Durnford Society Limited (The)

The Durnford Society Limited - 31 Parkstone Lane

Inspection report

31 Parkstone Lane
Plympton
Plymouth
PL7 4DX
Tel: 01752 344144
Website: www.example.com

Date of inspection visit: 7 November 2015
Date of publication: 10/12/2015

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

Overall summary

The inspection took place on 7 November 2015 and was unannounced. 31 Parkstone Lane provides care and accommodation for up to four people with learning disabilities. On the day of our inspection four people were living in the service.

The service did not have a registered manager. The previous registered manager left two weeks ago. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers 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. However the home's manager had sent the application form in to apply to register with CQC.

Summary of findings

We met and spoke to all four people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. We therefore spent time observing people. A relative commented; “Absolutely fine with everything.”

People’s mental capacity was assessed which meant care being provided by staff was in line with people’s wishes. Staff understood their role with regards to ensuring people’s human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff had undertaken safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People’s medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were trained and understood what the medicines were for. They understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists.

People had access to healthcare professionals to make sure they received appropriate treatment to meet their health care needs such as epilepsy nurses. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe. One relative described the service as “brilliant” when their relative had been unwell.

People were observed to be happy with the staff supporting them. Care records were detailed and personalised to meet each person’s needs. Staff understood people’s individual needs and responded quickly when a person required assistance. People and / or their relatives were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People living in the service could be at risk due to their individual needs and additional support was offered when visiting the community. People’s risks were well managed and documented. People were monitored when required to help ensure they remained safe. People lived active lives and were supported to sample a range of activities.

People enjoyed the meals offered and they had access to snacks and drinks at all times. People were involved in planning menus, food shopping and preparing meals and were encouraged to say if meals were not to their liking.

Staff said the manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles. Comments included; “The staff team work well together-no bad apples here!”

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people’s needs.

There were effective quality assurance systems in place. Any significant events were appropriately recorded and analysed. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home. Feedback was sought from relatives, professionals and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe. People were supported by sufficiently skilled and experienced staff.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Good

Is the service effective?
The service was effective.

People received support from staff who had the knowledge and training to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People had formed positive caring relationships with the staff.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were supported to make decisions.

Good

Is the service responsive?
The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was an experienced manager in post who was approachable.

Staff were supported by the manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

The Durnford Society Limited - 31 Parkstone Lane

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 checked 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.

The inspection was undertaken by one inspector on the 7 November 2015 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

People were unable to fully verbally communicate with us to give us their views about the service, so we observed how people responded and interacted with staff. We observed care and support in communal areas, and watched how people were supported during meal times. During the inspection we met and spoke with all four people who used the service. We spoke to four staff on the day and three staff via telephone after the visit. We also spoke to the manager after the visit and spoke to two relatives.

We looked around the premises. We looked at four records which related to people's individual care needs, four records which related to administration of medicines and spoke to staff about the recruitment process and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People had complex individual needs and could display behaviour that could challenge others. We spent time observing people and spoke with staff and professionals to ascertain if people were safe. People approached staff and spoke with them with ease. One relative said; "Very Very safe!" Another relative said; "Convinced she is!"

On the first day of our inspection we observed there were not enough care staff on duty. On that day there were two staff on duty. The impact of this was observed when one person displayed behaviour that could challenge others and when another person required two staff to support them. However the staff remained calm and gave people time when they needed it. Conversations with the manager, staff and a review of the staff rotas, concluded this did not consistently occur. Staff told us there were generally sufficient numbers of staff on duty to keep people safe. The manager confirmed they would take action to address this.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested weekly and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People's needs were considered in the event of an emergency situation such as a fire. People's personal evacuation plans were currently being developed. These plans would help ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way.

The service had safeguarding and whistle blowing policies and procedures in place. Information was displayed in the main office and they provided contact details for reporting any issues of concern. Staff had up to date safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said; "We wouldn't tolerate abuse here!" Staff said they were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People identified at being of risk either inside the service or when they went out into the community had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

People's finances were kept safely. People had appointees to manage their money. Keys to access people's money were kept safely and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited.

Incidents or accidents were recorded. These were analysed when needed to identify trends and discussed amongst the team to enable staff to avoid any repetition and reduce any further risk. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected. For example staff had completed manual handling training to assist someone who uses a hoist.

People's medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines.

People were supported by suitable staff who were recruited safely. Staff confirmed the company's recruitment process. This included appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training and were aware how to protect people.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed an induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's needs. Training records showed staff had completed training to effectively meet the needs of people, for example epilepsy training. Discussions with staff showed they had the right skills and knowledge to meet people's needs. Ongoing training was planned to support staff continued learning and was updated when required. Staff said; "Loads and loads of training offered with the Durnford Society." The manager was aware of the new 'care certificate'. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Staff received supervision with their line manager and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed issues including people's needs.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. The legislative framework of the Mental Capacity Act 2005 (MCA) was being followed. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People who may be deprived of their liberty had been assessed, which meant their human rights were protected. The deprivation of liberty safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The manager and staff had an understanding about the principles of the MCA and DoLS.

The manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The manager confirmed people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe. Each application recorded the people involved in the decision making for example an Independent Mental Capacity Assessors (IMCA). Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood a professional body would need to be consulted.

Records showed a best interest meeting had been arranged to discuss how a person gave consent on everyday issues. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff received handovers when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people.

People had access to local healthcare services and specialists including epilepsy nurses. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided. Health plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Staff sought people's consent before providing care. For example staff said they encouraged everyday choices if possible, such as what people wanted to wear or eat and they were aware when to support people who lacked capacity to make every day decisions. For example we observed staff asking a person if they'd like to have a bath when a staff member they favour arrived.

People made choices on what they wanted to eat and drink. People were encouraged in preparing their own snacks and drinks. People who required it had their weight monitored and how much food and fluid they ate and drank were recorded when needed. Staff were familiar with the nutritional requirements of people.

Good

Is the service effective?

We observed people having a meal with one person being supported by staff when required and nobody appeared rushed. We noticed staff helping people to eat. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected. However due to one person displaying behaviours worried others people did not always choose to sit together at the table. Due to staffing levels on that day no one was available to encourage this person sit and eat their meal at a different table instead of standing in the kitchen. The manager confirmed they were seeking professional advice to help assist this person.

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for.

People were involved as much as they were able to with the care they received. Staff interacted with people in a caring way throughout the visit. For example, when a person became anxious, staff were observed to respond quickly to reassure this person and other people around to help settle them.

People were assisted by staff who had the knowledge to care for them. Staff understood how to meet people's individual needs and knew about people's choices to promote an individual's independence. Staff knew people's particular ways of communicating and supported us when talking with people. This showed us the staff knew people well.

People's well-being was clearly documented. Care records held a hospital passport detailing people's past and current health needs as well as details of health services currently being provided. The manager confirmed hospital passports were being completed for all. These hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Staff knew the people they cared for well and some staff had worked at the home for many years. Staff were able to inform us about each person's likes and dislikes, which matched what people had recorded in care records. Staff knew who liked to lie in bed late at the weekend and how people liked their tea or coffee. People were supported to maintain these choices.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, one person became anxious due to another person's behaviour. Staff distracted them by involving them in preparing and planning their meal. This provided reassurance to this person and reduced their anxiety. The manager confirmed the service had asked for additional support to meet this person's care needs.

Some people were not able to express their views verbally. Other people were supported to express their views and be actively involved in making decisions about their care and support. People had access to individual support and advocacy services, for example an IMCA. This helped ensure the views and needs of the person concerned were documented and taken into account when care or treatment was planned. People were encouraged to be independent.

People had their privacy and dignity maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected. We observed staff respecting people's privacy and dignity by knocking on bedroom doors and closing bedroom doors when carrying out personal care.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff showed concern for people's wellbeing. For example one person who required encouraging to eat was offered an additional choice to help maintain their wellbeing. Staff were attentive and responded quickly to people's needs, for example people who became upset received prompt support from staff.

Good

Is the service responsive?

Our findings

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans were personalised and reflected people's wishes. For example, care plans held information how best to support people if they became anxious or upset.

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. However the service used advocates to assist and respond to people needs.

People had care plans which contained information about their needs and how they chose and preferred to be supported. People had guidelines in place to help ensure their individual care needs were met in a way they wanted and needed.

People had a "Who I am" and "It is essential you know these things about me" files which included information on what people enjoyed doing. Staff confirmed they got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them for example family and friends. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were involved in their care planning as much as possible. Records recorded any behavioural needs and how staff were to respond to people if they became anxious. People had clear guidance in place to support staff in managing people. Regular reviews were carried out to ensure staff had updated information on people.

People joined in activities that were individual to their needs. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People had plans for a holiday and people visited local shops. Staff told us of activities people attended, for example a local music group. People were supported to go to local areas and maintain links to ensure they were not socially isolated or restricted due to their individual needs.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Records showed how staff could recognise what choice a person was making by the communication method used. For example if a person was humming and what this meant. Staff knew what signs to look for when people were becoming upset or agitated and responded by following written guidance to support people, for example giving people some space.

The complaints procedure was displayed in a picture format so people could understand it. Relatives confirmed any issues raised were always dealt with. The manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay.

Good

Is the service well-led?

Our findings

The service was well led and managed effectively. People were provided with information and were involved in the running of the home as much as possible. Although residents' meetings were not held, due to people's communication difficulties, the manager said they encouraged the staff to talk to, listen and observe if people had concerns. The service had clear values including offering choice, fulfilment and independence and inclusion. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. We spoke to the manager after the inspection via telephone to gather additional information. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. One relative said their relative liked the manager and that was important for them.

Staff spoke well of the support they received from the manager. Staff said the manager was available and "Very approachable." Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff agreed there was good communication within the team and they worked well together. Staff felt supported.

Staff were motivated and hardworking. Many staff had worked for the provider for many years. They shared the philosophy of the management team. Regular staff meetings were held to enable staff to comment on how the service was run. This allowed open and transparent discussions about the service and updated staff on any new issues, gave them the opportunity to discuss any areas of concern, and look at current practice. Meetings were used to support learning and improve the quality of the service. All staff spoken with felt able to "contribute fully" to all discussions. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The home had a whistle-blowers policy to protect staff.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. A senior manager of the company carried out monthly official site visits to audit the premises, records and observe if people were well. The manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.