

# Diagrama Healthcare Services Limited

## 1 Healy Drive

### 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

Diagrama Healthcare Services Ltd – 1 Healy Drive provides care and support for adults with profound and multiple learning disabilities. It can accommodate up to eight people. At the time of the inspection the home was providing care and support to eight people.

This inspection took place on 7 and 8 April 2016 and was unannounced. 1 Healy Drive was registered with the Care Quality Commission on 19 January 2015. This was the first inspection at the home.

There was a manager in post at the time of our inspection who had been appointed in March 2016 and was going through the process of registration. At the time of the inspection the registered manager had resigned and was applying for de-registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 using the service could not express their views so we observed the support offered and spoke with relatives and staff. Relatives told us that their family members were safe and well treated. During the inspection we saw that people appeared happy and content and not at risk of harm. Where relevant, people had an independently appointed professional such as an advocate who could express their views and help them to ensure their voice was heard.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. People were being supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's relatives and health care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as individual as possible and to do things they wanted to do. People's relatives were aware of the complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. The provider sought the views of relatives of people using the service, staff and health care

professionals through annual surveys and regular meetings. They used feedback from these events to make improvements at the home. Staff said they enjoyed working at the home and they received good support from the manager.

## 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. There were safeguarding adult's procedures in place to protect people from harm and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Relatives and the manager told us there was always enough staff to support people and observations during the inspection supported that there was enough staff to meet people's needs.

People's medicines were managed appropriately and they received their medicines as prescribed by health care professionals.

### Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

### Is the service caring?

Good ●

The service was caring. Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

People's relatives and health care professionals had been involved in planning for people's care needs.

Records including medicines records were held securely and confidentially.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a range of suitable activities for people to take part in.

People's relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well-led. The provider took into account the views of relatives of people using the service, staff and health care professionals.

There were systems in place to monitor the quality of the service and make improvements where needed.

Staff said they enjoyed working at the home and they received good support from the manager and provider.

# 1 Healy Drive

## **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.

Before the inspection we looked at the information we held about the service including notifications they had sent to us. This included the Provider Information Return (PIR) that contains details about the running of the service submitted by the provider and notifications about important events that the provider is required to send us by law.

This unannounced inspection was carried out on the 7 and 8 April 2016. The inspection team consisted of one inspector. We spent time observing care and support being provided. We looked at records, including five people's care records, staff recruitment and training records and records relating to the management of the service. We also spoke with five members of staff, two relatives of people who use the service, the manager and a representative of the provider.

We contacted the local authority responsible for monitoring the service to request feedback. We used this information to help inform our inspection planning. We also received feedback from four health care professionals about the care provided to people using the service.

# Is the service safe?

## Our findings

People at the service were unable to communicate their views about the care they received. However, we observed that staff treated people well and their relatives told us that they were happy with the home and that their family members were safe. One relative said, "I know by the way my (family member) is that he is safe and happy. He is very settled and that makes me feel good about the situation." A healthcare professional said, "I have no concerns about the home." Another said, "The residents are looked after and it is a safe and homely environment."

There were processes to protect people from unsuitable staff. We found that robust recruitment procedures were in place. We looked at the recruitment records of nine members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained interview questions and answers, evidence that criminal record checks had been carried out, two employment references, health declarations, proof of identification and right to work. This meant that suitable people were employed to care for people who used the service.

The manager told us she was the safeguarding lead for the home. This meant that the home had a designated and trained first point of contact for staff who had concerns about the safety and well-being of people. The home had a clear policy for safeguarding adults from abuse and a guide for staff to follow if they suspect abuse or other safeguarding concerns. The manager and staff demonstrated a clear understanding of the types of abuse that could occur in a care home setting and they had received training in safeguarding adults and the process for reporting concerns. They told us the signs they would look for, the different types of potential abuse that could occur in a care setting and what they would do if they thought someone was at risk of abuse. All staff had received training on safeguarding adults from abuse and this was reviewed annually. In addition, staff told us they were aware of the organisation's whistle-blowing procedure and how they would use it if they needed to. One member of staff said, "I know what to look for and who to report concerns to. Even if I saw a professional visitor acting inappropriately I would stay with the resident and ensure they were safe and then escalate my concerns."

Relatives and the manager told us there was always enough staff on shift to meet people's needs. When this was raised with staff there was a mixed view and some felt that an additional member of staff could be employed at certain times and at weekends. We looked at staff rosters and noted that care staff from a nearby day centre that was also run by the provider supported people with activities, at busy times and when people returned to the home from activities. We also saw that there were enough members of staff to support the residents during the inspection. One relative of a person at the service said, "I come to visit my relative. There always seems to be enough members of staff around." One carer said, "Since the new provider came in there's definitely been more supervision and a better structure but sometimes the staffing levels are low when the day centre staff go home and there's a period when we waiting for the night shift to start."

We raised staff's concerns about staffing levels with the manager and provider and they said that some staff

had recently left and that this had unsettled staff as there had been a reliance on agency staff. They said that they were sure that there was no impact on people and that the home had recruited additional permanent staff and it was hoped that this would lead to a more settled environment for staff to work in.

We found assessments were undertaken to assess possible risks to people using the service. The manager showed us the risk assessment documentation completed for each person using the service. These included individualised risks to themselves and others, medicines and risk of deterioration of mental health. The risk assessments included information for staff about action to be taken to minimise the chance of the risk occurring such as spotting the signs of deterioration in behaviour and which health care professional to speak to for guidance. The assessments were reviewed on a monthly basis and were up to date.

There were suitable arrangements for emergencies. Staff said they knew what to do in the event of a fire and told us that monthly fire drills were carried out. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw a file that included regular fire risk assessments for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from six monthly checks by an external specialist. Staff training records confirmed that all staff had completed recent training on fire safety.

People received their medicines as prescribed by health care professionals. A member of staff said, "I have all manner of training in relation to medicines. I recently had a refresher. It all helps to ensure that we give medicines properly." Another said, "I am strict about entering details in the records and know how important this is in a busy home where our residents lack capacity." Records showed that senior staff carried out regular checks to make sure that people had their medicine as prescribed by doing weekly audits.

Medicine was stored securely in a locked cupboard. Fridge temperatures were monitored correctly to ensure medicines were stored safely and medicines records were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff working at the home had completed training on the safe administration of medicines. We checked the balances of medicines stored in the cupboard against the MAR's for the two people using the service and found these records were up to date and accurate. The home had a policy on the disposal of medicines that were no longer needed and records we saw supported that these medicines were disposed of safely.

We saw that the home's policy on medicines that were 'required when needed' (PRN) had been approved by the local GP surgery. Staff said that they were aware of signs people used when they required relief from pain and may need PRN medicine and there were clear records in individual care plans describing the signs people displayed on these occasions. Any request for PRN medicine had to be authorised by a senior member of staff and records were kept of their use to ensure that dosages were kept within safe limits. A member of staff said, "We have a good policy on homely remedies and are strict about when residents can have them and how much. I am aware of the issues with overdosing on painkillers such as paracetamol."

During the inspection we noted that the home was clean and tidy. The manager and staff said that there was a cleaner who attended the home on a daily basis during the week and staff cleaned at weekend. Potentially harmful cleaning products were locked away. We saw that there was encouragement for people to keep their rooms clean and that the home was clean and well maintained. The resident's bedrooms were well decorated, spacious and free of clutter. There were restrictors on windows to prevent people falling and injuring themselves.



# Is the service effective?

## Our findings

People were unable to express their views about the staff's skills and abilities to meet their needs. A health care professional said, "The staff are knowledgeable about people's needs and have a professional attitude."

Staff had received training relevant to people's needs. We looked at nine members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety and infection control. They had completed other training relevant to the needs of people using the service such as mental health awareness and managing and supporting people whose behaviour requires a response from the service. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had attained accredited qualifications in health and social care.

We spoke with five members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. Staff told us they received regular supervision and an annual appraisal of their work performance. They said this provided them with the necessary support to carry out their roles. The staff files we looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal. A member of staff said, "We all care and are a good and effective team." Another said, "The training is extensive and regular. It has given me an awareness of people's individual needs and how to support them."

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

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 were being met. The manager told us that all the people using the service did not have the capacity to make specific decisions about their own care and treatment and were subject to Deprivation of Liberty Safeguards (DoLS). They said that the service worked with people's relatives and relevant health care professionals to ensure appropriate capacity assessments were undertaken and decisions about their care would be in their 'best interests' in line with the Mental Capacity Act 2005 (MCA).

Records showed that mental capacity assessments had been conducted and decisions made in people's best interests where the registered manager had reason to believe a person may not have the capacity to make a specific decision. This was in line with the MCA Code of Practice. DoLS authorisations were followed

and the service completed necessary monitoring of the conditions of authorisation.

People using the service had access to an Independent Mental Capacity Advocate (IMCA) when their relatives or other supporters were unavailable. An IMCA is a specially trained advocate who can help if a person does not have capacity to make particular decisions. The provider had included professional supporters' and relative's views about people's care to ensure that the least restrictive option for care had been considered and that the MCA had been followed.

People were provided with enough to eat and drink and the documents we saw recorded people's intake of food and drink. Staff we spoke with were aware of the importance of offering people choices at mealtimes and were aware of the things people did not like to eat and the signs people used to indicate preferences. A member of staff who was assigned to cook on the day of the inspection said, "I go around asking what the residents would like and within reason try to accommodate them. I make sure that there is always something healthy to eat in the meals I prepare." People's support plans included details of their likes and dislikes and any allergies they had. We saw information was available to staff which included guidance from healthcare professionals which ensured meals were prepared to safely meet people's needs. The care plans included sections on people's diet and nutritional needs. We saw that people were encouraged to drink and eat healthy options and there was fresh food in the kitchen and a well-stocked fridge and freezer. There was a varied menu of main meals that was revolved regularly. A relative told us, "My relative has a good appetite and it's good to see them enjoying the food. There's good variety and it seems well balanced."

We looked at five care plans and noted that the home worked with health care professionals to assess and plan people's care. The manager told us that all of the people using the service were registered with a local GP; they had access to a range of health care professionals such as dentists, opticians and chiropodists when required. People's care files included records of all appointments with health care professionals. A health care professional said, "The staff follow recommendations and quickly raise concerns if there are complications with treatment or the instructions that we give."

## Is the service caring?

### Our findings

One relative of a person using the service said, "The staff are very caring and I know he's treated well." A health care professional said, "In my experience all the staff are caring and have a great attitude towards the residents." A member of staff said, "We all have one goal which is to make our residents' life better and make a happy homely environment for them."

People's relatives told us they had been consulted about their family member's care and support needs. People were allocated named key workers to co-ordinate their care and relatives were happy with the support they received from staff. One person's relative said, "The staff understand his needs and what they need to do for him."

People were encouraged to participate in the assessments and when that was not possible, staff spoke with relatives. The assessments indicated people's support needs for example with activities, eating and personal hygiene. One relative of a person using the service told us, "I have a good relationship with staff. I am involved when the plans are reviewed and kept up to date on things going on in his life."

During the course of the inspection we saw that people were involved in a group activity around the table and a person became frustrated. Care staff quickly settled the person down and dealt with the situation in an unrushed way with care and understanding. Other people were quickly supported at the same time by another carer and attention was not drawn to the incident. Throughout the inspection we observed staff speaking to and treating people in a respectful and dignified manner.

Staff recognised the cultural needs and upbringing of the people in their care. We saw that ethnic and religious beliefs were respected, for example when food was prepared and that staff worked with relatives when it came to visiting religious establishments such as on a recent visit to Lourdes.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

We saw there were arrangements in place for people to be involved in making decisions about their end of life care. Some residents had been consulted and had expressed their views using pictorial symbols and in all cases people's relatives had been involved in the process.

A health care professional told us, "The home provides quality care and I'm content that they meet people's individual care needs."

## Is the service responsive?

### Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "I have received a lot of training. This has been specific to the individuals living here and has given me an insight into their needs and what I need to do to support them."

People using the service received care, treatment and support that met their needs. We looked at the care files of the five people currently living at the home. These were well organised and easy to follow. They contained detailed pre-admission information from the referring local authority and assessments were undertaken to identify people's support needs before they moved into the home. We saw evidence of assessments for areas such as nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. Each file had a hospital passport that was individualised to the person using the service. A hospital passport assists people with learning disabilities in providing hospital staff with important information about them and their health when they are admitted to hospital.

The care files we reviewed also included evidence that people's relatives, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. A member of staff said, "People are included in reviews of their care plan, where appropriate, and where that isn't possible their relative or health care professional are involved. People are supported in line with their care plans." We saw that information in the care files had been reviewed by senior staff on a monthly basis. We also noted people's placements at the home were kept under review by the referring local authority.

People were encouraged to participate in activities and the home had links with the local community. The manager said that that home had arrangements with local schools and colleges where students would attend the home for work experience and that the people who used the service enjoyed the company of younger people. Suitable activities outside of the home were in place including attendances at local community centre groups, swimming and golf lessons, keep fit sessions and specialist learning disability education centres. We saw that books, board games, colouring books and puzzles were available in the living room for people using the service to use if they wished. People also had televisions and personal items in their rooms. The rooms were personalised and staff told us that people had been involved in setting out their room, the colour scheme and choice of pictures and posters. This meant that people were involved in choices about their lives, had support that was individualised and were stimulated with activities outside the home.

The manager spoke with us about the annual holidays that people enjoyed. We saw records including photographs from the last holiday in 2015 at the seaside. People were seen to be enjoying activities such as swimming and having a pub lunch. The next holiday was scheduled for late spring 2016 and plans in preparation for the break showed that a number of wide ranging activities had been arranged including bowling and trips to the beach.

We saw that copies of the home's complaints procedure were sent out to relatives when people started

using the service. People's relatives said they knew about the complaints procedure and would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. Although the service had not received a complaint since starting the service, the file included a copy of the complaints procedure and forms for recording and responding to complaints. A relative said, "I wouldn't hesitate to raise an issue with the staff in the first instance. I'm sure that it would be sorted out at that stage but if not, I would speak to the manager."

The service worked with other agencies in ensuring that people who use the service were protected and received appropriate health care. For example it was noted that the service was in the process of engaging with health care professionals in assisting a person with specific needs. Recently the staff had introduced a system of emphasising positive behaviour instead of reinforcing negatives and this had led to an improvement in the person's behaviour and well-being without additional medication that would have had adverse side effects. A health care professional said, "They recently assisted in working with us and a client in alternative ways of working to try and resolve an issue." Another said, "I am happy that the manager and staff are responsive to people's needs."

# Is the service well-led?

## Our findings

People using the service were unable to communicate their views about leadership of the service but their relatives and healthcare professionals spoke positively about the manager and the way in which the home was run. A health care professional said, "Everything is organised and staff know their roles and responsibilities. It's a well-structured and well run home." A relative said, "The home seems to run like clockwork and my relative appreciates the stability and routine."

Throughout the course of the inspection all the staff we spoke with said that they knew how to support people and had been well trained to assist them. They said that if they were ever unsure of a situation or had not come across a particular problem before, they knew that experienced staff were on hand to assist. A member of staff said, "I like working here. I receive good support and there's never been an occasion when things have felt out of control or where we come across a situation and a member of staff doesn't know what to do." A health care professional said, "The manager and staff are friendly and approachable. I am confident that my client receives care and support from a professional team in a homely environment."

The manager showed us that monthly audits were being carried out at the home. These included food safety, health and safety, water temperatures, maintenance, cleaning, medicines, fire safety, incidents and accidents and care file audits. The manager and provider told us they regularly met to assure themselves that the service was operating effectively. A representative from the provider's head office attended on a weekly basis and conducted checks on matters related to the quality of the service including maintenance and food quality. We observed that the provider and manager were well known to the people who used the service and worked well together.

Staff felt they could express their views at team meetings and said that the manager and provider were open to feedback. We saw that staff meetings were held every month but that staff could instigate additional meetings. The meetings were well attended by staff. Items discussed at the April 2016 meeting included managing and supporting a person's condition, gardening, managing petty cash, planning for a residents' holiday and staff rotas.

We saw reports from unannounced spot checks. The manager said they carried these out to make sure people were receiving good quality care at all times. We saw that accidents and incidents were recorded and monitored. The manager told us that accidents and incidents and any quality issues were discussed at staff team meetings and measures were put in place to reduce the likelihood of these happening again. This was confirmed in the minutes of a recent team meeting we saw when an on-going concern about a person's health was discussed with an agreement by the manager and staff group that the situation would be monitored and if the person's condition did not improve, specialist intervention would be sought.

The provider took into account the views of relatives of people using the service and health care professionals through annual surveys. The manager told us they used feedback from the surveys to make improvements at the home. A survey had been carried out with health care professionals in September 2015. Their feedback was collated and action plans were drawn up. We saw that actions from the staff

survey had been addressed, for example, a mentorship programme was in place to support new staff. As a result of the health care professional's survey some changes were made to encourage people to use the home phone to contact their relatives.

Staff told us about the support they received from the manager and the provider. One said, "The manager is here most days. They are very supportive and they are always there when I need them." The manager told us there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. A member of staff said, "Generally we can handle most situations that develop in the home but it is reassuring to know that management are available at any time of the day or night if needs be."