

Dedicated Care East Anglia Limited

# Dedicated Care East Anglia

## 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

The inspection took place on 19 October 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could meet with people used the service.

The service is registered to provide personal care to people in their own homes. People who used this service were living together in shared houses. On the day of our visit 19 people were using the service. The service provided care and support to people with learning disabilities.

There were two registered managers for this service, one of these was on annual leave at the time of our visit and therefore we spoke with just one registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that people were safe using the service. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet their needs, and the registered managers had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered managers understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent from people and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff maintained people's privacy. Relatives felt that staff were understanding of people's needs and had positive working relationships with people.

Care provided was individualised according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and made relevant changes to care records with the people who used the service.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality

assurance systems were in place to regularly review the quality of the service that was provided.

## 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.

Staff knew how to recognise and report abuse and had received safeguarding training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk against harm. Medicines were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering support and listened to people. Staff maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to support people to raise concerns and people felt confident to do so.

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

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

**Good** ●

# Dedicated Care East Anglia

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 19 October 2016 and was an announced visit. This meant the provider had notice so that we could make sure someone was available on the day. Telephone interviews were carried out on 24 and 25 October 2016 with relatives of people who use the service. These interviews were completed by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

We spoke with five people that used the service and five relatives. We also spoke with one of the two registered managers, the area manager and three staff members. We reviewed the care records of three people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

## Is the service safe?

### Our findings

People who used the service told us that they felt safe. One person told us, "Yes, I feel safe with staff" and another person said, "Yes, friendly [staff] and I feel safe". Another person told us that recently they had choked whilst out at a restaurant. They told us that staff were quick to respond and as a result, "[Staff] saved my life, felt safer with [staff] there". Relatives of people using the service confirmed this, one said, "I consider [person] is safe and happy".

Staff had the knowledge of how to protect people from harm. They told us that they were confident that they could refer concerns to the management team and that appropriate action would be taken. Staff were able to explain the processes they had in place to protect people from harm. Staff told us that, and we saw, that the agency provided a 'safeguarding card' to keep with them at all times. This card gave staff a quick guide to what to do if they felt someone was at risk of harm, and who they could call. Staff told us that they found this very useful.

Staff said that they also knew who to contact if their concerns could not be raised with managers. Staff undertook training in how to keep people safe from harm, and the agencies policy contained case studies to support staff's learning. This showed us that the agency was committed to giving staff the skills to protect people from harm.

People's care records contained risk assessments for different elements of their lives. These included areas such as moving and handling; medicines; eating and drinking; showering and fire safety. These risk assessments explained the risk, the outcome that was required and what would happen if the risk assessment was not followed.

Staff knew the risks that people were faced with and what they should do to minimise these. For example one person had epilepsy. We saw in this person's care record an epilepsy risk assessment so if this person had a seizure, there was a clear process to follow, including the use of a specific medicine. If this person did not respond to this medicine then an ambulance should be called. Staff confirmed what this process was and that they had experienced it whilst supporting that person. They told us that because of the risk assessment they had the appropriate information to be confident to deal with this risk.

Another person had detailed in their care record that they could display behaviour that some people found challenging. We noted that the record stated that the person should be given space and time by staff. The record provided staff with clear guidance on the possible triggers and how they should then support this person. The record also stated that staff should stand up when they supported the person with eating food. This was as the person got distressed if staff sat down, and this increased the risk of choking. We saw that the relevant assessments had been carried out for the risk of choking, completed by the agency and the appropriate healthcare professional. Staff were able to explain these assessments and how to minimise the risk of choking when eating.

There was detailed information for staff for dealing with emergencies, and staff knew where to find this

information. People who used the service also had a copy of these emergency plans, and these were in an easier to read format appropriate to their needs.

Relatives of people who used the service told us that they had no concerns about staffing. They told us that timekeeping was good and staff were not late. They also told us that their relatives had regular staff and that people knew staff. Staff confirmed that they felt that staffing was good and that they worked together as a team. Staff told us that each shared house had a core team. They could therefore meet people's needs but also be flexible around activities and trips out. The registered manager confirmed that staffing was assessed on people's individual needs and fluctuated appropriately if needs changed.

The registered managers followed safe recruitments practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process and staff confirmed that this was the process they had experienced. This meant only staff who were deemed suitable were employed to work with people using the service.

A relative of a person using the service told us that the person received support with their medicines. They told us, "They [person] self-medicated and [staff] support them around that". There were safe medicine administration systems in place and people received their medicines when required. Staff told us that medicines were kept securely and we saw that each person had a Medicines Administration Record (MAR), which was individual to them. The MAR showed people's personal preferences on how they liked to take their medicines and any allergies the person may have. Some people had medicines that they took that were as required, known as PRN medicines. These were recorded appropriately on people's MAR.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

## Is the service effective?

### Our findings

People who used the service told us that they felt that staff knew how to support them well. One person told us, "They [staff] look after me right". Relatives of people who used the service agreed. One relative told us, "Yes, definitely. They [staff] get total support". Another relative told us that the staff member working with their relative had just had their refresher training for First Aid. They continued to tell us that shortly after their relative was taken ill and the staff member saved their life. They felt this was supported by the training the staff member received.

Staff told us that they received regular training and that they could ask for any additional training that might be useful for their roles. Staff told us that they had undertaken the Care Certificate; the Care Certificate is a set of standards that social care and health workers work to in their daily working life. Existing staff were supported to undertake formal qualifications in health and social care.

Staff also told us about the induction that they received once they started with the service. This included shadowing more experienced team members to learn how to support people using the service. In this period staff confirmed they made themselves aware of people's care records and the agencies policies and procedures. Staff told us, and the registered manager confirmed that people could have more time to shadow experienced staff if they felt they needed it.

Staff received regular supervisions from their line manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues. Staff told us that they had handover sessions before and after they had finished their shift. Staff told us that these handovers were important so that they knew what had happened earlier in the day. There was also a communication book to ensure staff knew what had occurred since their last shift.

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

We saw that where people had the capacity to make decisions and consent to care this had been recorded. These records detailed information for staff on how a person either consented or withdrew consent. We also saw information that explained how staff should give the person time to decide whether they would consent or not. Where applicable people had signed their care records. The management team had also carried out

some work with these people to identify someone that they would like to advocate for them if there became a point when they no longer had capacity. There was evidence that these meetings had taken place with the person and their nominated individual, to ensure the appropriate process was followed to ensure this choice was upheld.

Some people had reduced or no capacity to make decisions. In one instance where a person had no capacity the relevant capacity assessments had been undertaken. We saw that the Court of Protection had deemed that the person lacked capacity and would need best interests decisions for their care and support. This person did have best interests meetings in place, and outcomes were acted upon. This person still wanted staff to tell them what decisions were being made and the outcome even though they may not understand. Staff were able to explain this to us and what this meant to the person.

Staff were very knowledgeable about the MCA and what this meant to people using the service. They were able to explain how people consented to care, through facial gestures or verbal speech. They were able to explain how they worked with people who did not have capacity and that they followed best interest meeting outcomes. Staff told us that they still offered choice to these people where they could and involved them in as many decisions as possible. This showed us that staff and the management team understood the law and regulations and also empowered people to have some control over their lives and care.

People told us that they were involved in choosing their own foods. Care records stated that people should be supported to plan their meals. People confirmed this happened on a regular basis. People then made a list for shopping and staff supported them to buy the food, and then supported people to prepare the meals.

At the time of our visit no one was at risk of not receiving enough to eat or drink. Staff told us, and we saw in care records, that people were monitored for weight loss regularly. Staff told us that if they felt someone was losing weight they would monitor the person's food and drinks and speak to the person's GP. One person had been overweight and staff had supported this person to access a class in the community that promoted weight loss. This person had reached their goal weight over the previous months. The person told us, "Without staff, I would not be able to do [community class]; they've been fantastic and helped me". The registered manager told us this person used to have a wheelchair and could not mobilise well; the weight loss meant this was no longer needed. This showed us that staff also supported people to make healthier choices with their food and achieve their goals.

Some people who used the service required support from a Speech and Language Therapist (SALT) to support with their eating and drinking. There were relevant risk assessments and SALT assessments in the care records. For example, one person was at a high risk of choking and required their drinks to be thickened and their food to be pureed. A staff member who worked with this person was able to tell us the amount of thickener that was required and confirmed that food was pureed. They added that staff would ensure this person had foods they enjoyed, and that they could have whatever they liked.

Relatives told us that they felt the people who used the service were supported to attend health appointments. The relative who told us about a person who was taken ill confirmed staff went with that person to the hospital. Care records showed there were a number of different healthcare professionals involved with each person and we saw appropriate referrals when people needed extra support. Staff told us that they felt confident which healthcare professionals to call if they needed to, and they would support people to attend appointments.

## Is the service caring?

### Our findings

People who used the service told us that they were very happy with the care they received and the staff. One person said, "[Staff] brilliant, fantastic". Another person said, "Best thing I ever did [using this service]", someone else told us, "I would be lost without staff". A recent satisfaction survey also had positive comments about staff with one person who used the service putting, 'I feel calm and happy'. A relative had written, 'I cannot fault anything, I am very pleased and happy knowing that my [relative] is happy and well cared for'. Relatives we spoke with were also very positive about staff and the service. One person told us, "I am very impressed, things are going well". Another said to us, "Yes they are all very dedicated and caring".

We observed staff with people who used the service when we met people. We saw staff were kind and compassionate, and that they knew people well. Staff and people chatted easily and people were at ease with staff. One person was a little anxious at meeting someone new, but staff were encouraging and reassuring and offered the person to go and sit in a quieter environment if they wanted to. Staff encouraged people to go and help with the drinks order that was placed and to be as involved as possible. Staff told us that it was important to get to know people well and encourage them as much as they could to be as independent as possible.

Staff felt that if they knew people well it would support them to carry out some tasks for themselves. For example staff told us that, where appropriate, they would encourage people to undertake personal care tasks themselves. Staff told us that they also encouraged people to carry out daily living tasks and maintain their own routine. For example one person liked to put the rubbish out, and this was the first job they did in the morning. Another person, currently living in a shared house, was planning their wedding. Staff were working with this person to maximise their independence in daily living tasks so they felt more confident. This was so this person and their soon to be spouse could live together independently. This showed us that staff were supportive of people and maintained people's independence and encouraged it.

People who used the service told us that they had a care plan and that they were involved in their care planning. One person told us, "Yes, I have a support plan". Relative's all told us that they were also involved in care planning, where the person using the service wanted them to be. Relatives told us that they felt involved, and one said, "Yes, we have always felt involved [with care planning]". Another told us, "They listen to what I say and take it [ideas] on board". They told us that reviews were regular and individual to the person.

Staff told us that care records were updated regularly and could be outside of the usual formal meetings. They confirmed that they included people who used the service when reviewing care and changes were made with them.

We saw that people's care records showed a person's likes and dislikes as well as preferences to receiving their care. Relationships that were important to people were detailed as people needed support to maintain links with friends and relatives. Care records were individual to people's needs and also recorded the personal goals they had for their lives. One relative told us, "They've [staff] have individualised the care and

support plan".

The registered manager confirmed that people had a review of their care every month; this was additional to their formal annual review. People's care records reflected this and also showed who had been involved and what information was used. For example we saw that one person's had recently had a review and it stated that the review had been completed with the person, working with the person, family and past support plans.

At a person's monthly review they were able to talk about what was working well with their care and what was not, as well as their thoughts on the overall service. The registered manager confirmed that whilst there was a dedicated staff member who ensured these reviews were undertaken, different staff would support people each month. This was to give the person the most opportunity to say if they were not happy. If a person had a concern that had arisen since their last review that was about a staff member they would have the opportunity to raise it.

A relative of a person who used the service told us that they felt the staff respected people's dignity. They said, "They [staff] will always knock on the door [before entering]". Another relative said, "There have been no issues or problems in this area" when we asked them if they felt their relative was respected by staff. Staff could tell us what the principles of good care were and gave good examples of maintaining a person's dignity. For example staff told us that they would knock on a person's door before entering. They said that they would close doors and blinds before delivering any care, and would always ask a person first before carrying out care. They told us that they would cover a person over when delivering care and ensure only people that needed to be in the room, were.

We saw that daily records were kept for the care people received. These records had been written in a courteous manner and only contained necessary information. People were also encouraged to write in their daily notes about what care they had received.

## Is the service responsive?

### Our findings

People who used the service told us that they could make choices about their care and what they wanted to do. One person told us, "Yes, get choice [of things to do]" and another said, "Yes, [do] what I want". Another person confirmed, "Yes if I want to do something staff will help me". Relatives agreed and said people were given choices. One relative told us, "Yes, they give [person] choices so [person] could decide". Another relative said, "[Person] is able to do things they want to do, it is very good".

Staff told us the different methods they used to ask people what they wanted to do. For example, one staff member told us that they would offer some people two to three choices of activities, and with someone else it would be picture cards. The registered manager told us that staff supported people to choose what housework tasks they wanted to do in their shared house. This was so that people living together could choose who did what tasks and if they wanted to do any shared activities as a group.

We viewed the care records of three people that used the service. Records were detailed and contained a large amount of information regarding the person and the support they needed. We saw that there was information around what choices people liked to make and what goals they wanted to achieve in life. Where a person used equipment or preferred to have their equipment used in a specific manner this was detailed. Care records included photos of how a person liked to be in bed for example with the aids and equipment they used. People's equipment was also in photographic form so staff could easily identify which equipment was for which task. Staff confirmed to us that they found the records useful and it helped them to support the people they worked with. They told us that they continued to work with people to keep their records individual to their particular needs.

People who used the service had a section of their care record that promoted their hobbies and interests. The care records also highlighted goals and specific activities staff needed to support people with. People led very active and busy lives and felt they could work towards their goals. One person told us, "I used to do drama, but now beginning to do swimming again, we go bowling and do cards [crafting]". Another person told us that they were an assistant leader at the local scout association group and that they really enjoyed going. One person had always wanted to see the Formula One motor racing at Silverstone, they told us that they went this year and they wanted to go again.

We spoke with staff about how they supported people to do all the things they wanted to. One staff member told us that they had supported two people to go and see a show in London. The staff member had supported the people to make all their plans and they helped with booking accommodation and the travel. The two people had enjoyed it so much that they were planning another trip next year.

Staff supported people to maintain their religious beliefs where people requested support. For example one person liked to go to church on a regular basis. Staff would support the person to get ready and take them to the church. The person did not want staff to accompany them into the church and so staff remained outside to take the person home.

This showed us that staff were responsive to meeting people's individual needs and to ensuring that they had access to their hobbies and interests, to maintain active and varied experiences.

People who used the service told us that they would talk to the staff if they had any concerns. However no one we spoke with had had to do this, they were very positive about the staff and the service. Relatives told us that they knew how to make a complaint and again those spoken to had not had to do this.

There was a complaints policy available to people and staff felt confident to act on issues if people raised them. There was also a copy of the complaints policy in an easier to read version for people who used the service.

The service had only received two formal complaints in the past year; these had been dealt with in line with the policy. We saw that the response was sent to the complainant with the outcome of the complaint and action due to be taken. The registered manager told us that they now used a person's monthly care review meeting as an opportunity for them to raise any concerns. The registered manager confirmed that people could talk to staff or the management team outside of this time as well.

## Is the service well-led?

### Our findings

The registered manager knew each person individually and what was important to them. We saw that conversation between people and the manager was relaxed and that people could talk about anything they wanted to. Relatives confirmed to us that they could talk to the registered manager at any time and that they felt listened to. One relative told us, "They [registered managers] listen to suggestions" and another told us every time they called the office, they felt listened to. A relative also told us, "I would recommend the service".

Staff told us that they felt supported by their immediate line management and the management team. One staff member told us that they really enjoyed coming to work, they said, "We are one big family; I cannot see myself doing another job". Another staff member told us that they felt really supported by the management team, better supported than in any other job they had ever had. Staff felt confident that they could raise concerns about the service to appropriate people, if they had cause to. They told us where they could find the contact details they would need to do this. No staff member had had to follow this process.

Staff were able to tell us the core values of the service one of which was to promote people's independence. Staff gave examples of where they encouraged independence and showed pride in their work. Staff could be nominated for employee of the month when they showed that they had upheld the values of the service, and were shown to be delivering a quality service.

The staff told us that they had regular staff meetings and that they felt they could raise any concerns there. They felt that they would be listened to and action would be taken. The registered manager confirmed that each team would have a team meeting and there was also a managers meeting. This meant that the registered managers had oversight of all the services that they managed and could address issues that affected everyone.

We saw that there were annual appraisals recorded to look at the overall performance of staff and what they still needed to work towards. This meant staff got sufficient support from the management team and time to discuss their own role. There was a clear line of accountability for staff to follow within the organisation. This meant that they still had access to advice and support if either of the registered managers were unavailable. Staff told us, and the registered manager confirmed that an on call system was in place for staff outside of office hours and staff always knew who that on call person was.

The registered manager could tell us what they felt were the key challenges for the service. To manage this they had a business continuity plan in place that was regularly updated. The registered manager had also employed a consultant to support them with identifying challenges and to put in place processes to deal with these and improve the service overall.

The registered managers had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance and audits around health and safety, including accidents. There were processes in place to analyse these audits to understand what was not working well, or why an

incident had happened. We saw that as a result action plans were in place or people's care records had been amended.

All staff were subject to spot audits, these included how staff presented themselves at work and medicine checks. Daily records were checked against the care records as part of these checks as well. There was a summary of these checks which included praise where staff had delivered a quality service and any areas to improve. If there were areas to improve these had a corresponding plan as to how and when they would be done. These audits included action that had also been completed as a result of the spot audit.

The service used satisfaction surveys to gain the views of people who used the service, their families and professionals involved in people's care. We saw that these surveys had been analysed by the area manager. These analyses showed the positive comments received but also where it was felt improvement was needed. The outcomes had been shared with people who used the service and families. Action plans were up-to-date and the registered managers saw quality monitoring as integral to the service provision.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.