Durnford Society Limited (The)

The Durnford Society Limited - 31 Parkstone Lane

Inspection report

31 Parkstone Lane
Plympton
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Tel: 01752344144

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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

We carried out an unannounced comprehensive inspection on 2 December 2017. We also visited the registered manager on the 8 December 2017 to look at additional records and gather further information.

The Durnford Society Limited - 31 Parkstone Lane provides care and accommodation for up to four people with learning disabilities. On the days of our inspection there were four people living in the service.

There was a registered manager in post. 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. At the last inspection on the 8 October 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

We met and spoke with all four people during our visit and observed the interaction between them and the staff. People were not able to fully verbalise their views and used other methods of communication, for example sign language and pictures.

A relative said: "Yes, very safe here. We visit every day and are very happy with the care they receive." Staff said; "Absolutely safe" and another said; "Yes because we know people and they know us."

People remained safe at the service. People had sufficient staff on duty to meet their needs. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there was sufficient staff to meet people's needs and additional staff were provided for activities and health appointments.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments had been completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff confirmed they had completed safeguarding training. All new staff completed the Care Certificate (a nationally recognised training course for staff working in care). One staff recently completing the Care Certificate said Equality and Diversity was discussed as part of that training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's end of life wishes were not currently documented, however the provider had arranged end of life training for staff and was in discussion with relatives. People's healthcare needs were monitored by the staff and people had

access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information included people's previous history, any cultural, religious and spiritual needs. One professional said; "I feel Parkstone provides high quality care, they have a good keyworker system and each keyworker knew each resident well in providing person centred care."

People were treated with patience, kindness and compassion by a staff team who valued them. The staff had built strong relationships with people. People's privacy and dignity was respected. People or their representatives, for example relatives, had been involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People had complex communication needs and these were individually assessed and met. People were encouraged to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received would be fully investigated and responded to.

The service continued to be well led. People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was approachable and had an open door policy and made themselves available to people and staff.

People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. Relatives, professionals and staff spoke positively about the registered manager and the company. The registered manager was committed and passionate about the service, including the people and staff, and the company they worked for. Staff also spoke passionately about the people they cared for and the respect they held for people.

People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. A professional spoke well of the way the registered manager and staff worked with them. The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

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 remains good	Good
Is the service effective? This service remains good	Good
Is the service caring? This service remains good	Good
Is the service responsive? This service remains good	Good
Is the service well-led? This service remains good	Good

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 2 December 2017 and was unannounced. We visited the office location on 8 December 2017 to meet with the registered manager to review other records including policies and procedures. We also emailed health and social care professionals involved with people living in the service to gain additional information. We phoned another relative to gain information about the service.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in November 2015 we did not identify any concerns with the care provided to people.

During the inspection we met all four people who lived at the service. The people living at the service had complex needs that limited their ability to communicate and tell us about their experience of being supported. Therefore we observed how staff interacted and looked after people and we looked around the premises. We received information from two healthcare professionals, spoke to two relatives and four members of staff.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration for all four people living in the home. We also looked at quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. One relative said; "Yes definitely. They are totally secure here." One professional said when they visited the service they had no concerns over people's safety.

People were protected from abuse and avoidable harm as staff understood the providers safeguarding policy. Staff undertook training in how to recognise and report abuse. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to the registered manager, provider or external agencies, such as the local authority.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported. The company, The Durnford Society website records; "The Durnford Society is striving to be an Equal Opportunities organisation. Our policy is to ensure that no person is rejected for the provision of services, employment, voluntary work, or participation in any of its activities or generally treated less favourably than anyone else, on the grounds of the nine equality strands of; Age, Disability, Sex, Sexual Orientation, Marital/Civil Partnership Status, Gender Reassignment, Race, Religion or Belief, or Pregnancy/Maternity status, in addition to caring responsibilities for dependants, or by conditions or requirements which cannot be shown to be justifiable within the context of this policy."

People had sufficient staff to help keep people safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spend time socialising with them. Risks of abuse were reduced because the company had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. One staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour which could be challenging to staff.

People's accidents and incidents were recorded. People's finances were kept safe. People had appointees to manage their money where needed, including advocates.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audit were carried out and medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were

clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the emergency services was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. 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.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People received care from staff that had received training to meet their different needs. The registered manger and provider ensured the staff team completed their list of mandatory training courses which they deemed as suitable to meet people's needs. Therefore people could receive care from staff who had the right skills and knowledge. Staff confirmed they received plenty of training opportunities, telling us regular training was offered. Training courses included, epilepsy, moving and handling and the Care Certificate (a nationally recognised training course for staff new to care). All new staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed that they had completed the Care Certificate and this covered Equality and Diversity and Human Rights training.

People's records had information on how they communicated to assist staff in understanding how best to communicate with people. For example, key words and phrases. Staff demonstrated they knew how to communicate with people and also encouraged food choice whenever possible. Care records recorded what food people disliked or enjoyed.

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of future health problems through poor food choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. People who required it had their weight monitored and food and fluid charts were in place when needed. This helped to ensure people received sufficient food and drinks.

People were encouraged to remain healthy, for example people went out for daily walks and others went to a gym to help maintain a healthier lifestyle.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as epilepsy nurses, speech and language therapists and GPs.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them and wait for a response, for example before assisting them with their care tasks. Staff confirmed some people gave their consent by assisting staff, for example moving parts of their body when they were being assisted with their clothes.

People lived in a service which had been well designed and adapted to meet their individual needs. Specialist equipment in bathrooms meant people could access baths more easily for example hoists.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service. One relative said; "The staff are very caring. We can't fault anything here."

People were supported by staff who were both kind and caring and we observed staff treat people with patience and kindness. People who indicated they wished to be alone had this respected. People were interacting with staff throughout our visit and we heard and saw plenty of affection, laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. One person was observed to become anxious. Staff fully understood this person needs and informed them of the task being carried out and reassured them and completed the task promptly.

People liked to get up in the morning at their own pace and this was respected. Staff clearly understood people's nonverbal communication and explained to us how they understood people's desire to remain in bed. Staff were able to explain each person's communication needs, for example by the key phrases, noises and expressions they made indicating whether they were happy or sad. People had their own accessible communication tools in place when needed. For example, people had pictures and picture cards to show staff what they wanted or how they felt. Staff, who had worked at the home for a number of years, clearly understood each person's personal way of communicating.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff assisted people to make their own lunch. Staff did not rush people and all tasks were done at people's own pace. Staff were kind and gave people time while supporting their independence.

People's privacy and dignity was promoted. Staff were observed knocking on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same group of staff members. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. Staff developed relationships with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs, for example, one person's epilepsy was closely monitored. Any changes were recognised and the specialist epilepsy nurse was contacted for advice and support. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were shown visual items to help make choices while others were given choices verbally. One professional stated that the service was; "focused on person centred practice and adopting different forms of communication, for example Makaton (a form of sign language) and pictures to promote service users independence."

The Durnford Society website states; "The Durnford Society prides itself on offering an empowering person centred approach through a range of diverse services. Each service promotes freedom of choice for individuals encompassing their wishes, needs and aspirations. This philosophy provides the opportunity for a more independent lifestyle."

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, in using sign language for one person and picture cards to assist another person. Staff took their time when speaking to people and waited patiently for people to respond. A relative said how well the staff understood the key phrases their relative used.

PIR states; "One individual over time has created their own communication passport with support of their key worker, which they have developed into their own system." Staff confirmed this passport was used to assist this person.

A complaints procedure was available, however people currently living in the service would not necessarily fully understand the procedure. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's limited communication they knew people well and worked closely with them and monitored any changes in behaviour. People had advocates appointed to ensure people who were unable to effectively communicate had their voices heard.

Staff had supported one person when they had passed away suddenly. The family had sent the staff a card thanking them for their support and care of their relative. Another relative said they had been asked to assist with producing an end of life plan for their relative and were in the process of completing this with the staff. Staff were aware of issues relating to loss and bereavement. The registered manager had completed end of life care training and this was also planned for staff to complete.

People took part in a wide range of activities. People's family and friends were able to visit. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate. People went to a local disco and other activities to meet their friends. Staff confirmed one person saw regular friends at the disco they attended.

Good

Is the service well-led?

Our findings

The service remains well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website records; "The Durnford Society is striving to be an Equal Opportunities organisation. Our policy is to ensure that no person is rejected for the provision of services, employment, voluntary work, or participation in any of its activities or generally treated less favourably than anyone else, on the grounds of the nine equality strands of; Age, Disability, Sex, Sexual Orientation, Marital/Civil Partnership Status, Gender Reassignment, Race, Religion or Belief, or Pregnancy/Maternity status, in addition to caring responsibilities for dependants, or by conditions or requirements which cannot be shown to be justifiable within the context of this policy. The Durnford Society will take positive action to ensure that services to and contacts with other groups and individuals reflect its Equal Opportunities Policy." As a consequence of this, people looked happy and exceptionally well cared for.

The provider and registered manager were open, transparent and person-centred. The registered manager was committed to the company and the service they oversaw, the staff but most of all the people. They told us how good recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. One professional commented that the registered manager was very passionate towards proving quality care by ensuring they had identified support in managing risks and needs for people who lived in the service.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Senior management monitored the culture, quality and safety of the service by visiting the service regularly and observing and speaking with people and the staff team to ensure people were happy with the care they received.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider's website held information on how they supported people. The registered manager was aware of implementing the Assistive Technology Standard to assist people with their individual communication needs. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.