative) wants to go for a shower they observe him, they are there for if needed with any help and support" and "they are professional, they always call or text me, I interact with the owner. When (my relative) has a concern they call me. I think they are good and they are very caring."

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes in detail with people, relatives and healthcare professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing in this area.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own ensuite bedroom. Support staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were very motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; "My daughter loves the place. And every day she asks me, when am I going to DALO?"

One support worker told us how they had seen a person's confidence and quality of life greatly improve since they had been living at the home. They said; "it makes the job so rewarding" and "I feel so happy when I see progress".

One member of staff told us caring was about "supporting people to be independent" and how they gave

personal care "in a way which allows them to do as much as possible themselves" Another told us "we always give people options, we know their preferences well." They did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person's room and they always explained what they were doing in the room. One person told us "they do respect my privacy; if I want time on my own they let me have it in my room."

Is the service responsive?

Our findings

The care and support people received was responsive to people's needs

Care plans were detailed; person centred and provided good information for staff to follow. The care plans included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. The information was easy to locate.

There was a 'Snapshot' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was also recorded how a person contributed to their support plan.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People's needs were then assessed in detail and relatives were always encouraged to participate. Comments from relatives included "Well they care about my son as far as I know and they will always involve me" and "I feel it's like a family to me I have a really good relationship with them."

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were made when they were needed.

People's care plans focused on their whole life and reflected their individual preferences and interests. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people live as full a life as possible. Daily routines were person centred and not task focused.

People had the choice to join in many activities. People's involvement in their individual interests, activities and education were well promoted by staff and everyone got involved in stimulating and enjoyable pursuits. Activities were very varied and people enjoyed things like swimming, bowling and martial arts. Arrangements for activities were always flexible and staff regularly worked outside of their normal hours to facilitate this. The service had the use of a number of accessible vehicles. We saw that recently people had been on holiday to Paris with staff support and another holiday was being organised for others. Relatives told us "it has lots of activities going on, things like football, martial arts, other things like shopping, prepare lunches, oh and he does some money management. I'm involved as well because I know what's liked and enjoyable." And "They run a lot of activities, trips, last year they went to Paris that was really good."

People were happy with the service and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of deterioration in people's physical and mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. For example when one person was refusing to eat we saw that referrals had been made to a range of professionals. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The registered manager told us "we work closely with social services especially following hospital admissions, we visit them in hospital to work out the best way forward." The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person.

The service had a complaints policy and this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service and their relatives told us they knew how to make a complaint if needed. We saw that there had been no formal complaints since the service was registered with the Care Quality Commission.

Is the service well-led?

Our findings

People who used the service and staff we spoke with praised the registered manager and said they were approachable and visible. It was clear from our discussions that she was highly motivated and passionate about her role. Relatives told us "It's run well enough" and "I do think it's well run, the manager is always available"

Staff told us "the manager is very good, we can talk about any difficulties or concerns", "I really enjoy my job and the manager makes an effort to ensure we are not over working" and "the manager is knowledgeable and supportive, we discuss different strategies to deal with situations, she knows the members really well."

The registered manager told us "I want to help young people to develop their independent life skills, having access to their communities to enable them to develop friendships and to have a healthy lifestyle"

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks' and also did telephone monitoring to review the quality of the service provided. We saw that there were spot checks undertaken to support workers. The registered manager told us "we are a small team so I can talk to staff every day."

The service also obtained the views of people in the form of questionnaires and regular 'parent meetings'. The latest questionnaires were recently sent to people and the service was in the process of collecting the responses. The registered manager told us that she had recently introduced new forms to provide, more detailed information as a result of feedback from parents to following a period of respite.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, Appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service.

The registered manager was committed to continuous learning for herself and for her staff. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people, she told us that she had recently become an accredited assessor for the Care Standards program

The registered manager also kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and she regularly attended multi-disciplinary meetings in order to get the best for her service users.