

# Durnford Society Limited (The) The Durnford Society Ltd Head Office

## Inspection report

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Date of inspection visit:  
06 September 2022  
07 September 2022

Date of publication:  
19 October 2022

## 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

The Durnford Society is a domiciliary care service registered to provide personal care. The service provides personal care and support to adults of all ages living in their own homes within the Plymouth area. It provides a service to people with a learning disability, who may also have a physical disability and people living with sensory impairment.

The Durnford Society Domiciliary Care Service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of this inspection, 36 people received support with their personal care needs from the agency.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture".

### Right support

The model of care and setting maximised people's choice, control and independence. The supported living services had good access to the local community and amenities.

The supported living services were staffed by a manager and a dedicated staff team who knew people well. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. One person said; "Fantastic support." While another told us about how they were supported on a holiday abroad recently.

People are 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.

Staff were recruited safely. The staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices. New staff had an induction, training, supervisions, appraisals and staff meetings.

People received their medicines in a safe way and were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. People were involved in decisions about their care and support and staff empowered people to communicate what they wanted. Staff were observed talking to people in dignified and respectful way.

There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people. This helped staff understand the reasons for their behaviours and provided guidance to ensure consistent approaches were used when supporting them. Staff knew people well and demonstrated an understanding of their individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met. One person said; "I've lived here five years and all the staff are brilliant to me."

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to achieve their goals and ambitions.

People lived as they wished, and staff supported them to do the things they enjoyed.

People, a relative and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service. One staff member told us; "I haven't worked anywhere better."

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

This service was registered with us on 13 May 2021 and this is the first inspection.

The last rating for the service under the previous premises was good, published on 18 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Durnford Society Ltd Head Office

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered 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.

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

#### Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited the supported living settings.

What we did before the inspection

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 reviewed information we had received about the service since their registration

We used all of this information to plan our inspection.

During the inspection

We visited the registered office and met with the director and registered manager. On another day we visited six people in their own home. We spoke with two support staff.

We reviewed two peoples care records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with one relative and one professional about their experience of the service. We also received three emails from staff.

# 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. The previous rating for this service had been good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and that staff supported them well. One person said; "The staff look after me and keep me safe." People were encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- A relative commented that they were confident their family member was well cared for and were safe. One staff member commented; "I definitely consider the individuals we support to be safe."
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm. Safeguarding processes and concerns were discussed at staff meetings.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.
- People told us staff supported them to manage some aspects of their finances. The system to manage finances was satisfactory. While some people had appointees from an appointeeship company.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their risks and how to keep them safe. A relative informed us; "He (their relative) has enjoyed good, strong and safe support."
- People had detailed risk assessments and associated support plans. These had been reviewed regularly and updated when needed. Changes were recorded to ensure the plans reflected their current needs including information about any risks associated with people managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
- Risks were managed in a way that did not restrict people's freedom and right to independence. One person told us how they go out into the community on their own. While another said how they talk and plan their trips out with staff to keep them safe.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- The service involved health and social care professionals when required in order to adapt and change the way people were supported if required.

Staffing and recruitment

- People, staff and a relative told us they felt that there were sufficient staff on duty. The relative commented; "Staffing is adequate and responsive in the main." People commented; "Staff are very nice"

and "They support me a lot."

- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us there were sufficient staff on duty. One staff member said; "There is a good ethos of hard work and togetherness."
- An ongoing recruitment campaign was in place. Though many staff had worked for the company for a number of years.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

#### Using medicines safely

- Some people administered their own medicines in order to develop confidence in their independent living skills. Risk assessments were completed, and one person told us the staff check with them to ensure they have taken their medicines. This was reviewed regularly.
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

#### Preventing and controlling infection including the cleanliness of premises

- People were protected from the risk of infection and cross contamination including COVID-19.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- Current infection prevention control guidance, risk assessments and consultation with appropriate professionals had occurred to ensure people and staff were protected. People told us how the staff supported them well during the COVID-19 pandemic and outbreak.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities and the patterns of events were closely monitored by the management team. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team and handover meetings and with the persons own multi-disciplinary team.



# 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 of this newly registered service. The previous rating for this service had been good. 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

- Prospective clients needs would be assessed prior to them receiving a service. This then enabled the service to confirm they were able to meet individual needs safely and effectively. However, currently most people had been using the service for some time.
- Reports would be obtained from people and their family, together with reports from professionals to contribute to any assessment process. This included their presenting needs and the person's preferences and routines.
- People, along with family members and any health and social care professionals would be involved in the development of a 'transition programme'. This meant that the placement was built around the person's needs. For example, the development of a bespoke staff team, who were trained and skilled to support the person's needs, in their home and completed at the persons pace. This enabled people new to the service to have a planned package to help ensure their needs were understood and could be met.

Staff support, training, skills and experience

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction into the role. One staff commented; "I had a full induction."
- This service is a re-registration, due to moving premises. Therefore, all staff had transferred over. New staff to the company completed a comprehensive training course. Staff told us there was, 'lots of training offered.'
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

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

- Staff supported people in planning their own menu and food shopping. Staff knew the persons food likes/dislikes, and these were catered for. One person told us how the staff were supporting them to eat healthy.
- People were encouraged to eat a varied and healthy diet and their nutritional needs were being met.
- Where required, staff supported people with preparing their meals and drinks.
- People's weight was regularly checked to ensure that their health needs were monitored.

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

- People were supported to attend regular health appointments, including their GP, and learning disability services. One person said; "The staff prompt me to remember my hospital appointments."
- Peoples health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around a person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed when needed, to assess if people were able to make specific decisions independently.
- For people who lacked capacity, staff understood the importance of ensuring necessary applications for the authorisation of restrictions had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary. We found no evidence of inappropriate restrictive practices in relation to taking a punitive approach to managing behaviour that challenged.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest. A relative commented; "Supporting my relative to maintain capacity and independence is not easy but most staff cope with the challenges and dilemmas with kindness and enthusiasm."

# 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 of this newly registered service. The previous rating for this service had been good. 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

- A relative spoke positively about the support and care their family member received. They commented, "As his needs are changing, he needs more support with mobility and care, The Durnford Society has adapted accordingly and willingly."
- We visited five of the services and met six people during these visits. Some people lived more independently than others. There was a relaxed atmosphere in all the services and people looked at ease and comfortable with staff. The staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident in requesting support from staff who responded promptly to their needs. One person said; "Staff will knock on my door and if I'm not up they will come back when I'm ready."
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff knew people well. Staff told us they had time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- People were involved in decisions about what to do throughout the day. People planned with staff each day what they were going to do, be it an activity in the home or in the community. One person was planning a visit to a new flat more suitable to meeting their needs.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Staff supported people to make decisions about their care so they could remain as independently as possible. Where needed, representatives were involved in decisions about the care of people they supported.
- Staff listened to people's views and ensured these were respected. People had the opportunity to express and share their views on the support they received.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming anxious and provided reassurance.

- Everything about how the service operated, and the way staff provided care and support was focused on the individual and involved them as much as possible in their care and support.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely. A professional said of the company; "Respect and Dignity at the core."

# 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 of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Staff had a good understanding of each person's individual needs and provided personalised care. A relative commented; "We meet regularly and as needed when issues arise, and I find The Durnford Society very approachable and committed to resolving issues and making plans as and when the need arises. They are a highly responsive organisation."
- People's care plans provided staff with detailed information about their abilities, the risks they faced and how they should support them in line with their preferences. These were reviewed regularly, and changes made if a person's need changed. While one person told us how the company were trying to find more suitable accommodation to meet their changing needs.
- Staff were clear that the care plans were up to date and that they reflected the care and support each person received.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

### 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.

- People's communication needs were identified, and care plans contained information on how they communicated. Staff had sought advice from people, their relatives and health and social care professionals in how best to communicate with each person they supported in a meaningful way. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to access activities in the community as well as in their own homes. People told us about social clubs and day placements they attended.
- People were supported to maintain relationships that were important to them. One person told us how the office kept them updated if there were any changes to which staff was due to visit them.
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff told us, "People have overseas holidays planned, go out independently or with staff support but also have time by themselves when they want to."

- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People had the opportunity to raise concerns to staff or management daily or during their care plan reviews.
- A relative told us; "Their commitment and value base means we are able to work through issues which inevitably arise." While a professional said; "We feel that the Durnford Society Management team do respond quickly to any issues and resolve effectively."

# 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 of this newly registered service. The previous rating for this service had been good. The rating for this key question has remained 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

- There was a clear organisational management structure and regular oversight of all the services from the registered manager and from senior management. A relative commented; "The service is well led and managed, in my opinion managers and team leaders go above and beyond basic support. They are contactable and are responsive even outside normal working hours." One person said; "She (the registered manager) comes out and will support me. She's lovely and I can talk to her if I'm worried."
- People told us the registered manager visited them and had undertaken some shifts during a COVID-19 outbreak. This ensured an overview of the service.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported. One staff member said; "We have a Manager and Deputy who are understanding and have encouraged us to be the best service possible."
- Quality assurance and auditing systems designed to drive improvements in the service's performance had been carried out.
- The registered manager had notified CQC of any accidents and some incidents in line with the regulations.

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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences. One staff said; "They (the management) are extremely supportive and nothing is too much trouble for them."
- We observed that staff had good relationships with the people they supported, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on people who received support. People, relatives and staff were able to contact the registered manager and senior management when required. One staff member said; "The organisation is a pleasure to work for."
- Staff were complimentary about the registered manager and senior management. A relative felt the service was well managed.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly. A relative commented; "I enjoy a strong and supportive relationship with the services manager, team leader and most support staff."
- Staff, the registered manager and senior management team took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The service regularly sought the views and opinions of people using the service, their relatives, staff and professionals.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The registered manager was committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the registered manager had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.