

Dignity In Life Ltd

DIL Place

Inspection report

28 Bradford Avenue
Bolton
BL3 2PF

Tel: 01204214700

Date of inspection visit:
10 March 2022

Date of publication:
12 April 2022

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

DIL Place is a small care home providing support for up to six young people with mental health issues. At the time of the inspection there were four people using the service.

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

The service ensured people were safeguarded from harm. Staff had completed safeguarding training and were able to demonstrate a good understanding of the subject. Risks were assessed and managed appropriately. Health and safety certificates were in place and regular maintenance was completed. Medicines were managed safely at the service.

Infection prevention and control measures were followed. However, the service had omitted to complete risk assessments for those individuals at additional risk of COVID-19. This was done immediately following the inspection.

Staff files evidenced safe recruitment, helping ensure people employed were suitable to work with vulnerable people. There were sufficient staff to meet the needs of the people using the service. Staff had completed an induction and regular training, but felt more advanced training would be helpful within their roles.

People's needs were thoroughly assessed and care needs were monitored and updated as required. People were supported to eat a healthy and varied diet. Staff worked with other agencies to help provide consistent and timely care. People told us they were well treated and they got on well with staff. People were supported to be involved in decisions around their care. People's dignity and privacy was respected.

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

Promoting a positive and inclusive culture was a high priority for the service. Communication with staff, professionals and people who used the service was open and honest.

Audits and checks helped ensure quality remained of a good standard. We have made a recommendation for the provider to implement an overview of audits to ensure themes and patterns are picked up.

The service worked well with other professionals and agencies.

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

Rating at last inspection and update

This service was registered with us on 30 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to look at all five domains and to rate the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

DIL Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

DIL Place is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. DIL Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 on leave at the time of the inspection, so this was facilitated by the acting manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the acting manager and two support workers. We also spoke with a professional visitor to the service

We reviewed a range of records. This included all four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted another health and social care professional who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate safeguarding systems in place, including an up to date and appropriate policy.
- Staff had completed safeguarding training and were able to demonstrate a good understanding of the subject.
- Staff were aware of the whistle blowing procedures.

Assessing risk, safety monitoring and management

- Risks were assessed and managed appropriately. Care files included appropriate individual risk assessments with guidance for staff on how to anticipate and mitigate the risks.
- Health and safety certificates were in place and regular health and safety checks, such as fire safety equipment and water temperatures, were completed. Any issues identified were addressed with appropriate actions.

Staffing and recruitment

- Staff files evidenced safe recruitment, helping ensure individuals employed were suitable to work with vulnerable people.
- There were sufficient staff to meet the needs of the people using the service.
- The service reported no issues with recruitment or retention of staff.

Using medicines safely

- Medicines were managed safely at the service.
- Staff had completed medicines training and competence was checked regularly to ensure their skills remained current.
- There was a clear procedure for staff to follow in the event of a medicines error.
- Medicines administration records were completed appropriately and regular documentation audits and medicines counts were completed to check for any issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. However, risk assessments for people at additional risk had not been completed. These were done following the inspection.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The service ensured lessons were learned from any incidents, accidents or complaints received.
- Discussion was encouraged around any staff errors or shortfalls to help improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and 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 thoroughly assessed prior to their placement and their care delivered according to their individual requirements.
- Care needs were monitored and updated as required. When the service felt they were unable to meet someone's needs the manager was prompt in raising this with the appropriate agency. A health and social care professional told us, "I had one client at DIL Place, [they] quickly raised concerns about the appropriateness of the placement for this client. Staff spoke with passion when voicing their concerns about my client's situation."
- People's choices were respected and included within the care plans.

Staff support: induction, training, skills and experience

- Staff were supported with a thorough induction and on-going training.
- Records evidenced all staff were up to date with training and refresher courses.
- Staff we spoke with felt more advanced and bespoke training would enhance their skills to deal with the range of physical and mental health conditions they encountered. This was already being discussed by the senior management team and a new trainer had been employed to facilitate further in-house training.

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

- People were supported to eat a healthy and varied diet. One person had the input of a dietician and staff were following the advice given to help ensure healthy snacks and exercise were encouraged, with good results.
- People who used the service were encouraged to participate in shopping and menu planning to help them gain skills and knowledge in this area.

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

- Staff worked with other agencies to help provide consistent and timely care. A visiting health care professional told us, "There is always someone [staff member] to greet you when you arrive. Staff are always lovely, helpful and sit with you if you need them."
- Care plans evidenced correspondence with other agencies and professionals and advice and guidance was followed appropriately by staff.

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

- The premises were well adapted, bright, clean and pleasant.
- There was plenty of space for people to utilize and they were encouraged to help keep the home clean and tidy.
- Each individual had their own bedroom, with their personal possessions in it.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within all the requirements of the MCA, and DoLS were in place where appropriate.
- All staff had completed MCA and DoLS training, knew where to access the guidance, and those spoken with demonstrated a good understanding of the principles.
- Staff were able to demonstrate how they assisted an individual with fluctuating capacity with decision making.
- Where people had capacity, they had signed consent forms for issues such as care and treatment and the administration of medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us they were well treated. One person told us, "Staff are friendly and so nice to be around. I feel I can talk to them about anything." A health and social care professional said, "In my opinion, the service is very caring. I visited a number of times and staff told me about the ways in which they had tried to make my client's life better."
- Staff were aware of the importance of respecting people's equality and diversity characteristics and the provider's policy was up to date and appropriate.
- Care files evidenced people's cultural and religious needs were supported.

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

- People were supported to express their views and be involved in decisions around their care. This was evidenced within care files.
- People we spoke with told us they knew about their care plans and what was included within them. They said they had been asked for their opinions.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. Staff we spoke with were able to give examples of how they did this.
- People's personal goals and aspirations were recorded within their care files and they were supported to reach these goals. For example, one person wanted to go to college and was being supported to look at appropriate courses that they would gain the most enjoyment and skills from. Another person liked to be involved with learning to cook and was being supported with this and other life skills.

Is the service responsive?

Our findings

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

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

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

- Care was planned to help ensure people had control and choice in their lives. One person told us, "I do crafts on Mondays, I'm going to my friend's house today. The food is alright, we can have a choice."
- Care plans included personal information around people's family and friend networks, hobbies, interests and worries. This helped staff ensure people were treated as individuals.
- Staff we spoke with had a good knowledge of each individual, their likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were recorded and supported.
- We observed staff taking time to understand what people were saying to them and communicating clearly back to them.
- For one individual, with some short-term memory issues, staff ensured things were written down as well as communicated verbally, to help them retain important information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain good relationships with family and friends. One person said, "I can go out and see my family and go shopping and I have a good friend. Family bonding is most important."
- People were supported with hobbies such as arts and crafts, baking and listening to music.
- One person liked to attend church every week with a family member. This would be facilitated by staff if required.

Improving care quality in response to complaints or concerns

- There were no current complaints, but there was an up to date and appropriate complaints policy.
- We saw some compliments received by the service. A health professional had recently written, "You are all making a wonderful difference to [person's] life and [person] themselves has stated they love all the staff at DIL place and are much happier being here."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager and staff had a good understanding of what was involved with promoting a positive and inclusive culture and this was a high priority for them.
- People's backgrounds, family structures and culture were considered when looking at how to provide the best support for them.
- There was an appropriate policy and procedure around equality and diversity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager understood the requirement to be open and honest and demonstrated a willingness to learn and improve.
- Procedures were in place to ensure the service had clear and honest communication with all parties. A professional visitor to the service told us, "[The manager] has been transparent and forthcoming when I have asked for information. She always responds to any calls/emails about my client."

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

- The manager and staff we spoke with were clear about their roles and demonstrated a commitment to advocating on behalf of people who used the service, to help make their lives better.
- On speaking with staff members, they were enthusiastic and positive about supporting people's goals and aspirations, whilst helping ensure goals were realistic and achievable.

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

- People who used the service felt they were respected and encouraged to be involved in all aspects of their care and support. One person said, "I am more confident and independent now. I need encouragement and support and staff encourage me in a good way. I can choose to do what I want."
- Regular house meetings took place where people could have their say about the general running of the home and bring up any issues or make suggestions.
- Staff supervisions and meetings took place regularly, giving staff the opportunity to discuss their work, training and development and any other matters.

Continuous learning and improving care

- A number of audits and checks were carried out regularly to ensure quality remained at a good standard. These included medicines checks, checks of health and safety equipment and documentation.
- We saw evidence that any issues identified had been addressed with appropriate and timely actions.
- Incidents and safeguardings were logged and addressed.

We recommended the provider implemented a monthly overview to ensure any trends or patterns could be picked up and addressed. This was done immediately following the inspection.

Working in partnership with others

- The service worked well with other agencies and professionals.
- One health and social care professional told us, "In my opinion, the service is well-led." Another professional who was visiting the service said, "If there are any issues, for example with medication, they [the service] will get in touch. They communicate very well. They let me know about any changes."