

Dillon Care Limited

# Dillan Care Pathway

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Dillan Care Pathway provides personal care to people across two supported living locations. At the time of the inspection, 17 young adults over the age of 18 with a learning disability, were using the service. Some people who used the service also had a physical disability.

People's experience of using this service:

People were positive about living at Dillan Care Pathway. Overall, relatives were satisfied with the service, however, we received consistent feedback that the service could offer more with regards to activities and community access.

Not all people were receiving care which was personalised to their needs and preferences. Meaningful activities in one location were lacking and people were not supported to access the community on a regular basis. Care records indicated that people spent large amounts of time watching television and videos, colouring books and walking within the house and garden.

Risks associated with people's care needs had not always been assessed in a person-centred way. Detailed guidance was not always available for staff to keep people safe.

Systems were in place to ensure people had received their medicines, as prescribed. However, guidance for the use of 'as needed' PRN medicines was not in place and detailed records were not kept when PRN medicines were administered.

The registered manager had completed audits on the home to support quality checks. However, for some areas, these had not identified where improvements needed to be made. Policies were out of date and not based on current best practice.

We observed some positive interactions between people and care staff. However, we also observed some negative interactions, which did not promote a respectful environment.

People had good health care support from professionals. Staff worked in partnership with health and care professionals.

People and relatives were positive about the food choices on offer. People's cultural dietary needs were met.

There was sufficient staff to support people. Staff were safely recruited. However, gaps in staff member's employment was not always explored and documented.

More information is in the detailed findings below.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment, person centred care and the governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (report published July 2017).

Why we inspected: This inspection was brought forward in response to incidents that had occurred in the service and concerns that had been raised about the safety and management of the service.

Enforcement: We served a warning notice on the registered provider for a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: We will re-inspect to check compliance with the warning notice. We will also ask the provider to submit an action plan detailing the steps they intend to take to ensure the required improvements are implemented. We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Dillan Care Pathway

## Detailed findings

### Background to this 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.

The inspection was prompted in part by an increase of notifications by the registered manager of police call-outs to the service due to instances of people displaying behaviour that challenged. The notifications indicated potential concerns about the management of risks associated with people's behaviours.

Inspection team: Our inspection was completed by two inspectors 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. Our expert-by-experience had knowledge about personal care of adults within the community. The expert-by-experience supported the inspection by making telephone calls to people who used the service and their relatives.

Service and service type: This service is a domiciliary care agency. It provides personal care to people with a learning disability living in two supported living settings staffed 24 hours per day.

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. The registered manager was also the company owner and nominated individual.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury and police call-outs; and we sought feedback from the local authority and other professionals who work with the service. We checked records held by Companies House. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service and four relatives on the telephone. We spoke with the registered manager, deputy manager, two team leaders and four care staff.

We reviewed six people's care records which included care plans, risk assessments, activity records and medicines records, eight staff personnel files, audits and other records about the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection. We received feedback from one social care professional involved with the service.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe. Regulations have not been met.

### Assessing risk, safety monitoring and management

- Risk assessments associated with people's health and care needs were in place. However, we found that overall, people's risk management plans were not sufficiently detailed or person-centred and did not provide staff with specific guidance on how to keep people safe in specific situations.
- For one person who had a sensory impairment, their risk assessment did not detail how that affected them. A risk assessment stated that staff should support the person at all times, but the risk assessment failed to detail what support staff should provide.
- For another person, who displayed anxiety and behaviour that challenged, their risk assessment stated that they should be offered PRN medicine prior to their behaviour escalating. The risk assessment did not specify what de-escalation techniques staff should follow prior to offering medicine.
- We observed that one person, who was unable to mobilise without staff assistance, was left sitting on a chair in their bedroom with the door closed. Staff told us that the person liked to stay in their bedroom and listen to music. However, when we approached the person, they indicated that they wanted to get off the chair and attempted to do this before staff could assist them safely, which placed them at risk of falling.
- People had personal emergency evacuation plans in place which described how to support the person safely in an emergency.
- The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems were undertaken.

### Using medicines safely

- We found that with one exception, medicines stocks corresponded with provider audits and records of administration. We found a stock discrepancy for one painkiller which was investigated by the registered manager during the inspection who identified a recording error.
- We found that the process for returning medicines to the dispensing pharmacy was not adequate, as we found supplies of not in use medicines stored in a controlled drugs cabinet. The last documented collection of medicines by the pharmacy was in late 2016. Following the inspection, the registered manager arranged for the medicines to be returned.
- Where people had been prescribed an 'as needed' (PRN) medicine, to relieve pain or agitation, detailed records were not kept for when people were administered these medicines. PRN protocols were not in place to provide guidance for staff on when to administer these medicines and what steps staff should take to de-escalate or support the person before administering the medicine. This is particularly important where anxiety medicines are administered, as the medicines contain addictive properties.
- We saw that some people were administered anti-anxiety medicines multiple times per day. For one person, they were administered the medicine 43 times in the month of January 2019. Records reviewed stated that the person was 'agitated'. The person's behaviour records for January 2019 stated that medicine

had been administered for agitation four times, when the medicine administration records detailed 43 times. Records kept did not give an accurate description of how medicines were used to relieve people's anxiety or behaviour concerns. We found similar concerns with another person's PRN medicine.

- Medicines were stored securely in locked cabinets with daily temperature checks.
- Overall, there was a lack of clear guidance and protocols for staff to follow and lack of clear records kept when PRN medicines were administered. The providers own medicines policy did not refer to PRN medicines.

Issues identified with the management of risks and medicines placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- We observed that both supported living locations were clean and free from malodour on the days we visited. Staff had access to personal protective equipment to prevent and control the spread of infection.
- Food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

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

- Feedback from people and relatives was that they felt safe using the service. A relative told us, "Very safe."
- Staff were knowledgeable around how to safeguard people from abuse and where to report concerns about people's safety. One staff member told us, "I inform management of any concerns."
- Safeguarding and whistleblowing posters were visible throughout the service and staff told us they had been provided with details of where they could whistle-blow.

#### Staffing and recruitment

- Throughout the inspection, we saw sufficient numbers of staff available to support people safely. However, feedback from relatives was mixed with some stating that there were not always enough staff available to assist people with activities or accessing the community. This will be reported on further in the 'Is the service responsive?' section of the report.
- Systems were in place to ensure staff were safely recruited, such as criminal records, ID checks and references. However, we found for some staff there were gaps in their employment history which had not been explored as part of the recruitment process. We spoke to the deputy manager about this who could explain the gaps, however, these had not been documented.

#### Learning lessons when things go wrong

- Accidents and incidents were documented with detail of the incident, actions taken and any further follow up required, such as installing a keypad on a door and removing sharp objects from the kitchen.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the service to ensure that the service could effectively meet their care needs. Care plans were developed from the information obtained during the assessment process.
- We saw for one person, a comprehensive pre-admission assessment was carried out which detailed their personal care needs, likes and interests and dietary needs. Their assessment was carried out with the involvement of their family and their previous care setting.

Staff support: induction, training, skills and experience.

- Staff received training in areas such as safeguarding adults, health and safety, fire safety, infection control, moving and handling and medicines administration.
- Newly recruited staff completed an in-house induction which reviewed policies, procedures and introduced care staff to service users. Following the in-house induction, staff were then booked onto a three-day induction course in which further training was delivered.
- We saw that six members of staff had not yet completed the induction course at the time of inspection. The deputy manager provided evidence that those six staff members were booked onto a course in February 2019.
- Staff told us that they felt supported in their role. Care staff told us that they could discuss any concerns or issues that they had. Records confirmed that most staff had received a recent supervision and an annual appraisal with either the registered or deputy manager. Newly recruited staff had not yet received a supervision.

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

- We observed people were offered choices on what they liked to eat. In one service, we saw staff cooking five different lunches based on what people chose. Feedback was positive around food choices. One person told us, "I like the food. I choose. Sometimes, I just ask." A relative told us, "There is a variety of food. Good quality and quantity, and good variety. [Person] is vegetarian."
- People were supported to make healthy food choices. In one service we saw staff praise a person for choosing a sugar free version of their favourite drink.

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

- People and their relatives confirmed that staff supported people to attend regular medical appointments. One relative told us, "If [person] is ill or not feeling well they will always ring and let us know what they're going to do. They will keep me informed of anything that transpires." All relatives spoken to told us that they

were kept updated with outcomes from any appointments.

- Details of appointments and outcomes were recorded in a health folder. We saw that people had regular reviews with health professionals such as opticians, dentists, dieticians and specialist learning disability and mental health professionals.

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

- Although the service was registered to provide personal care only, we did not inspect the service for accommodation. However, from our observations from visiting the supported living locations we saw that the services had been adapted and designed to meet people's care needs.
- We saw people's rooms had been decorated and arranged in ways that balanced respecting their preferences with ensuring safety. People were encouraged to personalise their bedrooms with artwork, photographs and bedding of their preference.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA. We checked whether the service was working within the principles of MCA. Nobody using the service was subject to a judicial DoLS, however applications had been submitted to the local authority, where the service had assessed as necessary.

- We saw that there were inconsistencies with ensuring appropriate consent for care was documented. We saw some care records were signed by the person to indicate their involvement and consent with their care plan, however, for others, we saw that a member of the service management team had signed the care record. The registered manager told us they had difficulties in confirming whether families had lasting power of attorney for some people, which made ensuring consent was appropriately obtained difficult.
- Records confirmed that mental capacity assessments had been carried out by the service in areas such as personal care, accessing the community and taking part in activities. Relatives told us that they were involved in discussions with the service regarding their loved one's care planning.
- Staff were knowledgeable in how to ensure people were consulted about their care preferences.

# 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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- We received positive feedback from people and their relatives regarding the caring nature of staff at the service. A person told us, "The staff are caring. I like all the staff. I get on well with them." Feedback from relatives included, "I think they treat [person] with respect. [Person] likes most of the staff from what we can tell" and "They are very caring and quite professional." A staff member told us, "It's like family here. We have a feeling of family for service users."
- We observed some positive interactions between staff and people who used the service, particularly in one of the homes. We observed the deputy manager engage in jovial conversations and banter with some of the people which included fist pumps on greeting each other.
- However, we also observed some interactions between staff and people which was disrespectful. We observed a staff member on two separate occasions tell people to stop fidgeting. We observed them say to a person who had their hands up their t-shirt, "I told you not to put your hands there." A second person was told, "Come on don't do that." Both people stopped what they were doing on the command of the staff member. We raised our concerns about this to the management team.
- We also heard another staff member shout at a person who was screaming, which was symptomatic of their learning disability to, "Stop, stop, stop!"
- People's cultural and religious backgrounds were respected and promoted. One person had been supported regularly to attend religious services and another person was supported to decorate their bedroom with religious posters.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- Relatives told us they were involved in planning and making decisions about care. A relative told us, "We are kept in the loop. We are included in decision making about [person]."
- Staff could tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom. We observed during the inspection that staff knocked on people's bedroom doors before entering.
- In one service, we observed staff and people engage in jovial conversations regarding their preferred activities and accessing the community.
- In the other service, not all people were involved in decision making about their daily activities and routines. We saw one person over the two days of inspection colouring in a book. Staff sat beside the person whilst completing paperwork and told the person to keep colouring when the person stopped. We were not assured that the person was engaging in this activity because it was their preference. This will be elaborated

further in the 'Is the service Responsive?' section of the report.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Some regulations were not met.

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

- Three relatives we spoke with raised concerns regarding the provision of activities for people living at the service. Feedback included, "I would like to see more activities which stimulate the user. There are things like painting or drawing but that can only go so far. They need to improve on this area", "In the unit [person] probably just listens to music, and they go to the park next door in the summer. There is definitely room for improvements in this area" and "I don't think they really use their initiative to do stuff with [person]. I give them some ideas but they don't really do much with [person]."

- We identified inconsistencies with the level of meaningful activities offered at both homes. In one home we observed staff support people to bake a cake and assist with meal preparation. We observed people go to shops with staff support. A person told us, "[Staff] help me do activities. We do baking. Help wash up sometimes."

- At the other service, on both days of the inspection, we observed people spend most of their time watching television, walking around the house/garden and colouring in a book. We saw little interaction or effort made by care staff to engage people in some sort of meaningful activity, despite there being sufficient staff on duty. Activities were not structured around people's likes, hobbies or interests. People did not have access to adequate stimulation or activities to meet their social needs.

- Daily recording of activities for people included, 'four hours listening to music, six hours watching TV', 'TV three hours, colouring one hour, playdoh two hours', 'listen to music two hours, walk in house four hours' and 'video two hours, colouring two hours, listen to music three hours.' We found numerous examples of days where people were documented to have spent many hours watching television, listening to music and walking in the house. For one person, care records stated that they had spent six hours walking around the house in one day.

- We checked daily records for three people and saw that for the month of January, they had not been supported by staff to access the community or attend any out of service activities, despite there being provision in funding for this to happen for some people.

- The only instances we found of people, whose records we reviewed, leaving the service in the month of January 2019 was for one person to visit to the park on one occasion, for another person three trips to the park and for a third person, one visit to see family and two trips to the park. On one occasion, staff had documented for a person, '[Person] wanted to go out but was very cold so just went on the balcony.' This placed people at risk of isolation from society.

- The service was not operating in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were not supported to live as ordinary a life as any citizen.

- People were not supported to identify any goals or aims as part of their care plan. We saw care plans referred to what support people needed in areas such as dressing, toileting, eating and drinking, washing

and showering. However, care plans did not identify any goals or areas of achievement for people to work towards with the support of staff.

The above evidences a lack of person centred care. This is in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was information on how to raise a complaint on display. No complaints had been recorded at the service since the last inspection.
- People and relatives told us they could raise concerns and felt that they would be listened to. A person told us, "I talk to staff." A relative told us, "Honestly, there's nothing to complain about."

End of life care and support

- The service was providing care to younger people and as such end of life care was not being provided at the service.

## 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.

Requires Improvement: Leadership and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- We found that there was a lack of understanding at management level of people receiving person centred care, both with regards to care records and provision of meaningful activities, which impacted significantly on people's quality of life. We discussed our concerns with the management team present on inspection. Following the inspection, the registered manager advised us that they had developed a new audit procedure for checking daily records and activities.
- The service had a range of policies available at the service which included medicines, recruitment, supervision and training. Policies were drafted and reviewed on an annual basis by the registered manager. Some policies reviewed were not up to date and reflective of current best practice.
- For example, policies seen referred to previous CQC regulations and methodologies. The medicines policy did not refer to the use of PRN medicines and did not refer to most recent published guidance, such as National Institute for Health and Care Excellence. The recruitment policy did not refer in detail on how references should be obtained and did not refer to current legislation governing recruitment. The supervision policy referred to a 1996 clinical supervision guidance document from the predecessor to the Nursing and Midwifery Council. The service did not employ nursing staff.

The range of concerns highlighted above is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place at the service. Each home was overseen by a team leader on all shifts, and in addition to that the deputy manager and registered manager were available and took a hands-on approach to delivering care.
- Staff told us they could contact the management team and felt supported in their roles. Feedback from staff included, "If you have a problem, they [management] always help us" and "The home is well managed."
- There was a range of quality checks carried out by senior staff at the service which included daily health and safety and cleanliness checks, weekly fire and medicines checks.
- In addition, the registered manager carried out monthly checks of people's care which included people's appearance and grooming, activities, premises, food, attendance at health appointments, staff communication, record keeping and cleanliness and maintenance. The registered manager also carried out an annual review, the last of which was in April 2018. This review focused on peoples care plans, safeguarding matters and staff recruitment.

- Some of the quality checks in place were effective, as we did not identify any concerns with cleanliness and health and safety on the inspection.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
- People and relatives told us they knew the management team and felt confident that the management team were contactable. Feedback received about the overall service was mixed. Positive feedback reflected that the service was safe, communication with families was good and the management team were contactable. Negative feedback centred on staffing levels, lack of activities and community access.
  - All relatives told us that they were kept informed if there were any concerns or incidents which involved their loved one.
  - A person told us, "I'm happy here." Feedback from relatives included, "It is probably the best home that I have seen" and "Increase meaningful indoor and outdoor activities."

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

- All relatives told us that they were involved in decision making and were asked for feedback on the service received. Relatives told us of attending care review meetings on an annual basis. One relative told us that they attended a six-week review meeting following a recent admission to the service.
- Annual surveys were carried out with people, relatives and staff. The last annual survey was completed in April 2018. Feedback seen was positive. However, we noted that some feedback from staff at the time referred to poor staffing levels and lacking activities. We discussed the feedback with the management team who told us that staff had been recruited which resolved the staffing concerns and any other concerns were discussed with staff in supervision.
- Regular staff meetings took place which discussed topics such as promoting people's independence, activities and people's individual care needs. Resident meetings did not take place. We saw that a weekly questionnaire was completed by staff for each person. All responses were noted to be positive.
- The service ensured that people's cultural and religious needs were met. For example, one person followed a religious diet which all staff were aware of and respected.

Working in partnership with others

- At the time of the inspection, the service had recently been reviewed by a local authority quality team. Areas for improvement had been identified and the service was starting to work through an improvement plan.
- The service worked in partnership with a variety of other health and social care professionals which included learning disability specialists, GPs, opticians, dentists and dieticians.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)</p> <p>Policies and processes were not in place for the safe management of PRN medicines. Paperwork relating to people's PRN medicines were not always completed properly.</p> <p>Risks assessments associated with people's care were not sufficiently person centred and detailed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)</p> <p>Systems in place to assess, monitor and improve the quality and safety of the service were not effective.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9(1)</p> <p>The provision of activities and meaningful stimulation was not always person centred and did not promote people's well-being.</p>

### **The enforcement action we took:**

We served a warning notice on the registered provider on 12 March 2019.