

Dignity In Life Ltd

DIL House

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

About the service

Dignity in Life Ltd provides accommodation and support for up to six young people with mental health issues. At the time of the inspection there were six people using the service.

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

At the last inspection we made a recommendation about managing medicines and this was complied with. Medicines were managed safely at the home.

People told us they felt valued and cared for and they were supported to be actively involved in all decisions regarding their care. People said their dignity was respected and they were able to have privacy when they needed it. Support was person-centred and people's preferences were respected. Staff communicated well with people who used the service. People were supported to participate in activities and keep in touch with loved ones. A positive culture was promoted and people were comfortable to discuss anything with staff.

There were appropriate systems in place to help safeguard people from the risk of abuse. Individual and general risks were assessed and monitored by the service. Health and safety measures were in place at the home. Staff followed all required infection prevention and control policies and procedures. The premises were clean and tidy.

Staff were recruited safely and there were sufficient staff to ensure people's needs were met. There was a thorough induction programme for new staff and regular training courses were attended throughout people's employment.

People's needs were assessed prior to admission and updates made to documentation whenever needs changed. The service had regular contact with other agencies and health and social care professionals to help ensure people's care and support was effective.

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.

Required notifications about significant events were completed and sent to CQC. There was an appropriate complaints policy and procedure. The registered manager was aware of the need to be open and honest. We saw a number of internal audits and checks within the home. Any issues identified were addressed appropriately, to help ensure continued good standards. The service worked well with other agencies and health and social care professionals.

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

Rating at last inspection

This service was registered with CQC on 27 June 2019. We carried out a focused inspection (published 9 October 2020) in the areas of Safe and Well-led. No overall rating was given at the time as all five domains were not looked at.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

Dignity in Life Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

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 since the last inspection. 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 three people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and a senior support worker

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file 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.

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 full inspection for this service. There was a previous focused inspection where the safe domain was rated good. This key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help safeguard people from the risk of abuse.
- A system was in place to log and escalate safeguarding concerns as required.
- Staff had completed safeguarding training and those we spoke with were confident around recognising and reporting any concerns.
- People told us they felt safe at the home. One person said, "I like the security, knowing I will be safe."

Assessing risk, safety monitoring and management

- Individual and general risks were monitored and managed by the service.
- People's individual risks were assessed, documented and actions recorded to mitigate the risks.
- General environmental risk assessments were carried out and addressed with appropriate actions.
- All required health and safety measures were in place and certificates relating to fire safety, gas, electricity and water were complete and up to date.
- Environmental checks were carried out regularly to help ensure safety.

Staffing and recruitment

- Staff were recruited safely to the service. All required checks were completed prior to new staff being employed.
- Staffing levels were sufficient to meet the needs of the people using the service.
- People who used the service told us there were sufficient staff around to meet their needs. Staff we spoke with felt there were enough staff to cover for sickness and annual leave.

Using medicines safely

- Medicines were managed safely. There was an appropriate policy and procedure in place and a protocol for staff to follow in case of any medicines errors.
- We observed a member of staff responsible for medicines on the day of the inspection. They were able to explain the systems and demonstrate the processes they followed when administering medicines.
- Medicines records were completed appropriately and regular audits took place to identify and address any issues.
- Controlled drugs (CDs) were managed safely. A CD record book had been put in place and staff were aware of how to record administration of CDs.

Preventing and controlling infection

- The process for visitors entering the building was not communicated as robustly as it could have been.

However, there were measures in place that visitors needed to follow and people who visited regularly were aware of them. We emphasized the need to ensure this was clear to all people entering the building and this was addressed immediately.

- 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.

Learning lessons when things go wrong

- The registered manager ensured lessons were learned when things went wrong.
- We saw evidence of changes to systems following internal or external audits which had identified areas for improvement.

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 full inspection for this service. There was a previous focused inspection where the effective domain was not looked at. 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 placement within the home. Care files evidenced people's needs, choices and preferences were all taken into account when decisions were being made about their placement.
- Support was provided according to people's changing needs, and these needs were constantly monitored and reviewed.
- Some people could display distressed behaviours at times. There was clear guidance within people's support plans around what their behaviour may indicate and how to mitigate any risks and alleviate distress.

Staff support: induction, training, skills and experience

- Staff were supported with a thorough initial induction, in line with the service's policy and procedure.
- The induction included training deemed mandatory by the provider, familiarisation with key policies and procedures and shadowing more experienced staff.
- Training was on-going throughout staff's employment and those we spoke with said there were lots of training opportunities.

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

- People were supported with nutritional and hydration needs.
- People's individual dietary needs were clearly recorded within their care plans.
- Staff had completed training in food hygiene and were aware of people's nutritional requirements.
- Where monitoring and encouragement to eat was required, this was documented for staff to be aware of and assist with.

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

- Care plans evidenced regular contact between staff and other agencies and professionals to help ensure effective support was provided.
- People were supported to external appointments and consultations. Professional reports were used to inform the level of care and support people required.
- Staff assisted people with healthy life choices, such as eating healthily or abstaining from alcohol and illicit substances.

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

- The premises were clean, tidy and clutter free and there was ample room for people to move around freely.
- People who used the service were involved in all aspects of housekeeping and assisted with general domestic chores.

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. 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 the principles of the MCA. Where people were deprived of their liberty this was done according to the legislation and guidance.
- Care plans included MCA assessments, where required, for issues such as medicines administration and the taking of photographs.
- People who had capacity had signed consent forms where needed.
- Staff had completed MCA training and were aware of the principles of MCA and DoLS.

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 full inspection for this service. There was a previous focused inspection where the caring domain was not looked at. 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 were treated with kindness and their equality and diversity respected.
- There was clear information about people's needs and wishes and staff were aware of each individual's requirements.
- People told us they felt valued and cared for. One person said, "They [staff] make you feel wanted I care about the staff because they care about me." Another person said, "I'm really settled, it feels like home."

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

- People were supported to express their views and be actively involved in all decisions regarding their care.
- People's views were recorded within the care plans and those we spoke with told us they were consulted about all aspects of support.
- People had signed to indicate their agreement to care plans and risk assessments.
- Regular house meetings took place where issues such as shopping, activities, meals, cleaning, staffing, feeling safe, dignity, privacy and environmental issues were discussed.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was respected and they were able to have privacy when they needed it. One person said, "They [staff] are definitely respectful. Staff engage with us, we have a good laugh."
- People were supported to achieve their goals. For example, one person was aspiring to having their own home and this was being supported as a long-term goal by staff at the service.

Is the service responsive?

Our findings

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

This is the first full inspection for this service. There was a previous focused inspection where the responsive domain was not looked at. 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 and support was individualised and people we spoke with felt staff addressed their particular needs and wishes.
- People were given choice in areas such as how they were supported, what food and drinks they had and how they furnished their rooms. Most people were able to go out when they wanted, subject to risk assessments to keep them safe.
- People's likes and dislikes were clearly recorded and the small staff team knew each individual and their preferences very well.

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.

- People's communication needs were documented within their care files.
- There was guidance for staff within each support plan as to how people communicated emotions such as distress, low mood or anger. Staff were then able to address any issues promptly.
- People felt their life had improved since moving into the home. One person said they felt the reason for this was the support and understanding received from staff. They told us, "It's great, absolutely marvellous. Staff are A1. They go above and beyond."

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

- Relationships with family and friends were supported at the home and people were able to see their loved ones on a regular basis. People told us it was important to them to maintain these relationships.
- There were a number of activities and outings arranged at the service. Some were therapeutic or practical, such as improving cooking skills, and others were more social activities like games, jewellery making and going out to a local farm or to a day centre.
- People were able to have a say in what they wanted to do on a daily basis.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service at the time of the inspection.

- There was an appropriate complaints, compliments and suggestions policy in place. The service responded to any suggestions made via service user surveys or meetings.

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 full inspection for this service. There was a previous focused inspection where the well-led domain was rated requires improvement. This key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection systems to manage medicines, specifically controlled drugs (CDs), did not comply with current guidance. At this inspection the improvements we recommended had been implemented and systems were now compliant.

- The registered manager was clear about their role and the senior staff member we spoke with had an understanding of their responsibilities and duties.
- The service worked with the local authority quality assurance team to help ensure good standards of care and support.
- We saw a number of internal audits and checks within the home. These included health and safety checks, medicines audits, infection control audits and audits of documentation. Any issues identified were addressed appropriately.
- External agencies visited regularly to audit medicines, infection control and quality standards.
- The service was open to learning from internal and external audits and implemented improvements where necessary.

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

- A positive culture was promoted at the home and people were comfortable to discuss anything with staff. One person said, "I can approach them [staff] when anything is bothering me." Another person told us, "I get support from staff every day. I could go to [registered manager] or [staff name] with any problem and they would sort it out for me."
- People's goals and desired outcomes were recorded and they told us staff worked with them and encouraged them to reach their goals. One person explained how they had achieved a level of stability with their mental health, which had previously been much more erratic.

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 registered manager was aware of their responsibilities to be open and honest about any mistakes or issues.

- Notifications about significant events were completed and sent to CQC as required.

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

- People were encouraged to attend residents' meetings and complete regular satisfaction surveys. Any suggestions made or concerns raised were taken on board and addressed appropriately.
- Due to the nature of the service and the small staff team, regular informal conversations were held between management and staff. Formal staff meetings took place occasionally throughout the year.
- Staff supervision sessions, where staff discussions about day to day working, concerns, training and development needs and performance took place.

Working in partnership with others

- There was evidence of good partnership working with agencies and professionals, such as district nurses, social work teams and other health and social care professionals. This helped achieve improved outcomes for people.