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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dillan Care Pathway is registered to provide domiciliary care and a supported living service. At the time of the inspection, the service did not have any people receiving domiciliary care services and was providing 24 hour supported living services to 14 people with a learning disability, autistic spectrum disorder or a mental health condition from two addresses. A supported living service is one where people receive care and support to enable people to live independently.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

The service operated effective systems to prevent abuse of people using the service by ensuring staff had a good understanding of their role in identifying and reporting abuse or any concerns of poor care. The service kept accurate records of accidents and incidents and demonstrated learning had taken place to prevent future reoccurrences. Sufficient staff were deployed to meet people's individual needs. The service maintained safe medicines administration processes and met infection prevention control requirements.

The service followed safe recruitment procedures to ensure staff had been properly vetted before starting work with vulnerable people. People's health and care needs were met by well trained staff. Staff received regular support and supervision. People's nutrition and hydration needs were met and they were offered plenty of options in line with their cultural dietary needs.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us staff were friendly, caring and helpful. People received person-centred care from staff that treated them dignity and respect.

Staff supported people to attend a wide range of individual and group activities on the premises and in the wider community, including college. The service was responsive to people's changing needs and documented changes in people's care plans. Care plans were personalised and detailed life histories, individual needs and likes and dislikes were recorded.

The service carried out regular monitoring checks and audits to identify any gaps and areas of improvement in quality and safety of the service delivery.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dillan Care Pathway

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 took place on 13 June 2017 and it was announced. The provider was given 24 hours' notice because the location provided a supported living service; we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission and feedback from commissioners and safeguarding team. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. We looked at the information sent to us by the provider in the Provider Information Return, 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.

The inspection was carried out by one inspector and one 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.

During the inspection, we spoke with three people using the service, the director, manager, assistant manager and four care staff. We observed care and staff interaction with people in communal areas across the service, including breakfast and lunch times and activity sessions. Some people could not inform us on their thoughts about the quality of the care delivered. This was because they could not always communicate with us verbally and we could not understand how they communicated due to their complex needs. Because of this we spent time observing interactions between people and the staff who were supporting them. Following our inspection, we contacted two relatives. We reviewed four people's care records, medicines administration records and four staff files including recruitment and training records.

We looked at the service's accidents, incidents and complaints records, staff team meeting minutes, quality

audits and monitoring checks. We reviewed documents provided by the service on our request after the inspection. These included a reviewed medicines administration record audit form, audit log book, and policies and procedures.

Good

Is the service safe?

Our findings

We asked people and their relatives if the service was safe. Relatives' comments included "My son is safe" and "Yes, he is safe." Three people living at the service told us they felt safe with staff using their communication book and one person gave us a "thumps up". Others were not able to tell us.

Staff were able to describe their role in spotting and reporting any concerns or abuse. They had a good understanding of various types and signs of abuse. Staff said they would report it to the manager or the assistant manager if they suspected abuse. Not all staff were able to explain the role of external agencies in investigating safeguarding concerns. We informed the manager about this and they said staff would be retrained on that aspect via workshops planned in the next few months. We saw posters and information on abuse and the safeguarding process displayed in the communal areas. There had been three safeguarding concerns since the last inspection; we saw records of these at the service. The records were clear and included action points. The last safeguarding concern was raised by the previous registered manager; it was about missed medication administration. The records confirmed the provider had taken appropriate action, contacted a doctor and the pharmacist, the staff member was retrained in medicines administration. We looked at this staff members training records and confirmed they had received training on safe medicines administration following the incident.

Staff told us they raised concerns with the management and were comfortable in taking it further such as reporting it to CQC and the local authority should they feel their concerns regarding people's safety were not addressed by the management appropriately.

We looked at incidents records and they were appropriately completed and included actions taken to prevent future occurrences. There were updated and reviewed risk assessments, care plans and behavioural guidelines following incidents. The service identified risks involved in supporting people and instructed staff on how to manage those risks whilst providing safe care to people. Risk assessments were for areas such as medicines, accessing the community, personal care, premises safety, accessing the hoist, and activities. There were detailed and personalised emergency fire evacuation plans and staff were aware of how to safely support people. The risk assessments were reviewed every year and when there were any changes to people's needs. The service was in the process of reviewing people's risk assessments as part of their annual review process.

Staff, people and relatives told us there were sufficient staff on duty. Staff told us they had enough time to do their job effectively. However, some staff told us cooking three times a day for people using the service meant they were a bit stretched during meal times and suggested hiring a cook would be helpful. Some staff said shift times were a bit too long. We looked at the staff rotas which demonstrated staff worked 12 hour shifts and matched with staff that were on duty. Staff rotas showed morning and afternoon shifts had six staff members, and the service had two waking staff at night. The management told us some days of the week where people were visiting community venues required more staff numbers. The service had a pool of bank staff they would use in case of staff emergencies and absences, and did not use agency staff. During inspection, we observed staff looking tired after lunch time and some staff had not been on their lunch

breaks. Some staff said they would prefer shorter shifts. We spoke to the management about this and they said they were in the process of discussing with staff on how best to manage their time when on shift. This would ensure staff were taking frequent breaks and getting enough time out during shift so as to ensure people received safe care .

The service carried out appropriate safety checks before new staff started working with people. There were suitable recruitment documents in staff files confirming staff were assessed as acquiring the right skills, knowledge and were safe prior to providing care to vulnerable people.

Medicines and controlled drugs were securely and safely stored in a lockable cupboard that was accessible only by trained staff who administered medicines. We saw the medicines cupboard temperature record sheet showed the temperature was maintained as per requirements. Staff were trained in administering medicines and their competency assessed by an external trainer. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder. We looked at medicines administration record (MAR) sheets, they were easy to follow and staff were able to explain how they maintained it, and no gaps were found. Staff told us no one was on covert medicines but, one person was given a medicine in a crushed form. However, we could not find any documentation from a doctor or a pharmacist confirming that. Following inspection, we were sent a letter from the person's doctor confirming that they had advised staff to crush that particular medicine and mix it with yoghurt for the person to swallow it easily. The manager told us they spoke to the doctor and the pharmacist and the medicine is now prescribed in a liquid form.

As part of the inspection we looked at the kitchen area. Appropriate procedures were in place to minimise the spread of infection. For example, there were different chopping boards for specific foods to minimise the risk of cross contamination and there was a guide on the wall to prompt staff to use them. There were gloves and aprons available and we saw staff use them whilst providing care.

There was no malodour in the home. There were colour coded mops and mop buckets to minimise the risk of infection and there was guidance for colour codes displayed on the wall.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their health and care needs and met those needs. One relative said, "They know what he wants. They look after him well." Professionals we spoke with told us staff were well trained and supported people well. Staff demonstrated a good understanding of people's individual health and care needs.

Staff told us they were supported by their line manager and received regular supervision. They said they did not have to wait for formal supervision to raise any concerns or ask for help, they could do that at any time. The supervision matrix and records we saw confirmed staff received regular supervision. We spoke to the external trainer who delivered induction and regular training, they said new staff were given a detailed three day induction that included mandatory areas such as safeguarding, health and safety, food and hygiene, moving and handling, and medicines. Staff received annual refresher training and other relevant additional training in areas such as challenging behaviour, epilepsy, dying and death, and dementia. Staff said the training was very helpful. We looked at the staff training matrix which demonstrated staff were receiving regular training apart from one staff, who had not received training in over a year. The management told us this staff had a break for a year and been back at work for less than three months. The management sent us an updated training matrix that showed the staff had been allocated to various refresher training.

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.

The service had consent forms signed by people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. For example, one person's care plan stated their next of kin signed their tenancy agreement.

Supported living services must make Deprivation of Liberty Safeguards (DoLS) applications to the Court of Protection where appropriate. This was undertaken by making a DoLS request to the local authority as the statutory body. We saw DoLS application forms made to the local authority and records of correspondence where the management had chased up applications.

There were records of staff receiving Mental Capacity Act (MCA) and DoLS training. Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them. Staff told us they always sought people's consent before providing care.

We saw individualised daily menus including breakfast, lunch and dinner displayed in the kitchen according to personal and cultural needs. Each day showed different food options. People told us they loved food and

were given plenty of choices. People's specific food and drinks needs were met. The care records detailed information on people's needs in relation to nutrition and hydration and efficiently recorded what people had eaten and drunk. The care records detailed people's likes and dislikes in food and drinks and that meant staff were informed of people's preferences. Fridge and freezer temperature logs confirmed they met the requirements.

We saw records of the correspondence and referrals to various health and care professionals including GP's and occupational therapists. People and relatives told us staff and management contacted health and care professionals as and when required. Staff sometimes accompanied people at their appointments.

The service located in Hendon consisted of two lounge areas, two dining areas, a laundry room, an accessible kitchen, balcony and garden overlooking a park. People had individual bedrooms with accessible toilet and shower facilities. The service extended first floor and increased occupancy by two new bedrooms. The service owned an accessible mini bus, used for people to access community venues. People told us that the facilities met their needs. We observed people access their bedrooms, kitchen and dining areas with ease.

Good

Is the service caring?

Our findings

People's relatives told us staff were friendly and caring. During inspection we saw lots of positive interaction between staff and people using the service. There was a joyful atmosphere at the service, with people being sensitively supported by the staff team. We saw some people interacting with staff, some watching television, some playing board games, some playing football in the garden and some outside on the balcony enjoying the sunny weather and the garden. Staff were seen communicating with people using their preferred method of communication such as objects of reference, a communication picture book and an electronic computer pad with a program called 'Tell Us'. This program allows people to answer yes and no, and also spell out sentences. People using the service told us staff were caring and helpful.

People had the same staff working with them to provide them with consistent care and each person had a designated key worker. A key worker is a staff member who works with a person on a daily basis enabling them to understand the person's needs, abilities, wishes, likes and aspirations. We looked at the staff rosters and key worker list which confirmed people were supported by the same team of staff. Staff we spoke with told us they found supporting the same people enabled them to provide person-centred care and establish positive working relationships. One staff member said, "I key work with service users and [this] enables me to know them better."

People's relatives told us staff treated them with dignity and respected their privacy. Staff said they treated people the way they would like to be treated. One staff member commented, "Before I enter her [person using the service] room, I knock on her door and wait for her to respond." Another staff member said, "I always give choices and not rush people when providing care." We observed staff were patient and sensitive towards people's requests and did not rush them whilst providing care. We saw the management and staff had time to chat with people and engaged with them attentively.

People's relatives told us they were involved in planning and care reviews. We saw staff engaging with people around planning their care and involving them in making decisions. For example, we saw one person being asked if they wanted a shower or a bed wash.

We saw people's culturally specific needs were met. For example, one person liked listening to culturally specific music and watching particular shows and movies. Another person's culturally specific vegetarian dietary needs were met. We saw people's care plans made reference to their religious and spiritual needs. Staff supported people in maintaining their religious preferences and practices. For example, one person celebrated Hindu festivals; staff ensured the person was assisted in meeting those religious needs. Another person was being supported to visit church and it was included in their care plan. We noticed some bedroom doors had decorative name plaques. Staff told us they were working with people to make their own name plaque. People were encouraged to be as independent as they were able to be. One staff member said, "We support them [people using the service] to remain independent by enabling them to make choices."

Staff demonstrated a good understanding of the importance of maintaining confidentiality. We saw

people's personal and sensitive information was stored securely which meant that their information was kept confidentially. People were supported to access independent advocacy services when necessary. We saw most people had named independent advocates and the organisation's details in their care plans.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs and provided individualised care. We asked people if staff met their needs and one person responded saying "Yes with a thumbs up."

On receiving a referral, the management met with the person, their relatives and any other professionals involved in the person's care to understand their needs, abilities, wishes, likes and dislikes. This information was then translated into people's care plans. People's care plans were person-centred, and in an easy read layout with lots of images. They detailed information on people's background history, medical history, nutrition and hydration preferences, interests, cultural and spiritual needs, weekly activities and record of achievements. The service maintained separate folders for people's health related information and correspondence. The care plans had specific information for staff on how people would like to be supported. For example, one person's care plan stated, "If I am sick, I know how to communicate this to my staff but I need staff support to book a doctor's appointment urgently on my behalf as I rely on people who care for me to act promptly."

Staff had a good understanding of people's behavioural needs and there was detailed information on this in people's care plans. People's care plan included information on observations that staff needed to be aware of when people's behaviour changed, triggers that influenced people's behaviour and how staff should support people to manage their behaviour. For example, for one person who sometimes became aggressive and violent, their behavioural guidelines included observations such as "paces in and out of their bedroom, slams door shuts". Triggers were identified such as "change in weather, too hot or when hears words such as no, not, don't, wait" and under 'how to manage and support the person' stated "don't use words such as no, wait, cannot; staff to give the person a time frame set to go out and do activities."

We saw people's bedrooms were spacious and personalised with their belongings. Some people's bedrooms had pictures, religious figures and memorabilia; all of the bedrooms display boards had complaints and compliments information, weekly activities and personal grooming routines.

People attended weekly meetings where they were encouraged to give their feedback and raise any concerns or specific wishes. Meeting notes confirmed this. People were supported and encouraged in engaging in various individual and group activities. For example, weekly visits to the local pub, cooking and games sessions. People told us they enjoyed those activities and were developing their skills. We observed before lunch time a cooking session, during this session we saw staff patiently and individually supported people in preparing salad. Weekly activities planners were on display in communal areas. The manager told us they were in the process of consulting people and staff to draft a seasonal activities planner to ensure people were making the most of the good weather.

Staff encouraged people to raise concerns and reported them to the management, and recorded them in people's care plans. People's relatives told us staff kept them informed on people's health and care needs, progress and concerns. People and their relatives said their concerns and complaints were listened to and were comfortable in raising any concerns. There had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

The previous registered manager had resigned from the post and the provider had recruited a new manager who was undergoing the registration process with CQC. The new manager had been in post for a week at the time of inspection. People were aware of the changes and although, the new manager had already met some relatives, the management was in the process of formally informing the relatives.

People and their relatives told us they were happy with the service and that staff were good and tried their best. They said the assistant manager was always available if they needed any help and so was the director. One relative commented they were "happy with the service and no concerns whatsoever."

Staff told us they enjoyed working with the service and found their job rewarding. Staff's comments included, "I have been working here for four years and I find working here good", "I have been working here since July 2016, though the nature of the job is stressful, here it is more relaxed" and "I am proud [of working here] because I do my job properly and clients look forward to seeing me." Staff said they felt supported by their line manager and worked well as a team. Staff comments included, "Yes, I feel supported by my line manager. He always listens to me and is helpful" and "The manager is very willing to help and approachable."

The service carried out regular audits and spot checks to ensure the quality of the service was maintained as per the required standards, we looked at the records of the checks. We found gaps were identified and followed up. Most of the documents were being reviewed as part of the service's annual review process. The manager had updated the audit log book and the documents were being reviewed using the new system. We found the medicines audit was not comprehensive but did not pose any safety concerns. Following inspection, the manager provided us with the new medication audit form that included all aspects of medication administration and record keeping and was told it would be used straight away. The service sought feedback from people and their relatives, and results' analysis demonstrated people were happy with the service.

We looked at records that confirmed the provider continued to work with various health and social care professionals to continually improve the quality of the service and people's lives such as social workers, doctors, consultants, procurement teams and the local authority quality in care team. We looked at the most recent monitoring visit report from one of the local authorities that demonstrated that the service had met their action points and was delivering good quality care to people using the service.