

Diagrama Healthcare Services Limited

Diagrama Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Diagrama Supported Living provides care and support to people living in seven supported living settings. Each setting had a separate staff team with a supported living co-ordinator. The supported living co-ordinators oversaw the running of the settings and reported to the registered manager. At the time of the inspection, 32 people were using the service. There was an office off site from where the registered manager arranged and managed support. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

People's experience of using this service and what we found

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain employment, learn new skills and become more independent.

Right support

People's independence was promoted. Their care and support needs were assessed before they started to use the service. Risks to people had been assessed to ensure their needs were met safely. Staff supported people to find employment, take part in activities and pursue their interests in their local area. There was a complaints procedure in place in formats that people could understand.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People had access to health care professionals when they needed them. The provider had systems in place to support people with end of life care.

Right culture

People received good quality care, support and treatment because staff were trained in areas related to their needs and they received regular supervision from their line manager. People and those important to them were involved in planning their care.

There were safeguarding procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs.

People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control. 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.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. The provider recognised that some of the properties where they provided support were not suitable for supported living and they were working with the local authority to identify alternative properties.

There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff said they received good support from the registered manager and the supported living co-ordinators.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Rating at last inspection and update

This service was registered with us on 1 April 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Diagrama Supported Living

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

A single inspector carried out this inspection. They were supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. People are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 6 May 2022 and ended on 12 May 2022. We visited the office location on 10 May 2022.

What we did before inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relating to staff training and recruitment, medicines management and quality assurance. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited two supported living settings and spoke with two people. We also spoke with another two people and five people's relatives on the telephone about their experience of the care provided. We also spoke with three members of staff, the registered manager and the chief executive. We reviewed a range of records. These included five people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One person told us, "I feel safe and I am well looked after. I feel very safe with the staff." Another person said, "Oh yes I feel safe, if I see anyone is being abused, I will tell the staff and they will do something about it."
- There were safeguarding adults' procedures in place. Staff had received training on safeguarding adults. Staff told us they would report any concerns about abuse to the supported living co-ordinator and the registered manager.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks had been assessed to ensure people's needs were safely met. We saw assessments for example, travelling alone in the community, medical conditions, medicines and eating and drinking safely.
- Care records included guidance from health care professionals advising staff how to support people with their needs safely. Staff were able to tell us about the actions they would take to keep people safe.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. Staff had also received training on fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. A person using the service told us, "There are always enough staff here to support us." A relative told us, "The staff team is stable, and this can only help enhance our loved ones and their housemate's lives."
- Appropriate recruitment checks were carried out before staff started to work at the service. This ensured people were protected from the risks of unsuitable staff. A person using the service told us, "I help with recruiting staff. I take part in interviews and ask questions. That way we get the staff we want to work with us."

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. One person showed us their medicines stored in a locked cupboard in their room. They told us, "The staff help me with my medicines and make sure I get them on time every day."
- People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. MAR records were audited on a weekly basis by care staff and on a monthly basis by supported living co-ordinators to make sure they were completed in full and there were no gaps in

recording.

- Records showed that staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The provider had an up to date infection control policy in place and they accessed COVID 19 testing for people using the service and staff.
- Staff had received training on COVID 19, and infection control and they had access to PPE. We observed staff wearing appropriate PPE and abiding by social distancing rules when we visited people in their homes.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents. A staff member told us they recorded any incidents or accidents on the provider's computer system and the registered manager would follow this up.
- We saw an incidents and accidents log. The registered manager told us they looked for trends. Following recent medicine errors, they had investigated the cause of the errors and took measures to reduce the likelihood of the same issues recurring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care, and support needs were assessed before they started using the service. The registered manager carried out initial assessments to consider if the service could meet people's needs safely.
- The information drawn from assessments was used to draw-up care plans and risk assessments. We reviewed the most recent assessment and saw relatives and health and social care professionals had contributed to make sure the person's individual needs were considered and addressed.

Staff support: induction, training, skills and experience

- Staff completed a two-week induction when they started working at the service. We saw an induction workbook completed by a member of staff. This included learning objectives and learning logs that had helped the staff member to understand people's care and support needs.
- Staff received training relevant to people's needs. Records showed that staff received training on autism, dementia, epilepsy, safeguarding adults, equality and diversity, medicines administration and relevant medical conditions. A staff member told us, "I think I am well supported with training. I am up to date with everything." Another staff member told us how the training they had received on epilepsy had instilled confidence how they carried out their work.
- Staff told us they received regular supervision from supported living co-ordinators or the registered manager.

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

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes.
- One person told us they planned what they wanted to eat and went shopping for food. They said, "Sometimes I cook alone and sometimes staff help me. I eat healthy food mostly." Another person said, "The staff support me with cooking. I do as much as I can for myself. They help me to be independent."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health care professionals to plan and deliver an effective service.
- People had access to health care professionals for support with their needs. We saw records and outcomes from health care appointments were held in people's care files. A health care professional told us staff took a proactive and holistic approach in addressing people's needs whilst encouraging them with their independence. Another health care professional commented that staff had contacted their team or the GP to make referrals when needed.

- People had health action plans and hospital passports which outlined their health care and support needs for professionals.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed and these were retained within their care records. We saw best interest decisions were made and followed by staff where necessary and documented appropriately.
- Staff received training and understood the requirements of the MCA. Staff told us they asked for people's consent before providing support and they would not ask people to do something they didn't want to do.
- A health care professional told us staff had supported a person to attend regular hospital appointments. They said staff made sure the person was able to contribute to the conversation and in any decision making.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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; respecting equality and diversity

- People told us they were treated with kindness and respect. One person said, "The staff are very caring and understand what I need help with. If I have any worries, I can talk with them." Another person told us, "The staff are very good, and very nice to me." A relative commented, "I believe the staff are very caring and nice. They are so friendly; they care for their job."
- Staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. A staff member told us how they supported a person with personal matters by lending a listening ear and just by being there for them.
- A health care professional told us the care given was excellent. The staff were warm and friendly and utilised person-centred care approaches. They said the staff knew people well and could identify any issues they had at an early stage, resulting in improved quality of life. Another health care professional said staff were always incredibly caring and proactive in addressing any changes with people using their service.

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

- People were involved in making decisions about their care. Assessment records showed that people and their relatives had been consulted about the care and support they received. One person told us, "I am involved in planning for my care. I have a keyworker and we talk about all the things I want to do." Another person said, "I have meetings with my keyworker about what goes in my care plan."
- A relative told us staff asked them if they wanted to implement anything or object to things in their loved one's care plan. They said they were happy with the care their loved one was receiving.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and they were encouraged to do things for themselves. One person told us, "I spend time in my room alone if I want. I like to do lot of things for myself. I have jobs and I am independent." Another person told us, "The staff encourage me to do as many things as I can for myself. They are helping me to learn things like cooking and getting as independent as possible." A relative commented, "The staff are great, nice and easy to talk too. They respect our loved one's privacy by keeping the bathroom door closed."
- Staff told us they encouraged people to be independent by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them.
- Care plans reflected the principles and values of Right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about people's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with a specific medical condition about a specific way they supported the person when they went out into the community.

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 supported to learn new skills and take part in a range of activities that were of interest to them. One person said they had jobs at an animal sanctuary and a games centre. They told us how travel training they received from staff had helped them to go to work independently. They said they had lots of hobbies and showed us a model car almost built. Another person told us about their job in a charity shop and about the social clubs they regularly attended. A third person commented, "I like doing varied stuff, shopping in Bromley, going the cinema the pub and bowling."
- A health care professional told us about a person that had lost a lot of confidence during lockdown. They said with a combination of exercise with them and staff taking the person walking to the shops, the person gradually regained their confidence.
- People had weekly individual activities plans. Activities included employment, attending day centres, leisure centres, banking and shopping, arts and craft sessions and trips to the cinema. People told us they were encouraged to complete activities of daily living such as cooking, cleaning and laundry.

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 communication needs were assessed when they started to use the service.
- The registered manager told us that information was provided to people in ways they understood. We saw that the providers complaints procedure and satisfaction surveys were provided in an easy read and picture format. The registered manager told us, "If people required information in a different language or visual aids

this would be made available to them."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A person using the service told us, "I know how to complain. I would tell the staff and they would help me"
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

End of life care and support

- The provider had systems in place to support people with end of life care. The registered manager told us they worked with a local hospices ECHO Project [Extension for Community Healthcare Outcomes]. They said the hospice provided external training covering topics such as annual health checks, medication reviews and helpful social care approaches.
- We saw people's care records included a section on how they would like to be supported at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from the registered manager and supported living co-ordinators. One staff member told us, "Diagrama is a lovely place to work. The registered manager and supported living co-ordinators are really helpful and supportive."
- We noted that people's care records were held in staff sleepover rooms within the supported living settings. The chief executive told us they recognised that some of the properties where they provided support are not suitable for supported living and they were working with the local authority to identify alternative properties. The registered manager told us they were in the process of transferring people's paper care records on to a computer system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the service. One person said, "I am very happy here. I get to do a lot for myself. I feel like this is my own home and I get on well with my housemates." A relative commented, "Well what a pleasant surprise! Progressive, refreshing, committed, caring, proactive, diligent are just some of the words that we would use to describe Diagrama."
 - A staff member told us the aim of the service was to support people to choose the life they wanted. They said, "We provide just the right amount of support so people are empowered to do what they can for themselves."
 - A health care professional told us the staff team included some members who have worked in this service for over twenty years and brought a great deal of knowledge and experience to the care of people.
- 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
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were open and honest with family members and professionals and took responsibility when things went wrong.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They carried out regular audits on people's medicines, health and safety, incidents and accidents and complaints.
- The chief executive told us about the journey since they took on the service in April 2021, what they had achieved and the plans for the year ahead. These plans included growing the activities programme and putting in place specialist training for staff to help them support people in the person-centred ways that promote their autonomy and quality of life.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager told us they regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. They were also part of the 'Care Leaders Network'. The network is an online community for care leaders. They said through the network they shared knowledge and experience with others in the care sector, helping them overcome problems and gain ideas to improve practice.