

Dillon Care Limited

# Dillan Care Pathway

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dillan Care Pathway provides personal care to people across two supported living locations; one in Barnet and one in Harrow. At the time of the inspection, 14 young adults over the age of 18 with a learning disability, were using the service, all of whom receive personal care. Some people who used the service also had a physical and/or sensory disability.

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

Improvements had been made to the service since our last inspection. People told us they liked living at Dillan Care Pathway and led active and social lives. People received their medicines as prescribed. Staff were safely recruited, and staffing levels were sufficient.

Where risks to people had been identified, staff responded to these by following guidance in people's care plans. Staff knew people well and as such they were able to tell us about how they kept people safe.

The management team monitored the quality of the service provided to help ensure people received safe and effective care. This included seeking and responding to feedback from people in relation to the standard of care. The management made regular checks on all aspects of care provision and actions were taken to continuously improve people's experience of care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions Safe, Responsive and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to have maximum choice and control over their lives to enable them to live their life to the full.

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported in a positive way to enable them to live as independently as possible.

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The management team and staff had a positive impact on people's wellbeing, confidence and quality of life.

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 and update

The last rating for this service was Requires Improvement (report published 20 August 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 3 July 2019. No breaches of legal requirements were found however we identified the provider needed to make improvements with regards to staff recruitment and overall governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check improvements had been made. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dillan Care Pathway on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe 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** ●

# Dillan Care Pathway

## 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

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2021 and ended on 13 July 2021. We visited the office location on 2 July 2021.

#### 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, team leaders and support workers.

We reviewed a range of records. This included 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 looked at training data and quality assurance records. We received feedback from two professionals who work 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us the staff provided safe care and support. One person told us, "I am very happy here." A relative told us, "I feel [Person] is safe as they are with other residents they have been with for a very long time."
- Processes were in place to ensure staff understood their responsibilities around keeping people safe and reporting any concerns they had. Staff were knowledgeable around safeguarding procedures and had received appropriate training.
- The registered manager engaged with any safeguarding enquiries and notified the appropriate authorities where they had any concerns around people's safety and well-being.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were recorded and guidance was in place for staff on how to protect people from harm. Staff were knowledgeable around how to support people safely, particularly where they displayed behaviours that challenged. Staff had received additional training around this area. One professional told us, "Staff had a good knowledge on the appropriate strategies which could support the service user."
- Staff told us, and records confirmed that the appropriate mental health professionals were contacted and notified of any incidents. Staff were proactive in requesting reviews when they had concerns around people's mental and physical well-being. Professional advice given was documented and followed. One professional told us, "Staff are able to follow through with recommendations which were made by professionals."
- Where incidents occurred to people, staff responded appropriately and documented clearly what had happened. The registered manager reviewed any accidents and incidents and ensured learning was shared with the staff team.

Staffing and recruitment

- At the last inspection, we found gaps in the providers recruitment procedures and staff working excessive hours. Following that inspection, the provider reviewed and amended their procedures around staff working hours and this was no longer a concern.
- The provider deployed staff based on the number of commissioned hours and people's needs and circumstances. Much of the staff team had worked at Dillan Care for years and knew people's care needs well. Staff told us they had enough time to spend with people and were able to support people individually, where appropriate, to access community activities.
- Improvements were made to the providers recruitment process and staff were safely recruited. They were required to provide evidence of conduct in previous employment, their right to work in the UK and that they were fit enough to carry out this type of work. All soon-to-be staff were required to have a Disclosure and

Barring Service (DBS) check. This enables employers to check whether an applicant is suitable to work for this type of service.

- One person who used the service was invited to take part in the recruitment process and was part of the interview panel for interviewing staff. The registered manager told us they had enjoyed the opportunity and made a valuable contribution to the decision whether to employ the prospective staff member.

#### Using medicines safely

- People received their medicines safely and as prescribed. There were appropriate storage arrangements in place. Medicines Administration Records were completed accurately and medicines stocks checked on the inspection matched records kept.
- Staff had received training and had their competencies assessed to ensure they could safely administer medicines.
- Where people were prescribed 'when required' medicines to manage anxiety, clear guidance was in place for staff to follow to ensure these medicines were given appropriately.
- Regular audits were carried out by team leaders and the registered manager to ensure that medicines were administered as prescribed.

#### Preventing and controlling infection

- The provider had implemented effective systems to prevent and control infection. Staff were facilitating visits for people in accordance with current guidance. Relatives told us, "The house is good and clean and has very high hygiene standards" and "The staff are very good with social distancing and PPE."
- Staff had received training around infection prevention and control (IPC) and COVID-19. Staff had access to enough PPE. Testing of staff, people and visitors took place at regular intervals. The premises were clean and well maintained. Additional cleaning was carried out to minimise the risk of cross-infection.
- People were supported to understand the impact COVID-19 and restrictions was having on their lives through regular meetings and access to easy read material. People were supported to maintain good hand hygiene and IPC practices when in the community or using public transport.
- We were assured the provider was making sure any infection outbreaks could be effectively managed and their infection prevention and control policy was up to date.



# 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 the same. 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; 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 had varied lives and received personalised care and support specific to their needs and preferences. One person told us, "I like to go shopping, do activities, I like to play games."
- Relatives told us, "[Person] is very busy with college and activities – much better than before they send me regular pictures and write ups" and "[Person's] care plan states that they must do activities for their social well-being. Before lockdown they went to day-care and church. They could not attend either of these during lockdown, so the staff did other things instead."
- Regular meetings took place for people and staff to discuss what activities they wanted to do and how they could adapt their usual routines considering lockdown restrictions. In house events such as BBQ's, birthday parties and bowling took place. Once restrictions were lifted, people were encouraged and supported to safely go out in the community. We saw one person went clothes shopping shortly after the shops reopened.
- People were supported to maintain relationships which were important to them. Relatives told us visits were facilitated and staff provided regular updates when visiting was not possible. Feedback included, "The staff phoned me to tell me what [Person] is doing I don't do social media" and "When they do activities with [Person] they very much keep me informed."
- People had detailed support plans in place. These contained information about people's choices and preferences. Support plans contained detailed guidance about how and when people liked to be supported. These plans were reviewed regularly as people's needs and support changed.
- People and their families were involved in care planning and had regular review meetings with the staff team. Families told us they were kept informed of any issues or concerns regarding their loved ones. One relative told us, "I have regular meetings about her care plan."
- People's cultural, ethnic and religious needs were documented in their support plans and staff provided support in these areas, if needed. For one person during the pandemic, staff supported them to listen and sing along with hymns on a smart phone.

### 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 identified and recorded in their assessment and support plan documentation. The service had implemented the use of Talking Tiles which helped to provide guidance for

one person with brushing their teeth.

- The provider had produced easy read information for people who benefited from this style of format. This included information on meetings, activities and COVID-19.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- Complaints were documented, investigated and responded with areas for improvement identified and learning shared.
- Relatives told us they were confident that complaints would be investigated. Relatives told us, "I have made a complaint a while ago. The activities did improve from then" and "I did once make a complaint, but they sorted out."

End of life care and support

- No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their end of life care wishes.

# 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 Requires Improvement. At this inspection this key question has now 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

- Lessons had been learnt from previous inspections and work was carried out to address shortfalls and improvements needed to the service provided. These improvements had been embedded and sustained despite a challenging year.
- Feedback from relatives indicated that they had found improvements had been made particularly in the area of activities and community access, which had been a significant concern at a previous inspection in January 2019.
- Checks and audits had been completed on all areas of the service. They had been effective in finding shortfalls, action had been taken to rectify these. The registered manager had oversight of all the supported living services and was aware of any concerns within the services.
- There was a clear management structure in place with a registered manager and team leaders who had specific roles and responsibilities. Staff told us they worked well together as a team. One staff told us, "Good teamwork" and "Good staff team. We treat each other with respect."
- The registered manager had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.

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

- Feedback from people was positive and evidenced they felt included and listened to. People told us, "Living here is brill, I really like living here" and "The staff are very nice." Relatives also praised the service, in particular the staff team who kept people safe during the pandemic. Feedback included, "The staff always seem nice and pleasant I have never had any concerns with them" and "I am very pleased with the staff and the way that they deal with [Person]."
- Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work. One staff told us, "It's a nice environment to work in. The service users seem to like the staff and get along with them."

We observed staff engage well with people and treat them with dignity and respect. People were free to move around their home freely and engaged with staff in light-hearted conversations.

- Staff knew people's care needs well which was commented on in professionals' feedback, "Their ability to know the service user well and they are able to provide person-centred care to individuals."

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

- People, staff and relatives told us the management team was approachable and supportive. Relatives told us they were kept informed and were transparent about any incidents.
- Professionals told us the staff team were open and transparent and kept them updated on any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with other agencies such as health professionals and the local authority to make sure people received the support they need. The management team kept up to date with national guidance and implemented changes as they were updated. Professionals told us staff engaged well with them and were responsive to any recommendations made.
- People were involved in the service as they were given the opportunity to give their views on the care that was provided to them. Feedback was also sought from relatives or other people who were involved with those receiving a care package.
- Where feedback from previous surveys indicated that improvements were needed, the registered manager evidenced that they had met with families and agreed on solutions. Improvements were made.
- Staff had regular meetings. Staff discussed people they supported and any concerns they may have. Staff told us they were asked for their opinions about the service and if they had any suggestions.