

Dignity In Life Ltd

# Dignity In Life

## Inspection report

197 Derby Street  
Bolton  
Lancashire  
BL3 6JT

Tel: 01204275013

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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

### About the service

Dignity in Life is a service which provides support to older people and younger adults with a range of learning and physical disabilities, in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting approximately 110 people of whom 102 were receiving personal care.

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

Systems were in place to safeguard people from the risk of abuse. General and individual risk assessments were evident within people's care files. Medicines systems were safe. Staff completed appropriate medicines training and regular refreshers to ensure their knowledge and skills remained current. The service were compliant with infection control and prevention procedures. Staff recruitment was safe, there was a thorough induction and on-going training. People told us staffing was consistent.

People's needs were thoroughly assessed and care plans were regularly reviewed and updated. The service worked well with other professionals and agencies and supported people with health issues.

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.

People were treated with kindness and supported well. People were involved in care planning and review and felt their dignity was always respected. People's choices and preferences were documented and taken into account when delivering care.

People were supported to access social activities if this was required. Complaints were addressed with appropriate actions and learning.

A positive, person-centred culture was promoted by the managers and staff at the service. People felt the manager was approachable and responsive. There was evidence of regular audits, satisfaction surveys and staff spot checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

Good 

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

Good 

# Dignity In Life

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 January 2020 and ended on 24 January 2020. We visited the office location on 23 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the administrator and four care workers.

We reviewed a range of records. This included eight 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 looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Systems were in place to safeguard people from the risk of abuse. People felt safe and commented, "They [staff] are very rarely late, but let me know if they are going to be. A relative said, "I can go out and know [relative] is fine. [Relative] is happy with the service".
- Staff completed training in safeguarding and were aware of the whistle blowing process. One staff member told us, "I am 100% confident with safeguarding, that I would recognise an issue and I would report it straight away." Another said, "I am confident to report safeguarding concerns and would whistle blow if I saw any poor practice."

### Assessing risk, safety monitoring and management

- There were measures in place to ensure risks were identified and steps taken to mitigate these risks.
- General and individual risk assessments were evident within people's care files. These were reviewed and updated regularly to help ensure information remained current.
- Accidents and incidents were documented and followed up with appropriate actions.
- Staff were aware of the 'no reply' policy, for when people did not answer the door.
- There was clear guidance for staff within the care files around managing behaviours that challenge to help keep staff and people safe.

### Staffing and recruitment

- Recruitment procedures were robust. Staff files included all relevant documentation to help ensure they were recruited safely.
- People told us visits were not missed. Staff felt there were enough employees to ensure people always got the required visit. One staff member said, "There are enough staff to cover for leave and sickness. Absolutely, I have no problems with this." Another told us, "There are enough staff actually and we always have time to complete our visits."

### Using medicines safely

- Medicines systems were safe. Staff completed appropriate medicines training and regular refreshers to ensure their knowledge and skills remained current.
- Assessments around medicines administration were included within people's care files.

### Preventing and controlling infection

- The service were compliant with infection control and prevention procedures. Staff completed infection control training and were aware of how to minimise the risk of cross infection.
- Personal protective equipment, such as plastic aprons and gloves, were supplied to staff to use when

delivering personal care.

#### Learning lessons when things go wrong

- Outcomes of reported accidents, incidents and safeguarding concerns were used for learning 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 commencing the service.
- Care plans were regularly reviewed and any changes noted. The plans were updated as needed to ensure staff were delivering care in line with people's current needs.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and on-going training. People felt staff possessed the correct skills and knowledge. One person said, "They have the skills to do the job, I don't want to change to another company. They get good training."
- Staff felt there were lots of training opportunities. One staff member told us, "If there is training available they always let us know. They give us time to do it", and, "There is plenty of training and I am up to date with it."
- There was evidence of regular staff supervisions and annual appraisals.

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

- People were supported with nutrition and hydration. Care files included information about people's particular dietary needs.
- Staff completed training in food safety and food hygiene. One staff member said, "I am mindful of dietary issues. I follow the diet that is in the care plan. All the information is there. We really care for these people."

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

- The service worked well with other professionals and agencies and supported people with health issues.
- Information within care files included people's health conditions and input from other professionals and agencies where required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care files included MCA assessments. Where people lacked capacity, decisions were made in line with best interests principles.
- Staff completed MCA training and one staff member told us, "I am 100% confident with MCA. I understand how to help with decision making and about best interests. You need to ensure people are given the best care. I encourage people if I feel they are struggling to make a decision." Another said, "I try to give options but can't force a person to do something. I would encourage them. Decisions have to be made for them sometimes but need to be right for them."

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were treated with kindness and supported well. Comments included; "The carers are friendly and kind", and, "I am very happy, very happy, yes." A relative said, "They are absolutely brilliant, they are brilliant, I would not like to have anyone else. I can't thank them enough. They are so caring and [relative] loves [staff member]." Another relative told us, "I am very pleased with them, I have never had any complaints. They smile with [relative]."
- Care files included information about people's culture, religion and other things that were important to them.
- Staff were happy with their roles. Comments included, "I'm very happy and enjoying it", and, "I enjoy my job a lot. I am very happy with my job."

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

- Care files evidenced people's input into their care and support and reviews of care.
- There was a service user guide, which explained all aspects of the service to help ensure people had all the relevant information.
- The management team made regular visits to people to check they were happy with the service and address any concerns.

Respecting and promoting people's privacy, dignity and independence

- People felt their dignity was maintained. One person said, "They [staff] keep the door shut to ensure my privacy." A relative told us, "They keep [relative's]s dignity, brilliant." Another said, "They [staff] work hard to promote dignity."
- Staff felt dignity was important. One staff member said, "One person asks me to leave the room whilst they wash their private parts." Another told us, "I keep people's dignity by ensuring any personal care is one to one and no one else is around."
- Dignity and privacy was referred to within people's care files as a reminder to staff.
- Care files included guidance for staff on promoting independence by supporting people to do what they could for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People's choices and preferences were documented and taken into account when delivering care. One person said, "I can ask them [staff] anything and they will do it. They will do anything for me."
- Care files included personal and social information. For example, people's food preferences and preferred routines were documented. People's first language and culture was noted and the service tried to accommodate each individual with staff who could communicate in their preferred language and would have an understanding of cultural issues.
- People told us staffing was consistent. One person said, "I have the same staff and get on champion with them. My carers are two of the best." Another person told us, "I get the same staff member. She goes shopping. She is very good." A relative said, "The same staff come every time and they are reliable and good with [relative]. They come four times a day but they are not obtrusive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to produce information in different languages or large print as required.
- People's care files included guidance for staff around their communication needs. For example, one person's plan outlined the gestures they used to ask for things such as food and drink. A staff member said, "I look after a [person] who can't speak or see. I have to communicate with them. I ask what they want and they point or touch what they want. I give them choice and they respond."

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

- Where people's care included support to access social activities or participation in the wider community, this was facilitated. One person said, "Every day they come, and they take me out on Tuesdays. I go for a walk with them, or shopping. I enjoy that."

Improving care quality in response to complaints or concerns

- There was evidence of appropriate actions and responses to complaints made. These were responses to both formal and informal complaints. Any themes within complaints were used for learning, to help improve practice.

- The complaints procedure was outlined within the service user guide. People did not have any complaints to report. One person said, "I am very pleased with them, I have never had any complaints." Another told us, "I have no complaints, none at all."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- A positive, person-centred culture was promoted by the managers and staff at the service. The statement of purpose outlined the aims of the service, to deliver a service that would be safe and friendly and would empower people.
- All relevant policies and procedures were in place and there was appropriate guidance for staff to follow. A professional said, "I have worked with dignity in life on several support packages and have found them to deliver a good service."

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 previous ratings were displayed as required.
- Responses to complaints and queries demonstrated a commitment to honesty and a willingness to learn and improve practice.

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

- People felt the manager was approachable. One person said, "The manager is always polite and always listens and takes any feedback." Staff told us, "[The manager] is lovely. Whenever there is a problem you can go to her and she is always there for us", "The manager is very good to speak to about anything. Any issues, we work them out together", and, "The manager always listens and understands. She will come through with support."
- A professional who had regular contact with the service said, "I have found the management to be responsive and they have attempted to address issues when they have been raised."
- Staff were able to explain their roles and felt well supported within the company. People felt staff were knowledgeable and well trained. They told us, "They do a good job, very good, very reliable."

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

- People and staff came from very diverse cultural, religious and ethnic backgrounds, with varying sexual orientations and all were respected equally.
- Staff were supported with regular meetings, supervisions and appraisals. At the meetings there was a 'carer of the month' awarded to a staff member each time.

## Continuous learning and improving care

- There was evidence of regular audits of care files. Care plans and risk assessments were reviewed and updated as required.
- Spot checks were carried out with staff to help ensure they continued to follow the correct procedures.
- Service user satisfaction surveys were sent out regularly and recent surveys were positive about all aspects of care and support. One comment read, 'Everything is good, my care worker is really good and I trust her in everything she does. Couldn't wish for someone better.'

## Working in partnership with others

- The service had links with the local district nursing team and arranged outings with the local Age UK service.
- The service regularly worked in collaboration with the local social work teams.
- The manager attended local commissioner and provider meetings and contributed to quality assurance meetings. These forums included discussions around the latest good practice information and guidance.