

Durnford Society Limited (The)

The Durnford Society

Domiciliary Care Service

Inspection report

Suite F3, Forresters House
Forresters Business Park, 43 Estover Road
Plymouth
Devon
PL6 7PL

Tel: 01752696603
Website: www.durnford.org

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 20 and 21 January 2016 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Durnford Society DCA provides care and support to adults of all ages, in their own homes. The Durnford Society DCA is owned by Durnford Society Limited. Durnford Society Limited runs a number of services within the Plymouth area. On the day of the inspection 38 people were being supported by the DCA with their personal care needs.

The service had 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 were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff had completed training and had the right skills and knowledge to meet people's needs. There were sufficient numbers of staff employed to support people safely. Staff completed an induction programme. Staff described the management as open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

People's care records contained information that described what staff needed to do to provide personalised care and support. Staff responded well to people's change in needs. Where appropriate, friends, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were monitored and well managed. The service had policies and procedures in place and these were understood by staff to help protect people and keep them safe.

People were encouraged and supported to maintain a healthy balanced diet.

People's medicines were managed safely and people and staff told us the medicines were received as prescribed.

People, their relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The registered manager sought verbal feedback from people and encouraged people to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

The registered manager 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.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

The registered manager and staff had completed training in the Mental Capacity Act. The registered manager displayed a good understanding of the requirements of the act, which had been followed in practice.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding from abuse and equality and diversity. Staff understood the principles, had a good knowledge on how to report any concerns and described what action they would take to protect people against harm.

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.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Is the service effective?

Good ●

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and care altered accordingly.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

The Durnford Society Domiciliary Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector and took place on 20 and 21 January 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

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. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered manager, four relatives and five members of staff. People who used the Durnford Society DCA were not able to fully verbalise their views therefore we spent time observing interaction and met and spoke to six people about some aspects of the care they received.

We looked at four records related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People who were able to told us they felt safe. Family members confirmed safe care was provided by staff. One relative said; "I feel [...] is well placed and safe there." One person, when asked if they felt safe with the staff said; "Yes I do." One staff member said; "We keep people safe and always report any concerns." People were supported by sufficient numbers of staff to keep them safe. One staff said; "Durnford are very good at covering any shifts when needed." The registered manager and staff confirmed there were sufficient staff working who had the right skills, knowledge and experience to meet people's needs. People had a staff team providing care 24 hours a day. The registered manager informed us staffing levels were dependent upon people's individual needs. For example one person had one to one staffing during meal times to help keep them safe.

People were protected by safe recruitment practices. Required checks had been completed. For example, files held a history of previous employment details. Disclosure and barring service checks had been sought to help ensure staff were safe to work with vulnerable adults. Staff confirmed checks had been applied for and obtained prior to commencing their employment with the service.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse and would have no hesitation in discussing safeguarding issues and reporting them. People's personal risks associated with their care were known and recorded. People and observation showed staff gave safe care and took account of these risks ensuring one to one staffing was available to assist people when required.

Staff told us they managed each person differently, according to their needs, and this was recorded in individual care plans. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with professionals involved with people.

People's medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. One person said; "They help me with my medicines." Medication administration records we reviewed were completed appropriately.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and we observed staff wearing protective clothing as they carried out personal care.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said; "They (Durnford DCA) do their best in supporting him through every change (This referred to their relative general health deteriorating)." Another said; "Very happy with the staff- brilliant."

People were supported by staff that had received training. Ongoing training was planned to support staffs' continued learning and was updated when required. Training was also arranged to meet the individual specific needs of people, for example, epilepsy training. Staff confirmed they had received training in the use of lifting equipment, such as hoists. Staff said they had opportunities for on-going training, one staff said; "Durnford are very good at providing training." Staff received an induction when they first started working at the service. Before staff worked on their own they spent time shadowing experienced staff and getting to know the person they would be supporting. There was a programme to make sure all staff received relevant training and training was renewed and kept updated. The registered manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked. Family members spoke highly of staff and felt they were well trained. The registered manager confirmed all new staff would complete the Care Certificate (a nationally recognised training course) as part of their training.

Staff confirmed they received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervision, appraisals and at team meetings. Staff confirmed they were well supported by the registered manager, colleagues and management of the service.

People were supported and encouraged to maintain a healthy balanced diet as part of their support package. People said they did their shopping with staff support. Staff provided some people with all their meals and snacks. Staff knew foods people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people's dietary needs, for example how to support people who required a soft diet. One person said; "Yes- I like the food we have."

People, who were able to, told us the staff involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and signed to provide care. We observed staff involving people with their care, for example asking them for consent before providing support. One staff said; "We always ask people first if they want our help."

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Staff had completed training in the Mental Capacity Act and further training was planned. Care records showed the service recorded whether people had the capacity to make decisions about their care. One staff member discussed

best interest meetings

Staff knew people well and monitored people's health on a daily basis. If staff noted any deterioration in people's health they would discuss this with the individual, if possible and with consent, either from people or their relatives would seek professional advice and support. For example, staff said one person whose health had deteriorated GPs were contacted and they were feeling much better now. Each person had a "Hospital Passport", which included information about their past and current health needs. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Is the service caring?

Our findings

People were well cared for and treated with kindness and compassion. One person when asked if the staff were caring said; "Yes I like them." People's needs regardless of their disabilities were met by staff in a caring and compassionate way. A letter sent to the service recorded; "My life has been for the better since receiving support from you." A relative said; "Very pleased with the care." A staff member said; "I believe the care people get is great- no doubt!"

People received care, as much as possible from the same care worker or team of care workers. Rotas' were well organised so people knew who would be supporting them and were kept informed of any changes if possible.

People were supported to stay as independent as possible. Staff confirmed they tried to improve people's lives by promoting their independence and well-being, for example staff would support people to wash what they were able but helped them with areas of their body they were unable to reach. Staff worked at people's pace to enable them to remain as independent as possible and care for themselves. We observed staff encourage people to do as much for themselves as possible. For example one person was observed making their own hot drink with staff standing close by to offer support only when needed. One staff member said; "We try to encourage independence as much as possible."

We observed people's privacy and dignity were respected. We saw staff ensure people were respected, comfortable and had everything they needed. People's care records detailed the support people needed. We saw that staff closed doors when supporting people with personal care.

Staff had genuine concern for people's wellbeing. Staff said they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly compassionate about making a difference to people's lives. Staff told us, "I always spend as much time talking and taking people out if that's what they want." Another said; "I make sure people are comfortable." Many staff had worked for the company for many years and all said they "enjoyed their work."

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. People were encouraged to express their views and be actively involved in making decisions about the care and support they received. However, when people required support with decisions, the service used advocates to assist and ensure they were meeting and responding to people's needs. Support plans had been written from the person's perspective and included information about how they needed or wanted to be supported. For example, care plans held information about how best to support people if they became anxious. Staff confirmed they had reported any changes in people's needs to the agencies office or registered manager. This showed us the service was observant and pro-active in responded to people's needs.

People with limited verbal communication were supported to make choices. Staff understood how people communicated and encouraged choice when possible.

People had a "This is what I do" file which included information on what people enjoyed doing. Staff said they got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff understood what was important to people including how people wished to be supported with their personal care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's health needs, communication skills, abilities and preferences were known. Records held detailed information on what support was required and what people could do for themselves to help remain as independent as possible. The registered manager confirmed that people and, if appropriate their family, were regularly consulted to help ensure care records reflected a person's current needs.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. Arrangements were in place to review and update care records when changes in people's needs had been identified. For example, one person who had been unwell was seeing a hospital consultant to ensure their needs were being met by staff and the staff were responding appropriately to meet their needs. All professional visits were documented with any follow up action required.

People undertook activities that were individual to them and their social history was recorded. This provided staff with guidance as to what people liked and what interested them. People had planned holidays, including overseas trips, and visited local areas and the shops. Staff told us of other activities people attended, for example bowling and cinema. People were supported to go out in the local area to ensure they were not socially isolated or restricted by their individual needs.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families and in an easy read format to assist people. The registered manager said people were given the opportunity and encouraged to feedback their experiences and raise any concerns or complaints. The registered manager confirmed all concerns and complaints were recorded and

analysed for themes. Reflection and learning then took place to reduce the likelihood of a similar complaint from happening again. Records showed outcomes and any actions taken with complaints made. One relative said; "I made a complaint and they dealt with it quickly and I was happy with the outcome."

Is the service well-led?

Our findings

Durnford Society DCA is owned by Durnford Society Limited. Durnford Society Limited runs a number of services within the Plymouth area. Durnford Society DCA was found to be well led and managed effectively. The company's values and visions are to offer people; "Choice, Dignity, Fulfilment, Independence, Privacy and Rights." Information provided to people when they moved into the service set out these values. Staff spoken with understood these values and the vision.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The registered manager promoted the ethos of honesty, learning 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.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a management team who worked alongside people who used the service. A staff member said; "We can call for advice and help at any time."

The registered manager was involved in all aspects of the day to day running of the service. The registered manager sought feedback from relatives, friends and health and social care professionals to enhance their service. One relative said of the registered manager; "Very happy with her."

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. Staff understood what was expected of them and shared the provider's and registered manager's vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from managers via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them.

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people. The team leaders undertook spot checks covering medicines and care, the person's home environment and ensuring dignity and respect were provided by staff. The registered manager said spot checks would, in the future, also include reviewing the care records kept at the person's home to ensure they were appropriately

completed.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The registered manager worked alongside staff and staff told us the management team were approachable.