

Duratem Supported Living Ltd

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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

About the service

Duratem Supported Living Ltd is a domiciliary care agency providing the regulated activity of personal care. The service provides support to older and younger adults. At the time of our inspection there were 2 people using the service.

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

Relatives spoke positively about the service. A relative said, "They are brilliant, they are really helpful."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. People were able to make choices about what they ate and drank. The service sought to promote health lifestyles for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. Relatives told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 January 2022 and this is the first inspection.

Why we inspected

We had not previously inspected this service and we wanted to check that people received safe and good quality care.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Duratem Supported Living Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke by telephone with a relative of a person who used the service. We spoke with 2 staff, the registered manager and a care assistant. We reviewed a range of records. This included 2 people's care records. We looked at 1 staff file in relation to recruitment. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

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 of 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

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us there had not been any allegations of abuse since the service first became operational.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse to their manager. 1 member of staff said, "I would definitely tell [registered manager]."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included information about the risks people faced and how to mitigate those risks. They were of a good standard, clearly setting out how to support people safely in a person centred way.
- Assessments covered risks including those associated with moving and handling, the physical environment and personal care. Assessments were reviewed after 6 months which meant they were able to reflect people's needs as they changed over time. The registered manager told us they would be reviewed more frequently if there were any significant changes to the person's needs.
- Relatives told us people were safe. 1 relative said, "I would say [person] is safe."

Staffing and recruitment

- There were enough staff to meet people's needs. At the time of inspection there was only 1 staff employed, and they, along with the registered manager, carried out all care. The registered manager told us if they needed additional staff at short notice they were registered with a staffing agency who could provide this. They added if they got more clients they would then recruit more staff.
- Relatives told us staff were punctual and they had not experienced any missed visits. 1 relative said, "They have never been late."
- Systems were in place to help ensure only suitable staff were recruited. Various checks were carried out on prospective staff, including criminal record checks, employment references and proof of identification.

Using medicines safely

- The registered manager told us that at the time of inspection they did not support anyone with taking medicines. They said they could provide this service if required. Staff had undertaken training about medicines and there was a medicines policy and procedure in place to provide guidance about this.

Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. They had a policy on this to help guide staff and staff had undertaken relevant training. Staff were knowledgeable about infection control issues and told us they wore PPE when providing support with personal care to people. A relative said, "Yes, they [staff] do wear gloves and PPE." The provider carried out infection control audits.

Learning lessons when things go wrong

- Although the registered manager told us there had not been any significant accidents or incidents since they became operational, there were systems in place for learning lessons when things went wrong.
- The provider had an accidents and incidents policy. This made clear that any accidents or incidents should be recorded and reviewed. This was so lessons could be learnt and help to reduce the risk of similar incidents re-occurring.

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

- The registered manager carried out an assessment of a person's needs prior to the provision of care. They told us this was to determine what the person's needs were and if the service could meet those needs. Records showed people and their relatives had been involved in the assessment process. This was confirmed to us by a relative who told us, "[Registered manager] was really good with the assessment, asking what [person] likes, what they don't like."
- Assessments were in line with guidance and the law and covered areas of need including personal care, physical and mental health, mobility, equality and diversity.

Staff support: induction, training, skills and experience

- Staff received support and training to help them carry out their role. On commencing work at the service staff undertook an induction, this included shadowing experienced staff along with on-line and classroom based training. Training covered included health and safety, first aid, safeguarding adults, moving and handling.
- Staff received regular 1 to 1 supervision from their manager. This gave both parties the opportunity to discuss issues of relevance to them. Records showed supervision included discussions about training and people who used the service. A member of staff told us, "I have had 3 [supervision meetings] so far. [Registered manager] is on the ball. We talk about what my expectations are, any training I want, anything that is concerning me."

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

- The service provided support with preparing food and drink for people, although people did not require any support with eating and drinking. People's food preferences were covered in their care plans and they were able to choose what they ate and drank.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us that both people using the service had commissioned their care on a private basis. They added that people did not require support from the service to work with other agencies or access healthcare professionals. Rather, people and their relatives were able to manage this side of their care needs for themselves. Care plans did include contact details of people's GP and next of kin, in case of emergency.
- People were supported to live healthier lives. The service provided information to people about making healthy food choices and one person was supported to go for walks. A relative told us, "The walks they do

have been really good for [person]."

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 MCA 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.

- Care plans covered people's mental capacity. The registered manager told us, and care plans confirmed, that people had the capacity to make decisions for themselves. Staff were aware of the importance of supporting people to make their own decisions about their care. Mental capacity assessments had been carried out where appropriate.

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 were well treated by staff. To help ensure continuity of care, people had the same regular care staff. This enabled them to build relations with the staff and staff told us they took time to chat with people to get to know them. Relatives told us staff treated people well. A relative said, "So far, since we had them, it's the first time we have had peace of mind." The same relative added, "[Person] feels like they are with friends."
- Equality and diversity was covered in people's care plans and staff had undertaken training about this. Staff understood issues relating to equality and diversity, for example, they told us about what foods 1 person did not eat due to their religion. The provider had an equality and diversity policy and procedure to help guide staff.

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

- People were supported to express their views and be involved in making decisions about their care. People and relatives were involved in pre-care assessments and developing care plans. People had signed care plans to indicate their agreement with their contents.
- Staff supported people to make choices and told us people had the capacity to make decisions for themselves, for example, about what to wear or eat. A staff member said, "You talk to them, you ask them what they want. Ask them their preferences, the type of clothes they want to wear. We ask them what they want for breakfast."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. Staff told us how they provided personal care to people in a way that promoted their dignity and independence. 1 staff member told us, "You have to make sure the curtains and doors are closed [when providing support with personal care]." Another staff member said, "I try to get them to do as much for themselves as they can. I ask them what they want me to do." Care plans included information about what people could do for themselves and what they required support with during personal care.
- Staff understood the importance of respecting people's right to confidentiality and were aware of their responsibility to only share information about people when authorised to do so. Confidential records were stored securely on password protected computers and in lockable filing cabinets.

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

- Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred, based around the needs of the individual and covered needs including personal care, health, social and leisure interests.
- Plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. Staff told us they were expected to read care plans and demonstrated a good understanding of people's individual needs.
- Care plans were drawn up with the involvement of the person and their relatives where appropriate, who had signed the plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that both people who used the service were able to speak and understand English. Their communication needs were covered in their care plans, and for 1 person, family members helped to make information accessible to them.
- Relatives told us there was good communication between people and staff. A relative said, "The staff can talk to [person] in a way they like. It's about them processing the information and they are good with that."

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

- The provider supported 1 person to engage in interests and activities of their choice. This included activities within the community. These were detailed within the person's care plans and included going for walks, eating out and the cinema.
- Relatives told us the person was able to choose what activities they did, saying, "They take [person] to the park and shopping."

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were

not satisfied with the response from the service. The registered manager told us there had not been any formal complaints received since the service became operational and we found no evidence to contradict this.

- Relatives told us they knew how to make a complaint if necessary, but added that so far they had not needed to. 1 relative said, "If I found anything wrong they [registered manager] said I should talk to them."

End of life care and support

- The registered manager told us the service did not currently provide end of life care to anyone, but said they could provide this if required. There was an end of life policy and procedure in place to provide guidance to staff about this issue.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive and inclusive culture. The registered manager told us that they were happy for people or staff to call them anytime. Staff spoke positively about the registered manager. 1 member of staff said, "Anything I have a concern with I can approach [registered manager]. I have never had an issue that they have not tried to sort out."
- Relatives told us they found the registered manager approachable. A relative said, "We speak over the phone, we do keep in touch. I find [registered manager] really professional."

Continuous learning and improving care

- Systems were in place for continuous learning and improving care. These included observations of care staff as they carried out their duties to see if there was things that could be changed and an annual appraisal of staff's performance and development needs.
- Various audits were carried out, for example, in relation to infection control practices. Care plans and risk assessments were subject to review to ensure they remained current and relevant.

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 provider understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide clarity about their role.
- The registered manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider engaged with people who used the service and others. People, relatives and staff were surveyed to seek their views on the service. Completed surveys contained positive feedback. 1 relative had written, "Happy so far and happy with all the care." The registered manager said they met personally at least once a week with both service users so was able to hear their views first hand on a regular basis.
- Equality characteristics were considered. For example, this was covered in people's care plans, and staff recruitment was carried out in line with good practice in regard to equality and diversity.
- The provider worked with other agencies to help share knowledge and develop best practice. For example, they were a member of a professional body, which, according to the registered manager provided support with guidance and advice, telling us, "If I am unsure of paperwork and general things [the organisation provides support]."