

## Disablement Association of Barking and Dagenham

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### Inspection report

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25 January 2017

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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 the 19, 20 and 25 of January 2017 and was announced the first day. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be there to facilitate the inspection.

At the last inspection the service was meeting all of the legal requirements.

Disablement Association of Barking and Dagenham provided a number of services to support to adults and children in the community which included transport services, support with independent living and personal care.

At the time of the inspection 35 people at the service were receiving personal care.

The service required a 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. The service was in the process of recruiting a registered manager. The service was supported by a personal support service lead (PSSL) who managed the day to day running of the service.

People at the service were supported by staff who kept them safe as they had been trained in safeguarding adults and children and knew how to report abuse to their manager. Staff also explained they would whistleblow to external agencies if they thought someone they supported was at risk of abuse.

People told us they received their medicines on time and that staff supported them fully where it was a requirement of the care package. Staff were trained in the safe management of medicines and explained how they administered or prompted people with their medicines.

Staff stated they always risk assessed people's homes when they arrived. Risk assessments surrounding people's environment and any equipment used were produced to protect people from any harm.

Safe recruitment was carried out. Records showed that staff's previous employment history was checked and suitability to work was confirmed with a criminal records check.

In the event of an emergency staff explained how they would respond to keep people safe, by seeking further advice or calling the emergency services. The service had an out of hours telephone line for staff and people to use.

Staff received regular training, supervision and an annual appraisal. Staff felt well supported when they first joined the service and that they could approach their colleagues for advice. People were listened to at the

service and encouraged to make choices. Staff emphasised they were there to encourage people's own decision making, seek their consent and give care according to people's wishes.

People were supported to eat healthily and people saw appropriate health professionals to maintain their health and wellbeing.

People received support from staff who were kind and compassionate. Staff took the time to find out people's interests so they could actively engage in conversation and get to know people.

People's care plans were personalised and reviewed regularly. Care plans detailed how to support people with their daily choices and routines and support their goals. People took part in a number of activities of their choice and some of which were provided by the service to avoid isolation.

People and their relatives spoke positively about management at the service and felt they could contact them easily. Staff were happy with management and felt well supported to raise concerns they had about people or their work within the service.

The service had number of quality monitoring systems at the service which included spot checks to monitor staff and sending questionnaires to staff.

## 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 understood how to raise safeguarding concerns and how to whistleblow concerns to outside agencies.

Risk was assessed by the service regarding people's home environment and equipment to protect people from the risk of harm.

Safe recruitment was carried out and the service checked that staff had the experience required and completed a criminal records check to ensure they were suitable to work in care.

Medicines were handled safely and staff received training to ensure they supported people safely.

### Is the service effective?

Good ●

The service was effective.

Staff were inducted and trained so they had the knowledge to support people.

Staff received regular supervision and an annual appraisal to discuss their work.

People were supported to make their own decisions at all times and their consent was requested by staff before a task was performed. Staff demonstrated they understood the principles of the Mental Capacity Act 2005.

People were supported to eat healthily and to see health professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff.

People's privacy and dignity was respected at all times and

during personal care.

End of life wishes were discussed with people if they wanted and their decisions were documented by the service.

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

**Good** ●

The service was responsive.

People had individual care plans that were personalised to their needs. People's choices and daily routines were documented and updated as needs changed.

People took part in a number of activities of their choice to prevent social isolation.

People were provided with information on how to make a complaint and staff supported people to do this.

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

**Good** ●

The service is well led.

People had a good relationship with the service and could get hold of management at the service easily. People's views were requested during spot checks and telephone monitoring.

Staff spoke positively of management and felt listened to when they brought up work matters for discussion.

Staff had opportunities to share their views during team meetings and by completing an annual staff questionnaire.

The service used a number of quality monitoring methods to ensure the service was performing well for people.

# Disablement Association of Barking and Dagenham

## **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 the 19, 20 and 25 January 2017 and was announced on the first day.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be there to facilitate the inspection.

The inspection was carried out by one inspector and an expert- by- experience contacted people who used the service on the 25 January 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of community based services for older people.

Before the inspection we contacted the local authority contracts team in Barking and Dagenham for feedback on the performance of the service.

We spoke to the Director of Operations, the personal support service lead PSSL (who had day to day responsibility of the service), two care coordinators, a senior support worker and two support workers. We spoke with nine people who used the service and six relatives.

We reviewed five care plans including associated risk assessment and medication records. We reviewed five staff files which included their recruitment records, training, supervision, spot checks and appraisal records. We also reviewed other documents relevant to the management of the service including, quality assurance records included, call monitoring, meeting minutes and questionnaire feedback.

## Is the service safe?

### Our findings

People we spoke with told us that they felt safe using the service as carers were introduced to them before starting to work with them and risk assessments were carried out to minimise any risks to both them and staff.

A relative said, "Overall, I think he is safe and well cared for." Another relative said, "I feel he is in safe hands and even my sisters have noticed the difference in the house since the cleaning has started".

People were introduced to staff so they knew who was visiting them at their home when they arrived for their first visit. One person said, "If there is one (a new carer) that I don't know, they let you know first." Staff also wore an identification badge to confirm they were from the service. People were further kept safe in their homes as staff would sometimes use a key safe (a box holding door keys requiring a code) to enter. Staff said they would always call out once they had entered someone's home to let them know they were there. Where people received care from the supported living unit, the unit was guarded by a warden and staff were required to sign in and out.

People were protected from the risk of abuse as staff were always vigilant to the signs of abuse and could identify the different types of abuse people using a service could experience. Staff had received safeguarding training and knew their escalating procedures which included reporting to the manager in the office, the chief executive of the service, social services, GP, police, mental health teams. Staff also said they would whistleblow to the Care Quality Commission (CQC) if they thought the matter was not being investigated. For example staff explained if bruising was seen they would report it to the main office. Records viewed confirmed that staff documented any bruising found on a person's body map. Other records confirmed that staff reported concerns regarding neglect and social services were now involved. This showed that staff protected people where they thought their safety was at risk. The PSSL said, "Even if they [staff] think it is small still report it." The PSSL stated that by having regular staff visiting people it meant that concerns could be detected faster as they knew the person.

Risk was assessed by the care coordinators when preparing the care package and support staff advised they always assessed people's home when they went to deliver care. Risk assessments contained control measures to minimise the risk to people. The home environment was assessed to ensure people were in safe living conditions and that there were no visible trip hazards or blocked stairways for example. A member of staff said, "I always do a visual risk assessment i.e. are there bags of rubbish outside, or has something in their home changed such as equipment."

Risk assessments were adjusted where it had been identified people's mobility was reducing. Where someone was previously supported by one member of staff the service reassessed that two members of staff were needed to enable safe transfers.

Equipment used in people's homes and in the supported living unit were checked before use. Staff told us they always checked that slings were safe and to check there was no fraying of the fabric. Staff told us they

also checked the last service date where ceiling hoists were used. A senior support staff told us they had noticed someone's wheelchair was not securing correctly and this was reported to be repaired. After the repair this member of staff said they were still not satisfied the wheelchair was safe and it was repaired again. Records confirmed the wheelchair was repaired. The extra checks performed by staff showed that people were using equipment that was safe for them to use.

Medicines were managed safely. Staff explained how they would safely manage medicines by checking the care plan, ensuring medicine has been taken before signing the medicine administration record (MAR) and medication given sheet. We reviewed the MAR of five people. One person said, "My carers give me my medicines at each of the four calls a day. They have a book they write in what they have done and also have a medication sheet that they fill in." People's care plans detailed people's current medication the level of support they received from the service whether it was reminding someone to take medicines or self administration. If a medicine error occurred all staff we spoke to told us they would record it, call the GP for advice and report to the office.

In the event of an emergency staff said they would call the emergency services. The PSSSL advised when the office was closed, two care staff would manage the out of hour's telephone line so that staff and people could contact them with any queries or concerns.

Safe recruitment was carried out and records confirmed that staff completed an application form, interview and provided documentation to confirm their identification, two references were obtained and a criminal records check completed to ensure suitability to work with people in a care setting.

We did note two criminal records checks out of 40 had not been done for some time and we informed the service of this. Whilst the checks were requested we recommend that the service follows best practice to ensure criminal record checks are completed in time.

## Is the service effective?

### Our findings

All the people we spoke with praised the staff who supported them. People felt confident staff knew how to provide services and care to meet their own specific needs. People told us that they had the same staff, which was important to them as it made them feel safe and confident in the knowledge that the carer knew them well. A person said, "I think she [staff] is very good at her job, she is very understanding and knows how I am feeling." Another person said, "The first time before [staff] started, they explained things and got to know what I wanted and they made sure that I was comfortable with her." A relative said, "I have confidence in the carers, I feel he is definitely safe in their hands and they definitely have the skills and knowledge to care for him in right way."

People were supported by staff who had been trained to be effective in their roles. Upon joining the service staff completed an induction reviewing policies and procedures and then completed a period of shadowing, lasting three days. Staff told us they felt well supported in their jobs and shadowing really helped as well as refresher training. A member of staff said, "They don't just send you out there." The same member of staff said, "Everything taught can be put into practice."

Records confirmed a number of training courses were completed by staff, which included, medicines, moving and handling, equality and diversity, fire awareness, food safety, health and safety, infection control, safeguarding children and adults and epilepsy. Staff who supported people with PEG feeding, in the supported living unit, had to complete additional training in this area with a specialist provider, to ensure they could safely support them.

Records confirmed that staff received regular supervision every three months, completed a three month probation, spot checks every six months and an annual appraisal. Staff had an opportunity to discuss their own training needs and the needs of the people they cared for. This meant staff were being supported in their jobs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff understood their responsibilities under the mental capacity act and the importance of people being able to make their own decisions in their lives, respecting preferences and seeking people's consent before doing a task. Care plans clearly said to offer people choice and to respect their food preferences and whether they wanted to receive personal care at the time it was offered.. Where people were unable to make decisions records confirmed that relatives had applied for a lasting power of attorney to manage health and welfare decisions and their relative's finances.

Where staff supported people with meal preparation their care plan stated if they were diabetic, encouraged them to eat healthily and whether they needed food to be cut into small pieces. A member of staff said, "It's their choice, I try and explain to eat healthy." The same member of staff said "[Person] has stopped eating cakes, we find alternatives." Another member of staff said, "[Person] has mashed food and thickener, we encourage plenty of fluids." Records in people's homes confirmed what people had to eat at breakfast, lunch, dinner and snack times.

People were supported to make appointments with health professionals, and hospital transport. People also met with occupational therapists, district nurse, GP and social worker. A medication sheet listing current medicines being taken was in people's care plans which would accompany them on hospital admissions. This meant the service ensured people were receiving effective support once they arrived at hospital.

## Is the service caring?

### Our findings

People said staff were caring, considerate and understanding of their needs. One person said, "My carer makes me a cup of tea or anything else I want and we just have a little chat, it is nice." Another person said, "She does whatever I want her to do. She will sit and talk to me, make me a drink or sandwich. She is very nice to me; I get on well with her. I can't fault her in any way." A third person said, "They are very good, even if I am being difficult due to pain, they always do their best". A relative said, "I am happy with the service, my daughter enjoys it and it is her service. She looks forward to seeing people on the 3 days she has them coming in".

The PSSSL told us that the staff were very caring towards the people they supported. The PSSSL said, "They [staff] don't just go out on visits, they speak to people, ask them what they want. I go home knowing staff are doing a good job." The PSSSL gave an example of how a member of staff had placed the clothes someone was to wear on the radiator so they would be warm for them.

The PSSSL emphasised the importance of people having a regular member of staff supporting them to help maintain continuity of care and for the staff member and person to build up a relationship. The PSSSL said, "We try not to introduce too many different staff to people." Staff explained they got to know people's likes and dislikes through talking to them and their family. A member of staff said, "I ask them what they like and then I will make a point to look it up so I can talk about it next time." Care plan records showed the service recorded people's previous work history which helped staff get to know people. Staff also spoke to people during tasks, a member of staff said, "I talk them through what I'm doing, I don't just put a sling on them, I ask if they are comfortable and if they are in discomfort I lower and readjust them."

Staff described different people's communication skills and records confirmed the examples given and how different people communicated. For example staff gave an example of how someone used gestures to express themselves and when they wanted a drink they would bring a cup to staff.

Staff demonstrated they knew how to reassure and comfort people if they were upset. A member of staff said, "Sometimes just putting a hand on theirs as comfort helps and I ask if they want to have a chat in private."

People's preferences were respected; this included calling people by their preferred name and choice of carer. People told us that where they had not felt comfortable with a new member of staff the service had always acted on their wishes and changed to a new staff member. In people's care plan their religion was stated and staff supported people to attend their place of worship.

Privacy and dignity was respected during personal care. Staff stated they would always knock on people's door to see if they can enter, ensure bedroom or bathroom doors and curtains were closed and would cover people so they were not exposed. Staff also explained they would encourage people who were able to do certain aspects of their care and assist where needed. For example a member of staff said, "I will wash [person's] back but give them the flannel as they can do other areas themselves.

End of life wishes were discussed with people if they wanted to do so. Some people had already planned what they would like at the end of their lives with the support of their family. Records confirmed that staff were due to attend end of life training to further understand this area.

## Is the service responsive?

### Our findings

People told us they felt included and involved in their care planning and that care was focused on their individual needs.

The care coordinators explained they visited people to prepare the care plan and assess their needs. One person said, "They came round to do a risk assessment to make sure that things are safe for me and the carers."

Care plans were reviewed regularly and after the initial visit the care package was reviewed after three months, six months and annually. A relative said "Once a year, we have a care plan review meeting where I and my daughter have an input." In between that time people would receive a call from the service to check their needs were being met.

Care plans were personalised and contained people's choices. People's goals were promoted and people's care was planned around people's needs. Information about people's medical condition, medical history, level of communication, details of risk and how to manage it and tasks needing support were included in the care plans. People and their families were involved in the care planning process and invited to reviews of care. Care plans stated that they had been prepared with the person communicating what they wanted and whether any relatives and friends had been present. The PSSSL said, "We make sure staff check the care plan and always ask the person what they want, never assume."

Care plans clearly detailed the level of support and described what they needed to do for a task to be completed. In one care plan it stated, "Assist with stoma bag and prepare breakfast of choice." In another care plan staff were directed how to transfer safely from hoist and to a chair and to place a lap belt to secure a person. One person said "My carer makes sure that I have everything I need."

Staff responded quickly to changes they observed in people's needs, records confirmed that staff documented in daily logs how people were during their period of support and whether they had any concerns in people's health needs. Care coordinators confirmed this information was sent back to the office and further reviews with the person and health professionals were arranged.

People were protected from the risks of isolation as the service worked with their own in house team called the "Golden Years". This team worked with older people to spend time with them, introduce them to new friends and help them learn new skills.

People were supported to participate in a number of activities of their choosing. Records showed that people attended day trips to local shopping centres and cafes, trips to the beach, cinema and weekend trips away to respite centres. A relative said, "She [family member] will tell them what she wants to do for example, on a Wednesday she likes to be taken to the social club. She also likes her finger and toe nails painted."

People were supported to make complaints and records confirmed people were shown a copy of the complaints procedure. The service had a complaints procedure which provided information on how to raise concerns directly with the service and where to go if people were not satisfied with the outcome received. The service had not received any formal complaints but they would speak to people over the phone if they had any concerns. People confirmed the service were quick to act when they had any concerns or problems. A relative said "There have been a few occasions when new staff has started and I have felt that they are just not right for her [family member]. I have let the agency know and they have listened to me and sent different staff."

## Is the service well-led?

### Our findings

People told us they felt the service maintained good communications with them and regularly asked for feedback to ensure that they were happy with the services they were receiving.

The service was in the process of recruiting a registered manager. The director of operations was there to support the PSSL who had day to day management of the service. One person said, "There is a new Manager who I have spoken to but there are 2 people in the office who I speak to about the care side of things."

The PSSL explained they had a lot of experience in care and had worked as a support worker so understood the challenges facing their staff. The PSSL promoted teamwork and respect amongst all staff at the service. Care staff confirmed they felt respected and they spoke positively about the management of the service. A member of staff said, "Management is fine to me." Another member of staff said, "I get on well with them [management]." All the staff we spoke to confirmed there was a good atmosphere at work and that staff morale was good. The service celebrated the achievements of their staff by awarding an employee of the month award. This helped to boost people's morale in the service. A member of staff said, "Staff are happy and professional. We support each other." Another member of staff said, "I wouldn't work here if I was not comfortable."

The PSSL said, "My door is always open for staff." Staff confirmed this was the case and that the PSSL was approachable when they needed advice or had a work issue.

A number of meetings were held by the service. Records showed that care staff had a meeting every three months and the main office met monthly with care coordinators. During meetings for care staff, staff said they were always asked by management for feedback on care packages and for improvements that could be made for people using the service. Other meetings included a Monday debriefing to discuss any issues that had arisen over the weekend. Care coordinator staff advised they met weekly on a Friday to discuss care packages.

Staff confirmed they were kept informed of what had been discussed if they were unable to attend their meeting and of changes taking place in the service. Staff said management at the service listen to them and if they raise concerns about someone they take it seriously.

The provider produced case studies of good practice that was shared with the service. Records confirmed that in one case study the support from the service meant that someone was able to stay in their own home which they were grateful for.

The service had robust quality assurance process to monitor the service. The PSSL performed an audit of people's files to ensure the correct information was recorded and whether any information was missing. The service performed call monitoring every three months to people's homes to ask them questions such as did the member of staff arrive on time, were they polite and courteous and respect people's dignity and show respect. One person said, "They phone up regularly to ask for feedback and send letters as well. I think

they act on feedback because there have been some things that have changed."

Spot checks were also performed in people's home and at the supported living unit every six months to check staff arrived on time, were dressed appropriately, wore identification, read the care plan carried out a handover and wore protective equipment.

Questionnaires were sent to people who used the service to ask for feedback. The surveys for the period of 2016 had not been returned as yet. A relative said, "I often get a phone survey and questionnaire and once a year we meet to discuss his needs and check everything is as is it should be". Questionnaire records from 2015 confirmed that people were satisfied with the service. One comment read "Excellent service, helpful."