

Disablement Association of Barking and Dagenham

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Disablement Association of Barking and Dagenham is a domiciliary care agency based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes and also in a supported living setting. People who were supported in a supported living setting had their own flats and a communal lounge.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was supporting ten people with personal care.

People's experience of using this service

Risk assessments had not been completed in relation to people's health conditions and current circumstances to ensure the safe delivery of care at all times. Medicines were not being managed safely to ensure people received their prescribed medicines. Lessons were not being learnt when people sustained minor injuries to ensure the risk of re-occurrence was minimised. We made a recommendation in this area.

Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action was taken to ensure people received high quality care at all times.

Staff had received training to carry out their role effectively. People were supported to have maximum choice and control of their lives and staff were aware on how to support people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were safe when supported by staff. Systems were in place to ensure staff were available to support people in a timely manner. Systems were in place to control infections.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences and what was important to them.

Care plans were person centred and included people's support needs. Systems were in place to obtain feedback from people and relatives.

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

Rating at last inspection

The last rating for this service was good (published 9 March 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Enforcement

We have identified breaches in relation to risk assessments, medicine management and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Disablement Association of Barking and Dagenham

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service also provides care and support to people living in a supported living setting, 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 registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. 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 a member of the management team would be in the office to support with the inspection.

The inspection activity started on 29 November 2019 and ended on 29 November 2019. We visited the office

location and supported living setting on 29 November 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us about by law. We also contacted professionals involved with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the personal support service lead. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality monitoring records. We also spoke to two people that were supported at the supported living setting.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies. We spoke with three people who used the service and five staff.

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 good. At this inspection, the key questions has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There was a medicine assessment plan that detailed the medicines people took and the support people required with medicines. A person told us. "I do get my medicines on time."
- We checked medicine administration records (MAR) and these showed people received their medicine as prescribed. However, on one person's records, information included that staff, 'Should pop out medicines and place in pot and to ensure [person] takes medicine in front of carers and does not take it later.' This was a form of administration, which would require staff to complete a MAR. This information had not been included on the person's medicine support plan and MARs were not kept of the administration. This meant there was a risk medicine may not be managed safely for the person, to ensure they received their medicines as prescribed.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines.

Assessing risk, safety monitoring and management

- Risks around people's care needs were not thoroughly assessed in some areas. There were risk assessments in place for moving and handling and the environment.
- However, risk assessments had not been completed in relation to people's health conditions and circumstances. For example, some people had breathing difficulties, high blood pressure, epilepsy and a history of urinary tract infections. There was no information on the signs and symptoms of breathing difficulties or high blood pressure and what staff should do if these signs occurred. Similarly, there was a lack of detailed information on what staff should do if a person with epilepsy had a seizure.
- One person was at risk of falls and their risk assessment included, 'Must be given time for legs to wake up' in the morning. We were informed the person was at risk during the mornings due to their legs being stiff. However, records showed the person had fallen in the past, from their wheelchair during the afternoon but this had not been assessed and included on their current falls risk assessment. Another person was at risk of choking, however there was no risk assessment on what staff should do if a person choked.
- Some people had cerebral palsy. However, assessments had not been included on how this affected people and the risks that may be involved with this condition. Some staff we spoke to were not aware of cerebral palsy and the risks that may be associated with this.
- Failure to complete risk assessments in these areas meant there was a risk people may not receive safe care at all times.
- We fed this back to the registered manager who told us that they would ensure risk assessments were put in place immediately.

We found no evidence people had been harmed however, risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines as prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Learning lessons when things go wrong

- There were ineffective systems in place to learn from lessons following incidents.
- The registered manager was able to tell us the procedure for recording incidents and how they would analyse the incident to learn lessons to minimise the risk of reoccurrence.
- Records showed that body maps had been completed when people had small bruises or small cuts on their body. However, this was not being analysed or investigated so action could be taken to minimise any risk of re-occurrence or if further action was required to minimise the risk of skin complications. For example, on one person's body map, information included that they had a blister on their leg and as they were using a wheelchair, the leg strap was loosened to help with the blister. This was not analysed or included on a skin integrity risk assessment. Another record showed that a person fell and sustained a bruise. However, there was no record of any actions taken or lessons learnt to minimise the risk of re-occurrence.

We recommend the service follows best practice guidance on learning from lessons following incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents. The management team was aware on reporting safeguarding concerns to external bodies such as the local authority and CQC.
- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- People told us they were safe. A person told us, "I am definitely safe."

Staffing and recruitment

- Systems were in place to ensure staff were available to support people in a timely manner both in the community and at the supported living service.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "We get rotas in advance. They give us time to go to appointments." Staff completed time sheets, which were also checked by the personal support service lead to ensure staff attended calls on time and stayed for the duration of the calls. People's feedback was also sought on time keeping, as part of quality monitoring checks. Spot checks were also carried out at the supported living site to ensure staff were on site and were providing care safely.
- The provider had purchased a digital monitoring system to monitor staff time keeping in the future. The personal support service lead told us this would give them a greater oversight of staff. People were given contact numbers to contact staff should they have any out of hours emergencies.
- People told us staff were punctual. A person told us, "They are here on time."
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff followed these procedures.
- People told us that staff wore personal protective equipment (PPE) such as gloves and aprons when supporting them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated good. At this inspection, the key questions has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training on the MCA and were aware of the principles of the MCA.
- Staff told us that they always requested people's consent before doing any tasks and would ensure consent was sought. A staff member told us, "I have to ask before I help them [people] because they have their own right."
- Assessments had been carried out to ensure people had capacity to make decisions.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their role effectively. A staff member told us, "I got a lot of induction, lots of training. Very helpful."
- People told us that staff were suitably skilled to support them. A person told us, "They do support me well, they help whenever I need it." Another person told us, "They are very trained."
- Supervisions had been carried out to ensure staff were supported in their role. This included discussing training needs and performance. Staff told us they felt supported. A staff member told us, "[Personal Support Services Lead] is a good manager. She is supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care in line with standards.

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

- Care plans included if people required support with their meals. Records showed that people should be given choices and offered healthy meals. People confirmed that they were supported with meals effectively and were given choices. A staff member told us, "Yes, we support people with meals. We will always give them a choice on what they want to make."

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed the service worked with professionals to ensure people were in the best of health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated good. At this inspection, the key questions has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and they had a good relationship with them. A person told us, "They are very nice people." Another person commented, "They are a lovely bunch. The way they talk to you and the way they make you laugh. They are very caring." We observed that staff spoke to people in a kind manner and had a good relationship with them when we visited the supported living setting. The management team gave us an example of how a person was supported to the hospital by staff to provide familiarity as the person may become anxious in unfamiliar environments. This meant that staff cared for the people they supported.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or relatives were involved in decisions about their care. Care plans showed that people and relatives had been involved with the support people would receive. A person told us, "They have done a service review in the last six months. I am involved with decisions."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I respect them in all ways. I make sure I respect their dignity like when I am working, I make sure doors are closed and curtains are shut." A person told us, "They do respect my privacy and dignity. Privacy is there."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on areas people were independent and where they needed support. A person told us, "Yes, I am able to be independent here [at supported living setting]."

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 good. At this inspection, the key questions has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed people's support needs. A staff member told us, "The care plans are personable. Everyone has their own care plans."
- Care plans were specific to people's needs and included how to support people in a person-centred way. A person told us, "I am supported very well, yes." The management team gave us an example of how the service went beyond their remit to provide financial support to one person to ensure their care needs were being met. This meant the service provided responsive support to ensure people's care needs were being met.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities.

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 were encouraged to take part in activities. There were activity posters displayed in the communal lounge at the supported living setting should people want to participate in activities and develop and maintain relationships with people.
- People told us they were supported to go outside in the community and follow their interests. A person told us, "I go to the club [day centre]." Another person commented, "I like going out. I go cinema, shops and pubs."

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 ability to communicate was recorded in their care plans, to help ensure their communication needs were met. We observed when we visited the supported living setting that staff communicated well with people. The registered manager was aware of what the AIS was and told us, they were looking at resources to support people with communication difficulties. This would ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- No complaints had been received since the service started supporting people. The registered manager

told us about the complaints process and people were given information on how to complain if they needed to. People we spoke to confirmed this.

End of Life Care:

- The service did not support people with end of life care. Discussions were held of funeral arrangements prior to supporting people. We were informed that should the service support people with end of life care then staff end of life plans would be in place and staff would be trained on end of life care. An end of life policy was in place.

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 good. At this inspection, the key questions has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits had been carried out on care plans and medicine management. However, we found shortfalls with risk assessments and some medicine records where staff may be administering medicines without completing a MAR.
- In addition, we found instances where body maps had been completed following falls and for minor injuries but these had not been analysed to learn lessons and ensure the risk of re-occurrence was minimised. This meant risks to people were not monitored and assessed to ensure people remained safe. Robust systems would need to be put in place to ensure these shortfalls were identified and prompt action taken to ensure people received high quality care at all times.

This meant the service had failed to ensure that adequate quality assurance and systems were in place to assess and monitor risks to people and identify shortfalls to ensure people received safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager was clear about their role and understood risks and regulatory requirements. The registered manager told us once staff were employed, training and induction would ensure staff were clear about their roles and regulatory requirements to deliver quality in their performance. We were informed that risk assessments would be made robust and this would be communicated to staff to ensure they were aware of risks and how to provide safe high-quality care at all times.
- The registered manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- There was an effective system to gather people's feedback on the service.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People told us they liked the service. A person told us, "It is a happy home [supported living site]." Another

person commented, "The service is good."

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

- Staff told us the service was well led and they enjoyed working for the service. A staff member told us, "I enjoy working for them. [Management] is very good."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Telephone surveys had been carried out to gather feedback and this was analysed to identify areas of continuous improvement. Feedback was positive.
- The registered manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- The registered manager told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the professionals to carry out reviews on people's care to ensure their needs and preferences were maintained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>The registered person was not providing care in a safe way as they were not managing medicines safely.</p> <p>Regulation 12(1)(2)(a)(b)(g).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p>